Restoring the wholeness of being: Working with trauma from the focusing-oriented experiential therapy perspective

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The Theoretical and Philosophical Background of FOT

Focusing-oriented experiential therapy (FOT) is a form of *experiential therapy*, a term coined by Eugene Gendlin (1973). Gendlin (1996) defined FOT as a therapy that lets "that which arises from the focusing depths within a person define the therapist's activity, the relationship, and the process in the client" (p. 304). What distinguishes FOT from other experiential methods is the explicit use of one's *felt sense*—a directly felt bodily experience of one's lived reality (Hendricks, 2007; Ikemi, 2014; Krycka and Ikemi, 2016). FOT is based on Gendlin's philosophical model in which experiencing is the core that precedes any other functions of human consciousness, such as thoughts, memory, emotion, or concepts. In this model, meaning is discovered by referring to experiencing (Gendlin, 1961, 1962, 1964).

The primary process used in FOT is a *focusing*, as developed and taught by Eugene Gendlin (1978). Focusing is a body-mind awareness process whose efficacy in reducing stress, improving resilience, and fostering change and personal growth is demonstrated by a growing body of research (Krycka and Ikemi, 2016). It has been linked with successful outcomes in psychotherapy in more than 50 research studies (see Hendriks, 2002).

The heart of FOT is that change-steps arise from the felt sense, in the zig-zagging process of sensing, symbolising, and resonating (Gendlin, 1996; Cornell, 2013, Ikemi 2014). The essential therapeutic element of FOT is the quality of the therapeutic relationship, one that supports the client's own relationship with their inner experiencing. The FOT therapist actively encourages and facilitates their clients' awareness, acceptance, and relating to all aspects of their living process, in order to find the steps of their *own* change (Gendlin, 1984; Cornell, 2013).

Since the felt sense is felt in the body, the body is always included in an essential way. FOT understands the body as a living process and *a totality of being* before any split between mind, body, and the environment (Gendlin, 1973, 2004). As such, it includes all

that one has been, that one is, and that one is becoming. One can connect with that subjective experience of the body by noticing and sensing the complexity of our experiencing from within. Bodily-knowing is experiential, pre-conceptual, implicit, and more intricate than any conceptual understanding (Gendlin, 1964, 1993, 1997; Ikemi, 2014).

Carrying forward or *forward direction* is central to the philosophy underpinning FOT and the main purpose of therapy. As Gendlin (1996) argues, “Every living body organises, implies and—if it can—enacts the next steps of its own living process. If it cannot enact the next step, the implying of it continues” (p. 215). The unrecognised and unmet need may be painfully experienced over and over again, and the living process struggles to move forward. The forward direction emerges directly from the client’s felt sense of that situation, in the process of felt sensing. Therefore, it is the client’s own, unique guidance that is not predictable by the therapist but makes sense in retrospect (Gendlin, 1996). What carries the body and living forward is implied, but not predetermined.

Understanding Trauma from the FOT Point of View

Trauma is the experience of an event or situation which overwhelms one’s ability to cope (physically, emotionally, or cognitively) with intense emotional experiences such as the fear of death, annihilation, mutilation, and loss of control or autonomy. Traumatic experience includes a sense of *powerlessness* and *alienation* (Herman, 1992; Levine, 1997; Badenoch, 2018). From the FOT point of view, trauma is understood as a severe or complete *stoppage of the life-forward process* (Gendlin, 1996; Cornell, 2013; Vantarakis, 2014). When what is needed in the interaction is missing, the organism continues to indicate the stopped process and what is needed for it to move forward again. These indications are usually experienced as bodily symptoms, intrusive thoughts, flashbacks, and surges of emotional struggles. Traumatic symptoms are a result of the *incomplete process of carrying forward* (Gendlin, 1996; Cornell, 2013; Ikemi, 2014). The organism is stuck in a frozen immobility response; the energy produced for a fight-flight response is not acted on, not discharged, and trapped in the nervous system and body (Badenoch, 2018; Levine, 2010). Therefore, the symptoms that are the reactions to life-threatening situations remain, until the process of carrying forward is completed, returning the body to its biologically adaptive and fluid state.

Many therapeutic methods can at least partially succeed in managing or resolving traumatic stress. However, much neuroscience and trauma research indicate that body-based methods show greater efficacy in creating lasting change (e.g., Badenoch, 2018; Gleiser, Ford, & Fosha, 2008; Courtois & Ford, 2009; Levine, 2010; Ogden, Minton, & Pain, 2006; Rothschild, 2000; van der Kolk, 2006). FOT is different in how the therapist and the client interact with what emerges from the client’s process. It is not just a question of being aware or unaware of some traumatic content. It is *how* one is aware that brings steps of change in the content of one’s difficulties. FOT therapists assist clients in understanding that whatever feels painful or bad is never the last step, but rather indicates a form of stuckness and the lack of certain *further* experiencing (Gendlin 1996). The pain is approached with openness that the organism “knows” its next adaptive steps

in its own becoming. When the process steps are allowed to unfold, by skilfully following the felt sense, every shift is experienced bodily. “What is most important is the change in the manner of being alive, the manner of process and not so much of the content, of ongoing living, the quality of energy, the life-affirming direction” (Gendlin, 1996, p. 147).

Healing Trauma from the FOT Point of View

FOT therapists have a certain attitude and trust in the client’s unfolding process of experiencing. They are more like gardeners that create conditions to allow change to happen and not so much like skilled technicians that make the change happen. Their attitude is: hopeful, but not for a specific outcome; grounded in the present interaction, not in the therapeutic model or concepts; comfortable with not knowing what the next step will be; and, trusting the larger implied intricacy within the client that knows better. That *not knowing stance* is not a blank or empty mind, but rather an open state, wondering about *more* and knowing how to recognise and engage with the process and the emerging implicit knowing in the client (Hendricks, 2007; Krycka & Ikemi, 2016; Madison, 2014). When the FOT therapist is present in that way, the client re-experiences herself or himself in a different manner of interaction, and also approaches himself or herself inwardly in a different manner (Gendlin, 1996; Ikemi, 2014). Both therapist and client approach traumatic symptoms by being “friendly to the messenger”. The pain would be made worse if tackled head-on, but avoiding it is also intolerable. In contrast, the FOT therapist approaches it with a sense of optimal distance and simultaneous connection that enables continued relating to it, without *becoming* it (Cornell, 2013), which makes the process safe.

Healing trauma involves *restoring wholeness*—the re-integration of disconnected or fragmented aspects of the self that have been split off by trauma (Badenoch, 2018; Vantarakis, 2014). One can heal from trauma with adequate guidance and a sense of support and social connectedness. To deeply understand and heal trauma in the process of FOT, the body-mind-environment must be approached as one unit, one organism. Healing trauma requires a direct, felt experience of the living organism as a whole—the embodiment of the “wholeness”—which is often referred to as a state of *presence* in FOT (Cornell, 2013; Purton, 2004).

Part of the difficulty in healing trauma is that it frequently triggers a strong self-protective mechanism in people, which cuts them off from their inner experiencing in an attempt to protect them from intense, overwhelming emotions and pain (Levine, 1997). That is why developing trust, safety, and the sense of having a choice are crucial in both relational domains, between the client and the therapist and between the client and his or her unfolding process. FOT has a unique, safe way of dealing with trauma, approaching it through the felt sense, and not confronting it directly (Cornell, 2013; Vantarakis, 2014). A felt sense is a more complex phenomenon then emotions or physical sensations. It is a bodily felt inner “place” from where emotions arise and a doorway to implicit meaning that is not yet articulated and inner resources that are not yet accessed (Gendlin, 1996; Cornell, 2013). Working with the felt sense is experiencing what is present from a safe,

optimal distance, without trying to change or interpret it. Following and symbolising the bodily felt sense is like catching the thread in the complex tapestry of traumatic experience, then trailing its rhythm and its revealing.

Restoring the wholeness of being lies in the ability to integrate the functions of the whole organism and the whole brain (Badenoch, 2018; Levine, 2010). The focusing process helps that integration in the ways that neuroscientists are just beginning to understand. In his landmark work, McGilchrist (2009) collated the research findings and explained that the right brain hemisphere functions more like an integrated whole, associated with implicit processes, context, and interconnectedness, while the left hemisphere is associated with explicit processes and detailed attention. Therefore, being-in-presence and holding broad attention to the whole body, with simultaneous detailed attention to a current felt experience that is symbolised and articulated, activates functioning of brain hemispheres. In such a way, the very process of the forming and unfolding of the felt sense (which incorporates bodily sensations, emotions, thoughts, beliefs, and memories relevant to the life situation) activates the whole brain. That process re-establishes collaboration of different functions and overcomes potential inhibition of one hemisphere by the other (Afford, 2014; Ellis, 2012).

Awareness of ones' experience moment-by-moment plays a vital role in the transformation of trauma. To relive a trauma without awareness is to re-traumatise oneself. However, van der Kolk (2006) emphasises that "to make meaning of traumatic experience usually is not enough. Traumatised individuals need to have *experiences* that directly contradict emotional helplessness and physical paralysis that accompany traumatic experiences" (p. 188, emphasis added). The essence of clinical work in FOT is the accessing and exploring of experiencing: "attending to it, pausing with it to allow a felt sense to form, and following it" (Krycka & Ikemi, 2016). Gendlin (1996) reminded us that "therapy *is* the coming forward of the person" stuck in the traumatic experience and content (p. 56, emphasis in original). We work on the negatives only because they stand in the way of the living-forward movement. The main process is actually not the helping process, but the client's process, which must arise and continue.

Phases of FOT Trauma Work

Like some other therapeutic modalities that follow the recommended guidelines for trauma therapy (e.g., Kezelman & Stavropulos, 2012), FOT has phases in working with trauma (Vantarakis, 2014). These phases that are proposed and summarised in Table 1, and further discussed throughout this section, are an expansion and elaboration of what has been previously presented in FOT literature (Vantarakis, 2014). It should be noted that a consistent attention to stability, strengthening of a client's personal choice, and attunement to the client's needs are vital throughout all phases of therapy (Herman, 1992).

Only the first phase of therapy with trauma is stand-alone and a precondition to any further step. However, that phase is never really finished, as safety has to be maintained at all times and trust continually developed and strengthened. Attending to and repairing

relational safety and trust takes precedence at any point of the therapy process and, indeed, is the treatment itself (Badenoch, 2018; Herman, 1992; Rothschild, 2000). The remaining three phases are not linear and often occur simultaneously.

Table 1: Phases of Focusing-Oriented Experiential Therapy When Working With Trauma

Phase of therapy	**Steps involved in phase**
Phase 1. Stabilisation: Establishing safety	1. (a) Establishing presence and safety. 2. (b) Regaining the holding ground. 3. (c) Finding the connection *with* and an optimal distance *from* pain, as well as the right pace of attending and processing.
Phase 2. Exploration: Remembering in safety	(a) Approaching the traumatic experience through a felt sense that is forming. (b) Following the change steps that arise from the felt sense. (c) Allowing the process to complete its steps and integration before moving to the next phase.
Phase 3. Transformation of trauma	(a) Working equally with both the pain and self-alienation, and the inner criticisms that perpetuate the effects of trauma. (b) Recognising and integrating life-forward movement when it comes. (c) Receiving and integrating the bodily felt experience of “wanting”.
Phase 4. Integration: Reconnecting and moving forward	

Phase 1. Stabilisation: Establishing Safety

This phase has a few simultaneously occurring and interrelated processes: Developing and maintaining a trusting, consistent connection between a client and the therapist; using slow diaphragmatic breathing with slow exhalation for parasympathetic system

activation to reset the overall system; regaining the holding ground (described below); developing the ability to "pause" and experience the sense of rightness; and, *continuous emotional attunement*, which provides dyadic affect regulation.

Steps involved in the Stabilisation phase.

(a) Establishing presence and safety.

According to Gendlin (1996), "putting nothing between and sitting with the person in there" is a way for a therapist to be fully present without holding onto any theoretical assumption or imposing procedures, and supporting the client's ability to be in a state of presence. The client's expanded state of presence represents the wholeness of the self-system that the therapy process is re-establishing and supporting. The therapist trusts a deeper continuity and organismic knowing within the client, even though at present it may seem to be missing.

The FOT therapist listens in a *sensing way* with the whole-body open awareness, which allows for the process of co-experiencing to take place. The client is attending to their felt sense, and the therapist is actively supporting that like an outer, holding, attentive, and emotionally attuned layer—similar to Babushka dolls. In such a way, the therapist provides a transitional safe space for co-experiencing where the client can re-experience themselves and the world in a new way (Ikemi, 2014). This kind of contact provides the fresh impact of connectedness to the other as well as separateness. To be able to do that, therapists must first learn how do listen well to their own process.

(b) Regaining the holding ground.

This essential step in healing supports the client's ability to be fully present to her or his experiencing, establishing a foundation for further exploration and deepening of the process. Like a tree, being grounded is a precondition to "move with the environment" and be resilient. Having the holding ground means being fully present here and now with all aspects of one's being, and therefore with access to all inner resources and strengths these aspects hold. In FOT, the practice of the *clearing a space* process promotes the awareness of what is here now, held with acceptance (Gendlin, 1978). Its practice helps the development of the ability to pause and find the optimal distance from problems without disengaging from them, as well as the bodily experience of what is personally "right," or adaptive. The clearing a space process helps in experiencing a safe, clearer, resting place within, and restores the client's trust in his or her body and process (Katonah, 2010,2012; Klagsburn, 2008; Rappaport, 2006). The ability to pause, however simple, is needed in re-establishing personal regulation and choice, which leads to the sense of empowerment.

(c) Finding the connection with and an optimal distance from pain, as well as the right pace of attending and processing.

The FOT therapist must know how to invite the client to slow down the process and go gently, especially at some tender inner places, without imposing their authority. At that relational depth, it is crucial that the FOT therapist moves with sensitivity and delicateness, remembering that she or he is there by invitation only and that developing and maintaining trust is a priority. Furthermore, it is vital to uphold the same friendly, gentle, and empathic attitude towards all aspects or conflicted part-selves of the client (Cornell, 2013). That, in particular, includes the side of the client that "does not want to go deeper," or "does not want to feel the pain".

Phase 2. Exploration: Remembering in Safety

In this phase, it is not necessary to "dig up" or "purge" old memories and relive the emotional pain. That can be re-traumatising as the client loses the *"*fresh sense of the present, including the present sense of the situation in the past," which can allow him or her "to take new steps that would have been impossible in the past*"* (Gendlin, 1996, p. 223). What is necessary is to learn to mobilise and utilise deep psychological and organismic resources and self-healing abilities in the initial phases of therapy. The healing process is more effective if it is not cathartic, but more *gradual and slower,* following the natural pace that is different for each person (Gendlin, 1996, Cornell, 2013). Trauma re-telling follows the rhythm of pausing–felt sensing–processing–completing–pausing.

In the initial exploration of the trauma the memory is not coherent, and it is better to explore it with an open mind and not take the emerging images and sensations literally by getting into premature meaning-making in order to explain the feelings of helplessness and victimisation. The focusing attitude that emphasises describing and not explaining helps this process (Gendlin, 1996). There is no need for explicit memory or finding the truth about what has happened, for the completion of the process to occur; working with the body's implicit knowing is sufficient.

In Phases 2 and 3, it is essential to remain in an expanded state of grounded presence, neither over-identified nor dis-identified from all aspects of the experience. The dynamic process of *symbolisation* in FOT (i.e., describing and resonating) works with the implicit and, in turn, affects the whole body (Ikemi, 2014; Krycka & Ikemi, 2016). Every *felt shift* has an immediate effect on the body in the form of changed breathing and heartbeat, loosening of the muscles, changed body posture, and changed affect, which has a rippling effect on the whole organism.

Steps involved in the Exploration phase

a) Approaching the traumatic experience through a felt sense that is forming.

A felt sense only comes when one takes a little pause to pay attention to our *inner experiencing.* A felt sense is bodily felt, always implicitly intricate and includes body sensations, feelings, memories, images, meanings and beliefs, needs, and actions (Gendlin, 1978, 1996). The felt sense always forms freshly, here and now, *about*

something. It is often unclear at first, hard to articulate, and may require metaphors, images, or gestures to capture its quality. Once formed or brought into *focus*, it becomes the client's and the therapist's best *inner guide* (Leijssen, 2007).

b) Following the change steps that arise from the felt sense.

There are three key aspects of the felt sensing that add something distinctive to psychotherapy practice: (1) the pause to pay inner attention, (2) intentionally sensing the immediacy of bodily felt experience, and (3) the process of symbolising it, following the steps of change that emerge from it (Gendlin, 1996; Hendricks, 2007; Krycka & Ikemi, 2016). The process of noticing the symbols arising from the felt sense and checking them back with the felt sense for the "fit" (i.e., resonating) results in a physical easing of tension, a deeper breath, a newly emerging understanding, or a physical sense of relief. This new aspect of the experience that emerges is a felt shift or an *experiential step.* It is often a surprise; "The felt shift changes the constellation of the whole problem and the person's attitude towards it" (Gendlin, 1996, p. 26). The felt sense is amazingly precise about which symbols or words will shift it and carry it forward. Attending to the felt sense is a safer re-experiencing (Ikemi, 2014), or it may be better to say "follow-experiencing" of situations in life.

Change in this process happens through many incremental, observable felt shifts. They are more easily integrated as they are happening, already bodily felt, owned, and always in the direction of growth that feels right for that particular client. So, it is not just any "positive" change. It is "the client's own change*"* (Cornell, 2013) that is felt, embodied, enacted and, as a result, sustainable.

(c) Allowing the process to complete its steps and integration before moving to the next phase.

It is vital that the therapists stay true to person-centred values and beliefs and refrain from suggestions to remove or add anything in the client's inner experiencing. What is going to help must come from the client's process and inner resources. The suggestion to the client to add some form of protection is a form of being directive that likely comes from the therapist own insecurities and fear. Instead, process invitations that could help would be similar to these: "Maybe you could take a moment and check inside what would you have like to have happened then," or "See if you could sense what would be the best step forward that would feel right." The steps of change do not come from feelings that are familiar, clear, intense, already experienced, or expressed in a cathartic way. The change steps come instead from inwardly sensing the unclear edge, from the freshly forming felt sense and through feelings that have not been consciously felt and expressed before (Krycka, 2014). The process step involves a change in the way the person has a problem. However, there is a more "global effect" (Gendlin, 1964) of the change and unfolding of fresh meanings, that is the development of the self and an inner movement towards integration, wholeness, and more aliveness.

Phase 3. Transformation of Trauma

Transformation of the trauma can be understood as a “hero’s journey” process (Campbell, 1990) of descent into the implicit (i.e., what is below or beyond the everyday awareness) through attention to the body sensations and emotional experience, until primary needs are accessed and then ascending through the process of integration.

As suggested by Gendlin (1964), the therapist must notice and respond to aspects of the client’s experiencing that *are* implicitly functioning but still out of his or her awareness. By doing so, the therapist is helping the client to attend to what is emerging in a bodily and emotional way. When the client engages with the feelings, associated needs and implicit meanings that he or she previously ignored or could not access, his or her stopped process restores its natural flow. The client experiences such a process of reconstitution as the integration of previously fragmented, disconnected, and dissociated experience. Therefore, symptoms and consequences of traumatic experience seen as,

“pathological content” [are] nothing but the lack of a certain further experiencing… When the missing further experiencing happens, I call it “carrying forward”. But carrying forward is not just something we express verbally. It is the actual experiencing that would allow the whole to be as it inherently needs to become (Gendlin, 1996, p. 38).

Steps involved in the Transformation of Trauma phase

(a) Working equally with both the pain and self-alienation, and the inner criticisms that perpetuate the effects of trauma.

When one cannot successfully deal with a violation and either defend oneself, escape, or hide, one can feel overwhelmed with helplessness and powerlessness, victimised, and ashamed. As a consequence, people tend to either: lash out, externalising the violence to seek justice and completion; attempt to appease; or, self-blame and hide, wanting to disappear and thus internalising the violation (Herman, 2011). Unfortunately, all these reactions create and perpetuate self-induced shame. Dealing with shame is often necessary even before the trauma re-telling process, to enable a person to tell the story with some dignity rather than humiliation. Therefore, noticing and transforming the self-criticising process that perpetuates shame by utilising an ongoing focusing method is a crucial aspect of the trauma transformation process.

(b) Recognising and integrating life-forward movement when it comes.

According to Gendlin (1996),

To define or identify pathology is never itself the point or purpose of therapy. Pathology is only what is in the way. But in the way … of what? That (whatever you call it) must have priority. It is what leads out of the swamp. I call what is blocked by pathology the life-forward process (p. 262).

A client’s *inwardly arising* life forward direction is the essence of a person. It is very precise, finely organised, directly linked to a client’s adaptive needs, and comes in a form of clarity about what is wanted or not wanted. Therefore, therapists can take a stand in

favour of a client's life-forward movement and respond to it even before they can be sure that it is there. They can also support the client by *inviting* it to come, and sensing where it *might* come.

Carrying forward is an unfolding of something new, and not just rearrangement of what has already been there—a new constellation of experiencing is forming and emerging. Gendlin (1964) explained that as the client follows the focusing process, "he finds himself pulled along in direction he neither chose nor predicted" (p. 123). A larger process, with its *natural order* of change that has a "concretely felt, self-propelled quality," is set in motion (p. 124). The role of the therapist is to trust and follow it. Resulting reconstitution of the stopped process and integration of all fragments of the client's experience leads to the restoring of the wholeness of her or his being.

(c) Receiving and integrating the bodily felt experience of "wanting".

As in the focusing process itself, the emphasis in this step of working with trauma is the ability to *receive in a bodily way.* The therapist invites the client to take a moment to inwardly notice when the "wanting" arises from deep inside him- or her-self. Most often, the client needs to attend and acknowledge what he or she is "not wanting" first, before what he or she wants naturally comes. The wanting that comes into awareness is the client's own, with a very specific knowing about the adaptive change that has to be actioned on. The new embodied sense of the next steps that have to be taken to move forward become clear. The process continues in the *new interaction* internally within the client, and, externally, between the client and important others in their current life.

In this stage of working with trauma, accessing and expressing primary anger enables the organism to "un-freeze," complete the fight-flight response and safely discharge trapped energy (Levine, 1997, 2010). That adaptive anger helps in assertive re-establishing of healthy boundaries. Allowing primary sadness and going through the stages of grieving and acceptance of the inevitable changes, while reaching out to others for comfort and support, cultivate a sense of completion.

Phase 4. Integration: Reconnecting and Moving Forward

The process in Phase 4 involves moving slowly in the direction of life *flow,* with more flexibility, trust, and spontaneity. The signs of this integration include being able to experience calmness, clarity, pleasure, a sense of expansion, having clarity about what is wanted, and experiencing a sense of wonder. The new healing cycle that has been established brings a new sense of self, a broader view of the world, trust, and often a reverence for life. The healing cycle is beyond our conscious control, and it follows its natural order— as the wisdom goes, "you cannot push the river, and you cannot stop it either". One can only recognise it and open themselves to it.

As the client is describing the traumatic experience, the way the client attends the bodily felt sense of it, and the way the therapist attends to the client's process produces a series of bodily felt shifts. This sequence of small changes results in carrying forward of a life-

process and a deep, embodied and sustainable transformation. "From there," Ikemi (2014) explained, "life continues to generate itself newly" (p. 34).

Simultaneously, at the right time, the changes are "taken to the outside world," acted on and integrated into daily life. These incremental steps of the healing process allow for the maintenance of safety with every change before the next step is taken.

How FOT prevents vicarious trauma

The practice of FOT naturally prevents the occurrence of vicarious trauma in three main ways:

- Therapists are in a state of grounded, expanded presence and flow, connected to the client's process and with optimal distance to it.
- Therapists continually attend to *their own* felt sense of the client's unfolding process that informs them.
- Therapists practice focusing ongoingly as their self-awareness process, which allows them to attend to whatever arises that needs attention and further care.

To be able to create and operate at the necessary relational depth, FOT therapists maintain their focusing practice as a self-awareness process, refining their receptivity and awareness of their felt responses at any moment. They can prepare the ground for a relationally deep connection by practising the clearing a space process before their work with the clients, to eliminate possible distractions, and to be transparent and comfortable in the immediacy of the here and now.

Discussion of a case example

The following case example is a composite, comprising the stories and experiences of numerous clients. All details that could be identifying have been changed or removed to protect clients' privacy. The name used is a pseudonym.

Marie described her growing up as a middle child as "being lost in the gap between the strong ones and the beautiful, favourite one". While trying to find out if there was anything good about her to no avail, she was increasingly finding more refuge in disappearing out of the home and spending time at a local riverbank. However, even disappearing did not help with sudden, angry, and cruel outbursts from her father, who used to "belt her with hatred," which would result in her becoming "spacy". During other times, when her barely-coping mother would be so distressed that she would "lose it, screaming", Marie would become "frozen". Marie talked about living her life with a familiar, inner sense of something being wrong with her. She felt disconnection, confusion, fear and shame. As her life story unfolded, it became apparent that layers of fear and shame had been added to the traumatic experiences of being controlled, belittled, and betrayed by her ex-partner. Further, she had her own self-loathing. Over the years, some of the traumatic experiences had been replayed in her intense dreams and in the period of "dark desperation and binge drinking".

Marie had “an awful sense of dread and intense fear of being exposed,” yet also felt “sick of being invisible”. A part of her was willing to take the healing journey of therapy with me, and another part rightly hesitated. Many important people in her life had deeply hurt her, and that part of her needed respectful listening and full acceptance. When invited to turn her attention inwards and check what she was experiencing, she would describe “a wall in her throat” or “something there like a soldier protecting the gate and not letting the flood out”. After a period of applying and practising the clearing a space process, Marie felt that she had something “in her hands that can help her settle,” rather than frequently “feeling overwhelmed or on the edge of it”.

When turning attention “inside” and fully experiencing being in her body became more comfortable, regular, and gradually lasted longer, Marie’s dreams started changing; her painful memories and traumas gradually emerged. It was time for trauma re-telling. This is a composite excerpt from the therapy process.

Marie began the session by talking about waking up with “this sickly feeling in the belly”:

Biliana (B): “Take a moment and check inside if that sickly feeling is still in your belly”.

Marie (M): “Yeah, it is here.” (pointed to the middle of her body)

B: “Maybe you could turn towards it inside, and acknowledge it. Then check if it is okay to spend some time with it.”

M: “Yes, that’s okay, I suppose. It’s quite dark.”

B: “You’re noticing that it’s quite dark. Take a moment to notice it better and see how would you describe it.”

M: “It’s like a dark cave… (silence) … and something seems to be in there.”

B: “You’re noticing that it’s like a dark cave and that something seems to be inside it.”

M: “Yeah. Oh, it’s a child. A small child screaming.” (Sobbing)

B: “Ah, it’s like a child, sobbing. See if it’s okay to let it know that you are there. And check how it wants you to be with it.”

M: “Nobody was there… and she has given up… life is leaking out. (Short silence). I’m feeling cold and limp.”

At this point, Marie described specific memories that emerged of her father belting her, and then of her ex-partner physically restraining her.

B: “As you’re remembering that, notice how is your body responding, what is coming inside?”

M: “I’m shrinking… shrinking… feeling lost. It’s like not knowing if I’m there anymore, who can I trust. Like not knowing where to go. I’m feeling cold and limp …”

B: “Yeah, you’re noticing that ‘something’ inside is feeling lost, like not knowing where to go. Maybe you could take a moment to refresh your whole-body grounded presence: notice the contact with your seat, with the ground. And let it know that you have noticed what has happened. It can stay where it is now. You will find it.”

M: “Mmmm, yeah. I’m searching. It feels so cold inside now. It’s so fearful. It’s shivering … shaking.”

B: “Yeah. Let it know now that you are right there, next to it, and you are sensing how fearful it is, and noticing that it’s shivering. And let it know that it can shiver and shake, as long as it needs to.”

M: “That feels good. And there is energy coming into my knees… my legs want to move.”

B: “And you can let them move; let them move the way they want and know how to.”

(Silence and body movements)

B: “See if it is a good time now to check with it if it needs anything from you.”

M: “She needs a safe place.” (“It” the felt sense, has become “she”.)

B: “Ahhh, she is saying that she needs a safe place. Let her know that you hear that, and check what will help her to feel safe.”

M: “A someplace where she is protected and she can stop and rest.”

B: “Yeah. Let her know you hear that she wants a place where she is protected to stop and rest. See if you can check with her what would help her feel protected.”

M: “Love… she is hungry for love.”

B: “Yeah. This is a moment that you could be loving towards her if that feels right inside.”

M: “Yeah, I can love her.”

B: “Let her know now that you love her, and maybe check if she is noticing that and if she can take your love in, if she can allow that feeling of being loved now.”

(Silence for a little while)

M: “Yes, she can. There is a sense of lots of space now.”

B: “Yeah, there’s a lot of space now.”

M: “She feels stronger… and it’s slowly moving up.”

B: “Yeah. You’re noticing that she’s stronger. Let her know that she can grow, rise and take as much space as she needs, if she wants to.“

(Silence for a while)

M: “There’s a sense of completion now. “

B: “Take a moment to experience that sense of completion. (Silence). Notice what feels different inside, in your body, now. Take your time with that. “

The session finished with the awareness of the whole-body grounded presence.

Marie’s experience described above saw the emergence of fragmented memories of the past traumas and its re-enactments throughout her life. The bodily felt sense of that memory opened the “timeless space” where everything is “now” and provided the opportunity for the original traumatic experiences to be re-experienced in the presence of empathic and compassionate holding and responding. She felt as if she was falling into the darkness, the coldness of fear, disconnection, and a sense of being lost. It was necessary to help her refresh her sense of whole-body grounded presence so that she could attend to and relate to her own experiencing. When she did, her body started its resetting with shivering and movement. She attended to the core needs of that part of self, and developed trust within herself again. She described the experience of “lots of space” and a rising into the here and now. That part of herself came home to the wholeness of her being. As a FOT way of working with trauma, the above session included all aspects of human experience: physical, emotional, mental, and relational experience, as well as awareness of beliefs and deep existential questions.

In subsequent sessions, Marie reported “feeling different” in her body. She “wanted to live differently, although not knowing how yet.” Her unfolding process helped her to get in touch with her deep-seated anger, the rise of her “strong voice,” an ability to “draw some lines,” and more clarity about what she wants. After more sessions with re-processing of important memories that had surfaced, she sensed:

M: “There is something new inside… unusual… like a strong mist.”

B: “You are noticing something new, like a strong mist.”

M: “Yeah, it feels like excitement!” (She was surprised).

B: “Ahhh, it is excitement.“

M: “It’s excited to write! It wants me to de-clutter my life and start writing.”

Marie connected with her “wanting” and her life has moved forward.

Conclusion

This paper synthesises the authors knowledge of FOT and extensive experience in working with clients presenting with different forms of trauma. Further qualitative, phenomenological inquiry into the nature of trauma and the importance of working with a felt sense may be needed. Such research could enrich the experience of all

psychotherapists by adding a layer of further understanding. The case example in this paper highlights the depth and richness of working by utilising a felt sensing method. It is hoped that it will inspire other therapists working in this way to publish more case studies that highlight many applications of FOT.

The final word in this paper goes to Gendlin (1996), who said, while explaining therapeutic change in the process of FOT,

All we understand is that this happens if we enter in a certain way if we let a felt sense form, if we “make a space for it”, if we “stay with it” with our attention, and if we honor the little steps that take place. We do very little. Notice how little! But that little seems to be crucial, and it is understandable and teachable (p. 149).

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