

FOCUSING-ORIENTED PSYCHOTHERAPY AS A SUPPLEMENT TO PREPARATION FOR PSYCHEDELIC THERAPY

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ABSTRACT: Participants need to prepare in advance for psychedelic therapy sessions. However, due to the decades-long dormancy of psychedelic experimental treatment with human subjects, a gap exists in the research concerning specific techniques for optimizing the potential psychological and psychospiritual benefits of psychedelic medicines and for reducing the risk of harmful experiences. As a result, participants may be asked to set an intention for their sessions without having a clear understanding of how to accomplish that step. Focusing-Oriented approaches to psychotherapy may support and enhance pre-session preparation for psychedelic therapy by providing facilitators with a means of teaching an embodied intention-setting technique.

Psychedelic therapy involves the combination of psychotherapy and treatment with consciousness-altering substances, such as LSD and psilocybin (Grof, 1980; Strassman, 1995). Grof described two major categories for the approaches researchers took to the role the drug plays in the therapeutic process. In the first category, as used in one research modality, relatively smaller doses of the drug are administered to clients systematically to amplify the therapy and to reduce resistances. The second category places greater emphasis on the phenomenological content experienced during the period of drug action, generally involving the administration of higher doses.

The need to prepare participants in advance for psychedelic therapy sessions, especially those in the second category, is widely acknowledged in the literature (Griffiths, Richards, McCann, & Jesse, 2006, 2008; Johnson, Richards, & Griffiths, 2008; Stolaroff, 2001; Strassman, 1995). However, due to the long-standing lack of support and encouragement for psychedelic experimental treatment with human subjects, a gap exists in the research concerning specific techniques for optimizing the potential psychological and psychospiritual benefits of psychedelic medicines and for reducing the risk of harmful experiences. Focusing-Oriented approaches to psychotherapy may support and enhance pre-session preparation for psychedelic therapy and warrants research.

FOCUSING: BACKGROUND AND BASIC THEORY

Wagner (2006) described *Focusing* in terms that could also refer to psychedelic therapy in most contexts when she wrote, “[Gendlin] offered these steps as a

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practice in mindfulness to facilitate movement in those places where individuals become stuck, to enhance awareness, and to potentially open up pathways for change” (p. 49). A first step in assessing whether or not applying Focusing approaches is appropriate in a psychedelic therapy model is to define key terms, concepts, and processes. Focusing (Gendlin, 1981), or Focus-Oriented Therapy, refers to a form of psychotherapy that emphasizes body awareness as a means of approaching problems in ways that can promote positive change. Full concentration and acute receptivity are required for Focusing (Leijssen, 2007); therefore, this article will emphasize the use of Focusing as preparation in advance of psychedelic drug treatment sessions. Other possible applications of Focusing to psychedelic therapy will be addressed briefly in the conclusion of this article. Wagner (2006) argued that Focusing had the potential to enhance most therapeutic orientations because it used inner, indisputable experience as an indicator of change. How was Focusing different from modalities that preceded it?

Beginning in the 1960s during an era of rapid change that challenged traditional methods, Eugene Gendlin (1981), along with colleagues at the University of Chicago, studied attributes of clients who had successful experiences in psychotherapy. He concluded that rewarding outcomes frequently coincided with an ability to refer to bodily experiences. Clients who were most likely to benefit from psychotherapy could be identified easily in early sessions based on what they said about *how* they approached problems internally. Gendlin had collaborated with Carl Rogers, the founder of client-centered psychotherapy which emphasized the importance of empathy, unconditional positive regard, and congruence (genuineness) in the psychotherapist’s approach to the client relationship. Gendlin expanded Rogers’ approach by amplifying the emphasis on the client’s felt experience.

Wagner (2006) theorized about how Focusing relied on the body to provide information that was not available through rational understanding. He wrote that

the body’s reactions—the ability to localize a problem through meaningful bodily sensation and the consequent shift in physical sensations—signal identifiable changes in experience. Gendlin wove cognitive, emotional, and behavioral elements together, recognizing their common thread through the body. By entering human experience with a friendly attitude of curiosity rather than therapeutic expertise, the authority is transferred to the client. (p. 48)

The primary goal of Focusing-Oriented Psychotherapy was to help clients move beyond *dead ends*, which was Gendlin’s (1996) term for situations in which a client could identify a problem but could not get at it. To overcome this type of psychological impasse, Wagner (2006) pointed out how Gendlin developed a process which psychotherapists or individuals could employ to augment the ability to refer inwardly and experience life from a bodily felt vantage point.

THE SIX STEPS OF FOCUSING

Gendlin (1981) described six discrete Focusing movements that could be used as *microprocesses* (Leijssen, 2007) to support self-inquiry: (a) clearing a space, (b) waiting for and getting a felt sense, (c) identifying a handle, (d) resonating handle and felt sense, (e) asking, and (f) receiving. The scope of this article precludes an in-depth discussion of each movement. However, brief descriptions should be sufficient to provide the reader with a basic understanding of how Gendlin's (1981) Focusing process helped clients perceive and touch a vague, holistic bodily sense of a problem, an ability that will be shown to have particular relevance to psychedelic therapy in later sections.

Step 1: Clearing a Space

The first step in Focusing begins with taking a moment to be silent and to relax. Then, the client is encouraged to direct internal attention to what is “the main thing” for him or her in the present moment. Gendlin (1981) explicitly cautioned against going *inside*, or identifying too closely with, any concerns that come up. Instead, he advised waiting until the client could take the position, “Yes, that’s there. I can feel that, there” (p. 44). *Space clearing* usually involves waiting to feel several sensed concerns and choosing the one that is foremost to work with in subsequent steps.

Step 2: Felt Sense of the Problem

The *felt sense* (Gendlin, 1996) is a meaningful bodily sensation with several fundamental characteristics which is experienced as a complex whole. A felt sense arises at the boundary between the conscious and the unconscious. It begins with a unique yet unclear quality experienced in the body as “a single datum that is internally complex” (p. 15). The felt sense shifts and emerges in steps. Similar to the unpredictable nature of a psychedelic experience, the unique expression of a process step cannot be determined in advance; theoretical explanation is only possible retrospectively.

Step 3: Finding a Handle

The third step involves identifying a descriptive word, phrase, or symbol that comes up from within the felt sense. It is a descriptor that points to the quality of the felt sense. Gendlin (1981) advised staying with the quality until a *handle* that matched it well surfaced.

Step 4: Resonating Handle and Felt Sense

The next step involves checking back and forth between the felt sense and the handle until a resonance between the two is perceived. Gendlin (1981)

recommended waiting for a signal from the body to confirm a good match. The felt sense and the handle can change during this process. What is important is to continue until the handle captures the felt sense precisely.

Step 5: Asking

To promote a felt shift in the felt sense, Gendlin (1981) recommended *asking* questions such as, “What makes the problem so ____?” (p. 45), with the assumption that the client would fill in the blank with the most resonant handle processed in steps 3 and 4. The final key component of the asking movement is to remain with the felt sense after asking until a shift or release occurs.

Step 6: Receiving

The final movement in Focusing requires receiving what accompanies a shift with friendly acceptance.

This last step is about welcoming whatever has come, whether or not you believe in it, agree with it, or want to do anything with it. It is an attitude of receiving that involves detachment and choice, as well as a doorway to a guiding relationship within. (Wagner, 2006, p. 54)

Gendlin (1981) recommended staying with whatever came for a few moments even if the client intended to continue with other shifts. The sections that follow examine ways in which psychotherapists and clients could specifically apply Gendlin’s six-fold Focusing process to preparation for psychedelic therapy.

INTRAPSYCHIC CONSIDERATIONS

Three topics appear in the literature for both psychedelic therapy and Focusing, as they pertain to the inner experience of the client: (a) *set and setting* (Gendlin, 1981, 1996; Grof, 1980; Strassman, 1995), (b) *intention setting* (Griffiths et al., 2006, 2008; Hinterkopf, 1994; Wagner, 2006), (c) the importance of willful *passivity/receptivity* on the part of the client (Bassoff, 1984; Hinterkopf, 1994; Johnson, 2008). These three concepts are components of the overarching meta-theme of the *Inner Guide*. By promoting self-trust and self-understanding through the felt sense in the body, clients can learn to rely more deeply on innate intelligence for guidance in psychotherapeutic processes.

Set and Setting

In psychedelic therapy, *set* refers to the traits, mind state, and expectations of the participant regarding the session (Strassman, 1995). Grof (1980) also considered the psychotherapist’s perception of the nature of the experience, the

preparation and pre-session psychotherapy, and the specific technique of guidance employed during the drug experience as contributing to set. *Setting* refers primarily to the external factors that influence the ambiance of the experience for the client. For an ideal setting, Grof (1980) recommended a safe and pleasant environment plus reassuring and nourishing interpersonal support. Strassman (1995) emphasized how the set of research team members, including factors such as training, counter transference, empathy and expectations for drug effects, influenced the client as elements of the setting.

Below is an example from a psilocybin spirituality trial of how one research team (Griffiths et al., 2006) attended to set, and to some extent to setting, in their protocol.

The primary monitor met with each participant on four occasions before his or her first session (for 8 hours total) and on four occasions (for 4 hours total) after each session. A major purpose of the participant-monitor meetings was to develop and maintain rapport and trust, which is believed to minimize the risk of adverse reactions to psilocybin....During these meetings, the participant's life history and current life circumstances were reviewed. (p. 270)

With this framing, it is possible to consider how introducing the six Focusing movements could be appropriate for the psychedelic psychotherapy preparation process. A psychotherapist could clear the space, or guide the client in the process of clearing a space, as an initial approach to establishing a desirable set and setting by helping the client relax and shift attention inward. In addition, working with the felt sense of current life circumstances could help participants identify their primary goals for a session.

Confirming an Intention

Research has suggested that expectancy influences the qualitative effects of psychedelics (Griffiths et al., 2006). Individuals partaking of illicit and socially sanctioned psychedelic substances sometimes participate in formal or informal intention setting rituals prior to consuming the drug, in hopes of maximizing the beneficial insight they will receive. The psychedelic experience may influence the cognitive and affective material that surfaces in ways that require the client to relinquish or modify intentions during the session. However, beginning with attention to intention is recommended,

In some instances, participants in clinical trials may be encouraged to set an intention with little guidance around how to accomplish this step. Focusing could assist clients with managing expectations and confirming intentions by attending to bodily cues. For example, a facilitator could help the participant access a felt sense in relation to his or her expectations for a session several weeks and immediately prior to the drug experience. The question, "What is the main thing for me right now?" (Gendlin, 1981, p. 44), could be an ideal starting point for exploring possible intentions for psychedelic psychotherapy.

If done correctly, taking that step could orient the participant to actual felt experience and minimize the likelihood of a “wild guess” or an answer based on assumptions about what the facilitator would consider a worthwhile intention.

Passivity/Receptivity

The final intrapsychic theme also supports a comparison between Focusing and psychedelic therapy. Both approaches work best when a well-grounded client participates in the work with bravery to receive the material that surfaces and with conscientious trust in the set and setting. In this example, Bassoff (1984) described why the client’s receptive state is desirable in Focusing, but her observation was relevant to psychedelic therapy as well.

In the receptive, passive state, one allows oneself to be acted upon by internal forces beyond one’s conscious control, neither demanding nor expecting to be enlightened or gratified in any predetermined way; one simply opens up to the experience of the moment. (p. 269)

Further, Focusing increases a client’s receptive capacity, even when addressing challenging material.

Focusing assists clients in approaching conflict (whether defined as individual, relationship, social, health, and so on) with an attitude of curiosity and openness, entering into the unknown and allowing vague sensations and emotions to take form and express themselves verbally—in a way that gives a person a felt sense of meaning, promotes health, and enhances well-being. (Wagner, 2006 p. 47)

Focusing with receptive curiosity in advance of a drug session has the potential to teach clients how to feel the whole felt sense of a problem without getting too close to it and allowing feelings to become overwhelming (Hinterkopf, 1994).

Although the focus of this article is to examine the potential applications of Focusing for pre-drug psychotherapy, it is worth noting that cultivating receptive curiosity may assist clients if they encounter difficult material during a “bad trip.” Research is required, however, to confirm this assumption. Regardless, the skilled Self Observer who has attended to proper set and setting and has identified a clear intention is ideally positioned with an open and non-judgmental perspective to partner with a facilitator who trusts the client-centered process.

INTRAPERSONAL CONSIDERATIONS

Bassoff (1984) observed that during the Focusing process, the psychotherapist helped clients take the passive, receptive posture that facilitated access to inner experience. To be most effective, the Focusing psychotherapist should

approach the work with optimistic expectations for desired change (Wagner, 2006). Hendricks (2007a) provided three main guidelines that responded to the question of what Focusing-oriented psychotherapists actually do after they have trained the client on the six-step process. First, during the process, they seek and acknowledge the client's felt sense. Second, they help clients become attuned to their bodies and sensations in ways that allow the felt sense to emerge. Third, they protect the early progress the client makes from self-criticism, haste, or other behaviors and attitudes that could impede forward momentum. In addition, Gendlin (1981) advocated a form of helping that he called *absolute listening*, which involved providing the speaker with clear and truthful indications of when the listener followed or not. Leijssen (1998) summarized the witness-facilitator's role as helping the client to grow increasingly attuned to inner messages and to find corresponding symbols which allow the bodily experience to become more meaningful.

The attributes of the adept Focusing psychotherapist apply to psychedelic therapy facilitation as well. Johnson (2008) described best practices for preparatory meetings for psychedelic therapy. He noted that

the monitors discuss meaningful aspects of the volunteers' life. The main purpose of the participant-monitor meetings is to develop rapport and trust, which we believe helps minimize the risk of fear or anxiety reactions during the hallucinogen session. The interaction should convey that all aspects of the person are welcome, from the petty to the noble, from embarrassments to achievements and from sorrow to joy. (p. 10)

Reiterating an earlier point, Focusing requires concentration, so facilitators should take into account variables such dose, therapeutic rapport, and content of the experience before introducing the 6-step process during a session after the drug has already taken effect. However, Gendlin's (1981) description of the value of the first step, *creating a space*, applies broadly to Focusing-oriented approaches to psychedelic therapy before, during, and after drug sessions.

You are caught in a trap of emotions and can't seem to get out. Often, when that happens, all that is needed is a friend's voice saying, "All right, let's just sit and be quiet for a while..." A friend can interrupt an emotional spiral when you feel powerless to interrupt it yourself. (p. 13)

Focusing and psychedelic psychotherapy both require psychotherapists who do not feel compelled to take on the authoritative guide role and who are instead comfortable with trusting the client's capacity to follow inner experience. Further, Leijssen (1998) cautioned against a common pitfall of all types of therapy.

Too often as therapists, we tend to rely on our own interpretations and eager need to provide knowledge. Questions and solutions often arise out of our own fears, assumptions, and inability to sustain the tension of exploring the unknown. (p. 131)

In summary, facilitators who do not expect positive change, fail to attend properly to the inner experience of the client, or cannot relinquish the guiding role when appropriate will not contribute effectively to Focusing-oriented psychotherapy or psychedelic therapy.

TRANSPERSONAL CONSIDERATIONS

Additional support for the case that Focusing and emerging psychedelic therapies are compatible would be that both approaches include transpersonal elements which transcend personal and intrapersonal parameters. According to Hinterkopf (1994), Gendlin's Focusing process offers a tool for facilitating and integrating spiritual experiences in psychotherapy, even when emotional discomfort is present. Hinterkopf pointed out that

focusing often leads clients to experience their spirituality and, consequently, to undergo psychospiritual growth. . . . This invites the clients to go beyond details of an issue to consider the whole issue, their whole self, their whole relationship, their whole life, the whole human race, the whole planet, and the whole universe. By moving in a direction of higher and broader scope, clients are able to experience a transcendent or spiritual dimension. (p. 169)

In a similar manner, Griffiths et al. (2006) highlighted the potential for psychedelic therapy to provide a structure for exploring transpersonal territory. They commented on the results of their double blind study showing that

psilocybin, when administered under comfortable, structured, interpersonally supported conditions to volunteers who reported regular participation in religious or spiritual activities, occasioned experiences which had marked similarities to classic mystical experiences and which were rated by volunteers as having substantial personal meaning and spiritual significance. (p. 279)

Wagner (2006) acknowledged that when Focusing combines psychotherapy and spirituality it can "enhance both therapist and client satisfaction and provide a bodily felt touchstone that *something really is happening* which makes outer change all the more viable and sustainable" (p. 55). The transpersonal perspective reinforces how Focusing can enrich psychedelic psychotherapy by illuminating their shared goal of catalyzing lasting positive transformation.

CONTRAINDICATIONS OF FOCUSING

While Focusing may be appropriate for most individuals and groups and across most therapeutic orientations, there are some instances in which other approaches or modifications may be more suitable (Wagner, 2006). It is incumbent upon facilitators to recognize when a client may benefit more from

other modalities and methods. For example, Focusing may not work well for clients with strong kinesthetic learning styles or with processes requiring more active or related engagement due to the focus on inner exploration. Psychotherapists should be prepared to accommodate each client's unique style with "other dimensions, such as movement, imagery, and direct relationship interactions, in order to find a felt sense and help it to shift" (p. 55).

SUPPORTING RESEARCH

Most of the literature that is germane to the topic of this article is theoretical. Research has suggested that Focusing "is a doorway through which something new can form that carries forward one's life situation" (Hendricks, 2007b, p. 42). With such broad applicability, empirical and theoretical research on Focusing has included inquiries into areas as diverse as meditation, delinquency, depression, change, creative expression, business, holistic health, and trauma, to name a few. Gendlin (1961) wrote about early operational research to examine the significance of the bodily felt sense of a situation to beneficial change "by correlating observable indices of experiencing with other measures of therapy" (p. 245). Now that legal research with psychedelics is resuming, an empirical comparison between indices of experiencing and data from psychedelic trials may be advisable.

CONCLUSION

By calling for specialized training and certification for clinical investigators who conduct human research with psychedelics, Strassman (1995) indirectly reinforced the assertion that Focusing could be studied as a supplement to psychedelic therapy. New and novel future directions for research could include integration support after adverse psychological responses to psychedelics (i.e. psychotherapy after a "bad trip"). Research into the potential benefits of clearing a space and passive receptivity might lead to compassionate interventions for individuals who present in the emergency room with anxiety due to unintentional ingestion or overwhelming psychedelic experiences. Finally, investigation into Focusing as a supplement to psychedelic therapy in multiple cultural and religious contexts may yield new and valuable insights into maximizing benefits and minimizing risk.

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