

THE ART OF LISTENING¹

The added value of Focusing for the Focusing Oriented Professional and Art Therapist in working with adults and children. Harriet Teeuw and René Veugelers

Focusing can't change reality, but it changes the way I carry it in my body.

E. Gendlin

Introduction

Focusing is a well-known approach in the world of psychotherapists. In the practice of the therapist, however, the application possibilities of Focusing are not yet very clear. In our work as art therapists, we experience the added value of Focusing in practice on a daily basis, because it is a body- and experience-oriented approach, applicable in all forms of (art) therapy. In this article we highlight the added value of Focusing for the therapist. We explain how Focusing originated and discuss a number of key concepts from the approach and philosophy. In two cases we elaborate on how we apply Focusing in our work.

In this article

- The discovery of the Focusing approach;
- How the Felt Sense brings the client forward again;
- How Focusing helps occupational therapists to be an interaction themselves that makes clients better and helps them move forward.

Some aspects that are covered

How unconditionally do you dare to be with a client? Which interventions can deepen a client's process? How do you create safety for a client and at the same time take care of your own inner process? These are recognizable questions for therapists. A Focusing attitude and Focusing-Oriented-Therapy increases self-reliance in the client from within, organizes inner processes and strengthens their identity, regardless of age.

The Origin of Focusing

Focusing is scientifically proven (Gendlin, Beebe, Cassens, Klein, & Oberlander, 1968) and a philosophically based method (Gendlin, 1997). Focusing was developed in the sixties by Eugene T. Gendlin (1978). He was a professor of philosophy and psychology at the University of Chicago and collaborated with Carl Rogers on Rogers' person-centered approach. Gendlin investigated which clients who received psychotherapy improved, and which did not, focusing mainly on the role of the therapist in that process (Gendlin & Zimring, 1955; Klein, Mathieu, Gendlin, & Kiesler, 1969). After listening to many tapes of recorded sessions, Gendlin and his research team discovered that it wasn't the therapist that made the difference, but that the successful clients naturally handled themselves and their problems in a certain way. Gendlin writes about this: "These patients almost immediately begin to speak of their problem from the concrete physical experience" (1969). He later calls this bodily experience the Felt Sense (Gendlin 1982). It became Gendlin's mission to map out exactly what these clients naturally did and to make his findings available to anyone who wants to enter psychotherapy. He called this skill Focusing and started experimenting with it in practice groups (Changes groups) with his students and other interested parties. From these experiences and related scientific research (1978) Focusing was created. He thus developed a method that consists of six steps: 1 Make space, 2 Felt Sense, 3 Handle, 4 Resonate, 5 Ask, 6 Receive.

Four key concepts from Gendlin's Focusing philosophy

Felt Sense

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A Felt Sense is a physical sensation that carries an implicit meaning, such as a rock on your stomach, a lump in your throat. When you examine this (mostly vague) sensation with attention and give it space, the meaning becomes explicit. In addition to this meaning, emotions, images, colors and symbols also come to mind for the Focuser. When what is implicitly present becomes clearer, relief and/or change arises, which can be felt and seen. The Focusing-Oriented-Therapist gives space to this process.

Carrying Forward Energy

The second key concept, Carrying Forward Energy, comes down to the fact that there is always something in the organism that wants to move forward and that knows exactly what the most appropriate next step is. As the body knows that after an inhalation there is an exhalation. If you hold your breath, it will become uncomfortable in your body. By following the impulse of your body (exhale), relaxation is created again. The Focuser does not know what will come, but can trust that something will come. "Every bad feeling is potential energy toward a righter way of being if you give it space to move towards its rightness" (Gendlin, 1979, p. 76). According to Gendlin, an unpleasant sensation always carries the possibility of "feeling better" if you give it the right space and attention. That is exactly what we do with Focusing.

The Implicit and Interaction First

Humans are/is interaction. A human is not what he does or what he feels. Human is always in interaction with his environment, with the air, with the ground and with people around him. The interaction is also constantly changing. When two people come together in an environment, a different interaction arises, which was not there before and which will not be there afterwards. The task of the therapist is to BE an interaction that makes clients better and moves them forward. A Focusing-Oriented-Therapist invites you to dwell on the Felt Sense, slows down and mirrors to allow the process of unfolding the implicit to arise in the client.

Being with

When we focus, we look for the right distance to be in contact with the Felt Sense. When you're overwhelmed by an emotion, you can't relate to what you're physically noticing (Figure 1, "overwhelmed"). If you cannot physically feel what is there, then there is, also no contact with the Felt Sense, the total, physical and emotional sensation. Distracting yourself or thinking about other positive things is a strategy that many people choose because they don't have to feel the pain or discomfort (Figure 3, "disconnected"). The Focuser, on the other hand, takes their attention to the sensation, they are 'Beside It' and establishes contact with it by listening to what arises from 'something', the Felt Sense (Figure 2, 'Being with') process of Focusing and in doing so you give the Felt Sense room to change. It helps to say 'Something in me is angry' or 'Something in me is very angry' instead of 'I am angry'. In the latter case, you become the emotion and you are overwhelmed. By creating some space for these emotions you separate from it and you create the right distance. The therapist helps the client in separating, for example by saying 'Something in you is very angry, is there a place in your body where you feel it the most?' The therapist helps the client to recognize what is there and to find the right distance for the client.

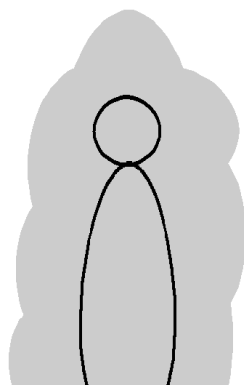


Fig. 1: overwhelmed

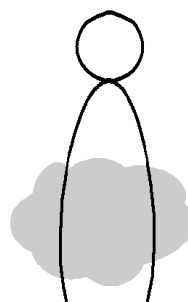


Fig. 2; BEING with

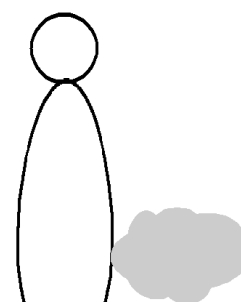


Fig. 3 disconnected

4 phases of the Focusing process

In recent years, partly due to the influence of Ann Weiser Cornell and Barbara McGavin (2002), in addition to the six steps of Focusing, four phases in the process have also been used. The four phases or six steps are training models to transfer Focusing. They are intended as a framework and as a holding of hands for the novice Focuser. Anyone who has learned and applied Focusing can also forget about the steps or phases and let the process run naturally. Compare it with learning to knit: first you get the instruction: 1 insert, 2 pull through, 3 slide off. Those who have learned to knit let their hands do it and no longer think about the different steps. Below we describe the four phases with the language and activities that you can offer.

Phase 1: create and make space and explore what lives in-there

The sentences below are appropriate for phase 1.

- "Just notice that you are sitting here in this room."
- "Take some time to experience in your body what it's like in-there."
- "Take a look at what wants your attention NOW."

In this phase, the therapist can, among other things, have symbols taken that fit the client's concerns, draw emoticons with different expressions or have a body outline colored in.

Phase 2: Making inner contact

The sentences below are appropriate for phase 2.

- "Something in you feels for example like..... hard and dark."
- "And explore its place and area"
- "Nod to that, or say hello to it"
- "Take time to look in your body and see how something feels exactly like this."
- "See if there's an appropriate rendering for this something."
- "Check in your body whether this representation is also correct inside."

The therapist can ask exploratory questions during this phase, such as:

- How does it want to be expressed in material: color, clay, paper, symbol?
- What movement does it want to make?
- Is there a sound that suits it?
- A gesture?

Phase 3: Deepening contact: Being there by inviting questions to the Felt Sense.

Below are a number of examples sentences that fit phase 3.

- See if it touches on anything in your life.
- Is there anything in your life that feels hard and dark?
- Check if this place has an emotional side or mood.
- What makes it so hard and dark.
- What's the gist of this?
- What touches you the most?
- What does it need?
- What gives this more space/movement?
- What is the right direction?

During this phase, the occupational therapist can ask questions such as:

- What is your impulse when you look at the image?
- Is there something different or something new?
- What is your impulse when you make this movement?
- Is there something different or something new?
- What happens to the sound? Is there something different or something new?

The therapist can suggest that the client walk around the expression/ symbolization, or give it a different place.

Phase 4: Anchoring and finishing

Below are a number of examples sentences that fit phase 4.

- Take a look inside to see if this is a good time to wrap up.
- You can let it know that you can always come back to this Felt Sense.
- Maybe you want to arrange something with (that something).
- Take the time to absorb what has come.
- What's new or different in your body?
- How can you take this with you?
- Is there anything you would like to do at home?

During this phase, the therapist can, for example, take a photo of the image and send it to you or have the piece taken along as a memory aid.

Case formulation from Harriet Teeuw

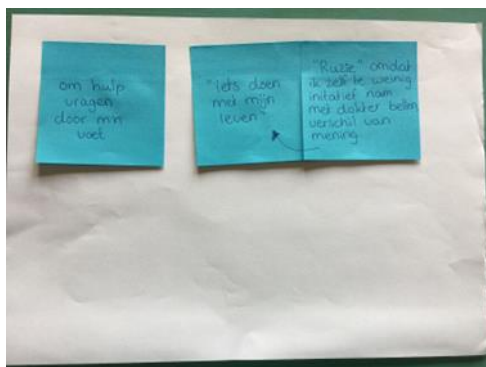
Case 1: 'Doing something with my life'

Diana is a young woman of 20 years old. Her request for help is learning how to deal with setbacks. Due to a number of recent events, she was completely paralyzed and she decided to (temporarily) stop activities where she felt pressure. She stopped her driving lessons after failing the first exam. And after negative feedback on her internship, she stopped the internship, causing her studies to be delayed. Harriët describes the course of the fourth session below. During the first three sessions, Diana was quickly overwhelmed by emotions. Together we always searched for the right distance (as shown in image 1) in relation to what touches Diana.

Phase 1: Creating and Making space and explore what lives in-there.

We start with 'Making space', the first phase in the Focusing process. We do this by sticking post-its on a sheet of paper. Diana makes a small drawing on the post-its or writes a number of words that symbolize what is on her mind. Diana creates an overview and finds clarity of what is going on in her life. My invitation is: "Take a look at what is on your mind right now. These can be thoughts, feelings, emotions or bodily sensations". There will be 3 post-its on a white A4: 1. Asking for help through my foot. 2. Do something with my life. 3. Quarrel: because I didn't take the initiative to call the doctor myself, I have a difference of opinion.

She draws an arrow from post-it 3 to post-it 2. As she talks about what's on the notes, I see that when she says "Do something with my life" she starts to swallow and tears well up. I mirror this with the words: "As you say this sentence you swallow and tears come to your eyes. It seems like this is, most important, to you today. See if that's right." When she nods in the affirmative, I ask her if she would like to think about this today. Figure 1: Creating space with post-its



Creating space with post-it's

Phase 2: Exploring Felt Sense

I ask Diana, "Is there a place in your body where you feel this the most?" Her hand points her throat area. I ask her, "In this area near your throat, you feel it. Could you check with what material this would like to be expressed? I don't ask her about the story, that would take her to her head and that's information she already has. I give her space to stay with the feeling of 'Doing something with my life'. Diana chooses clay. I give her the invitation to explore 'what is there' and how would it like to be expressed in clay. She silently kneads the clay and two pyramid shapes are created; a large one is upright and a small one is upside down, pointing down (Figure 2), Diana says: "I am the little one and my friend is the big one." I tell her: "The shape that represents you is smaller." She nods and tears come to her eyes again and I see her swallow. I go to my throat area with my hand again and say: "Check whether this can also be felt in that area near your throat." She nods affirmatively. Figure 2: 2 pyramid shapes are created.



2 pyramid shapes are created.

Phase 3: Deepening the process, being there

I go on and suggest to Diana: "You might consider how that part wants to be expressed." She makes a drop of clay and puts it between the two pyramids. I ask: "Could you check if there is a word that fits that round drop?" Diana calls it "vulnerable." I then ask her, "It's vulnerable... Is there anything that vulnerable part of you needs?" Diana makes a small wall and places it between the two pyramids, next to the drop. Figure 3: A small wall between the 2 pyramids.



A small wall between the 2 pyramids.

Diana sighs, as if something relaxes. I name what happens: "And I see that there is a sigh." Diana: "Yes, but now she doesn't see my vulnerability. That's what I do when she calls me that way. She told me to take better care of myself when I sprained my foot. She thinks I'm too hesitant about things. Not going to the doctor, not looking for an internship and things like that. She was angry about it. That makes me sad, but I want to make my own decisions." I note: "You noticed that you became sad when she gave you her opinion. And something in you just wants to set its own pace. Can you also notice that somewhere in your body, that something in you wants to make its own decisions at your pace?" Diana puts her hand to her stomach: "That's more here, it's angry." I mirror her hand on the stomach again: "Just look what comes to mind now while you feel that anger in your stomach." Diana uses clay to make an elevation for the smaller pyramid shape, making the pyramids the same size.

The drop will settle at the bottom of the elevation. I remark: "You and your friend are now on an equal footing and the vulnerable part is now visible and protected. See if that's right when I say it like that." Figure 4: The 2 pyramids are now level.



The 2 pyramids are now level

Diana nods and says: "The wall no longer has to be in between, it can be moved back and we can stand next to each other more." I say: "You are standing next to each other now. See what comes to mind now, is there anything you would like to say or change in the image?" Diana: "I would like to tell her that I can make my own decisions at my own pace." The pyramids now get arms and come next to each other. The wall is now behind them (Image 6). Diana: "That way we can be friends again." Figure 5: The pyramids now have arms and are next to each other.



The pyramids are next to each other

Phase 4: Anchoring and finishing

I continue and ask Diana to check how things are now in the throat area and her abdomen. Diana says: "It feels more spacious and less tense". I say: "See if you can take this with you. You may want to share with your friend what came today. And perhaps it is enough to be aware that something has changed in you." She takes a photo of the last image in order to easily retrieve the experience. A week later, Diana says that things are going better between her and her friend now. She hadn't shared anything about the session, but when her friend gave her "good advice" again, she had reacted very differently. She had said, "Thanks for the tip, I'll take it."

Case formulation by Rene Veugelers

Case 2: 'Just like the cork, that it is stuck and closed'

Andries is a 15-year-old boy with a traumatic past of incest and abuse. He doesn't express himself emotionally, completely blocks and games all day. His goal for the therapy is: To become more open and to remove a blockage from his throat, so that he becomes calmer.

Phase 1: Creating and making space and explore what is going on.

Andries enters and sits down. I ask if he has any questions or if I need to explain things. I quickly draw a body outline with four elements: something in the stomach, something in the head, something inside and something outside. I ask him to choose one of these elements that he wants to work on. He knows right away; the image of his mother almost being killed by his stepfather. He wants to forget this, but he can't. I ask if it is okay if we investigate this together. In a nutshell, he talks about his experience. All he could really do was scream. When I ask how he felt then, he replies that he felt angry, scared, sad and lost. I keep mirroring his story. I investigate where and how it is; it's in his head in a corner and it's stuck. At my invitation, he draws a small body outline and a small triangle in his head. There is a wall around it that he would like to knock away or break, but he can't. It is indestructible. I see his hands playing with a cork. He rolls it across the table



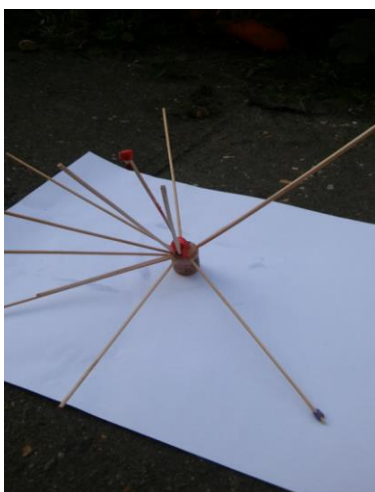
the triangle in his head

Drawing of the doll with the triangle in his head I say, "Gosh, maybe it's like the cork, it's stuck and closed, and you want some movement in it." "Yes, that's it," he replies. I invite him in and ask if he could portray the wall or whatever is inside his head.

Phase 2: Exploring Felt Sense

Andries sticks three sticks on paper and says that it is so stuck. Inside it turns and it is the movement of a movie, but nothing can get out. Actually, he would like to have a small opening, so that some light or air can enter. Again and again, I mirror and ask him to check if it is.

I see his hands putting a skewer in the cork. I direct his attention to it and say, "Dude, look what your hands are doing." I see him glow with pride. He wants to put it down but it's too shaky.



'The cork is still shaky'

I take a plank to put it a little more in the light of day and he starts investigating how to put it down. He finds a piece of clay, fixes it and takes a drop of glue and carefully puts it on top. "It sparkles," he

says. Because it is still shaky, he will try to balance it with different chopsticks and skewers. I am fascinated by how he does this. I keep inviting him to check how this feels for him. He indicates that it is becoming calmer and more spacious for him. As he continues to work, he says, "This is the explosion I'd like... all the way around." He thinks there is a color to go with it. With pieces of paper and clay he makes brown and red. "It's like I'm working in my head," he says in surprise. As he looks at it and works with it, I see him relax. Sometimes it is quiet and we sigh deeply.

Phase 3: Deepening the process, being there

When we silently look at his piece of work, I invite him to check that area in his head a little more, whether something belongs there, or whether it should go away. He thinks that those walls of clay still have to go. He builds the three corners around the explosion from clay. As he compresses it and goes about it, he says, "It's getting lighter in my head and I can feel it changing." With a small stick he pushes out the compressed clay. "It's like it can breathe and flow right out of my head. It is as if the red of the pillar sinks in and causes an explosion there."

While looking for something red, he finds a balloon. He blows it up with great force. I invite him to really feel where that air is coming from and he indicates that the air is coming from all over his body. He covers the balloon with glue and red scraps of paper. "This is the explosion as it appears on the outside. I should actually make it pop, but that is terrifying." I invite him to feel in his body if and when there is a good moment. It explodes with a bang while Andries smiles. As he looks at it, he says: "There is also a film around the explosion, that also feels gone now." He goes back to his piece of cork and wood and gives it a different shape with purple colors. "All kinds of colors are added, purple colors at the end."



The new balloon is now supported.

Phase 4: Anchoring and finishing

Because it's almost time I invite him to check inside what and if it needs anything else. Suddenly he says that he wants to get rid of the pieces of the balloon, the fragments of what has exploded. With strength he walks to the trash can and throws it in it. "Wow, my head is empty and now it stays away." With a sigh and a smile. I check whether the area inside needs anything from us or from his hands and he says that it needs another protective membrane. He takes a balloon and inflates it easily now. He wants to put it on the wooden plank, but it won't stay balanced. He gets the idea to use the cork from the beginning as a support.

He proudly discovers how he can solve it himself. "This is supportive," he says and sighs. While he is busy, I see that he discovered that a real protective layer must be applied with glue. He says aloud: "It could be more cheerful and more sheltered. That's what it feels like inside." His head is empty and there is room in his chest. Very carefully he smears the glue on the top. "Yes, that feels good." Suddenly I see that he touches his arm and his body with his hand. I invite him to check this out. "Yes,

I feel my body.” As we both stand, I invite his hands to welcome and connect with his whole body. I see how moved he is. He pats his body, his legs, buttocks and chest and rubs his face and I invite him to see if he wants to welcome it. When we check at the end what he wants to do with the piece of work, he says I can keep it for him until next time. I suddenly see that his hands are wrapping the small pieces of purple clay with a piece of elastic. I direct his attention to it and ask if it needs anything else.



The purple still needs to be wrapped. He says it's not finished yet and it should be something somewhere but he doesn't know yet and it's totally fine to investigate that next time. He goes home happy and relieved. As he is about to leave, he says: I have never experienced anything like this because I am not a talker.

Our theory: Listening in three directions: A Dynamic Expressive Process

Listening in three directions is about listening to your own process, being aware of the interaction between you and the child and being aware of how the child is listening to his or her own process. The most important direction is listening to your own process. This allows the therapist to have a full felt sense of the situation for him/her self and, at the same time, to have the capacity to develop and hold an objective hypothesis of what might be going on for the child. This way of listening brings theory and practice together, enabling the therapist to hold a safe, non-judgemental space for the child, and to make rapid assessments as to what the right intervention might be to facilitate the carrying forward of the child's process.

Working and being with clients of any age means experiencing and contacting the vitality in ourselves as we connect with a client story and deeper needs. In essence, as a therapist I am mostly with my own felt sensing, checking how and when to respond and when not to intervene. Creating a working hypothesis about what the client's process is, helps me to include objective knowledge or useful theories, including the phases of the Focusing process – such as the need to create distance - as well as my own felt sense of the situation. All of this indicates what intervention would be useful for the child.

Part of the essence of Focusing is that the client can make and hold connections with their implicit knowing, with what can be sensed in the body, and with their felt sense of life experiences. Sometimes this is implicit, just waiting for the client to arrive at an awareness that something more needs to be explored. This is what I mean by listening in three directions.

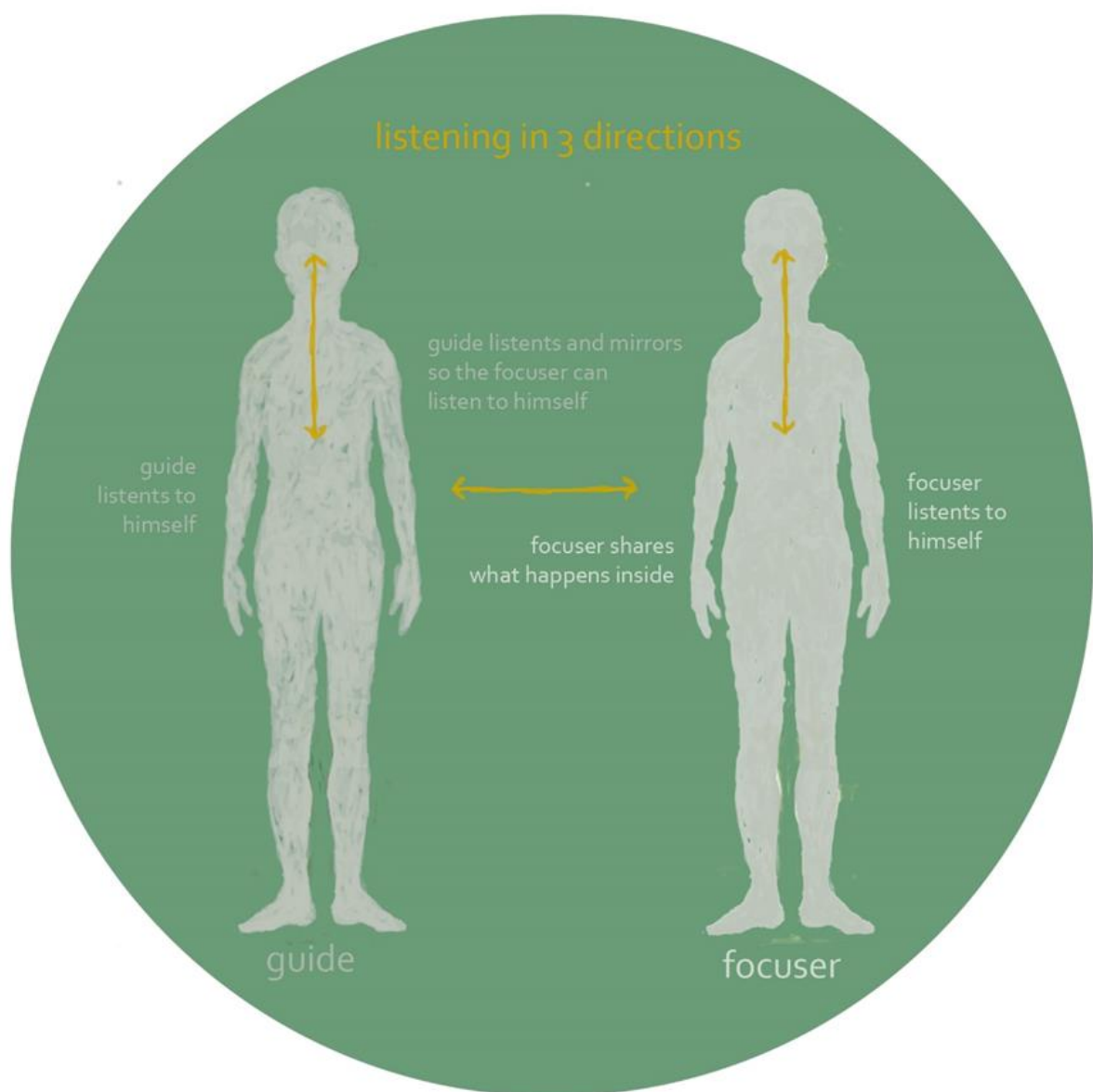
The key is that we are meeting the other person where they are and that means accepting many different moods, sensations, images, thoughts, or movements that they express. From joy to sorrow to discomfort, we are there, with them. If, all of a sudden, we are not there, like we disengage or give advice, the other person feels that and generally, experiences that moment as rejection, possibly

linked to self-shame or, at least, to what has NOT worked out until now in helping them be more comfortable in their own skin.

We can discern that the basic skills and attitudes in this kind of listening include empathic, unconditional attitude to the child and his or her process paying attention to the bodily felt aspects of experience, respecting the child's – and your own – boundaries and looking out for those subtle moves or movements, like the body relaxing, being more open etc that indicates when the child's process is beginning to carry forward.

Most important of all the listener really needs to be attuned to their own process, distinguishing what is happening inside themselves and sense for the next step that was assist the client to carry forward his or her own process. It is very important therefore to keep your own Focusing process and skills alive and up to date. It is the foundation for listening in three directions.

This process is being held in this diagram:



Focusing is intended to be applied within all other methods already out there, not instead. Methods such as Somatic Experience (Levin, 2010, p. 182), Body Centered Psychotherapy (Kurtz, 1997) and Boundary based Awareness (Blaser 2012) are examples of methods in which Focusing skills are applied. Kabat-Zinn defines mindfulness as “paying attention in a specific way: consciously, in the here and now, without judgment” (1994, p. 4). Mindful listening, as described above as a set of skills, is integrated into the basic attitude of Focusing. Mindful presence allows the process of Focusing to unfold further. Other therapies, such as Acceptance Commitment Therapy (ACT), Dialectical Behavioral Therapy (DBT), and Sensorimotor Therapy, also ask the client to “be mindfully present with a present-day bodily sensation. (Weiser Cornell. A 2013 p. xxiii).

The added value of Focusing for the Focusing-Oriented-Therapist

As therapists who apply Focusing, we experience that Focusing helps to take good care of your own process and to recognize and respect your limits. It is a method that permanently increases the self-reliance of the client. It gives us something to hold on to because of the connection between practice and theory. In the event of resistance and blockages from the client, we give attention and space to this, because we know that this can help the client's process further (Carrying forward energy). We do not save the client if it becomes uncomfortable by advising or coming up with solutions. We use the uncomfortable to reflect on it in the here-and-now. This makes it possible to make the client aware of stuck patterns, from which a new step can arise.

Appropriate interventions give the client the space to indicate what the road is like, how 'it should have been'. The cause of 'it got stuck' is less important for the recovery process. We don't have to ask about what happened and why. Clients don't have to relive what once went wrong to feel whole again. We can rely on the client's implicit knowledge of how to recover. This gives the client the responsibility for his own process. Because we can recognize and facilitate the phases of the client's Focusing process, we create a space in which the client will actually experience and take responsibility. Focusing is practically applicable because interventions connect to non-verbal and body-oriented processes. It is a scientifically based method. Brainwaves (EEG) show a characteristic pattern when there is a bodily shift during focusing (Don N.S. 1977). The change is therefore permanent.

Focusing and children

Focusing is basically the same for children as it is for adults. Children learn quickly and they often focus easily. We help the child to kindly pay attention to what is going on inside. It is surprising how easily and spontaneously young children can react to this. Once the child has connected with what they feel about something inside, the next step is to invite them to search for the symbolization that fits. Symbolizing the Felt Sense helps the child to get a grip on his own world and what is happening around him. This allows their behavior to remain open and flexible and to change. You stimulate the Focusing process in children by frequently mirroring what you see and hear, as well as by naming the situation in which you find yourself together. You pay particular attention to body language. For example: “Yes, I see that you are going to laugh, if you say so.” “Your legs really want to move today, don't they”. Marta Stapert-Wezelenburg (2003) has worked as a child psychotherapist and Focus coordinator worldwide and in the Netherlands to give recognition and publicity to Focusing by children. In addition to arts therapy, Focusing by children is also applied in schools (Focus school project, Stapert & Van den Brand, 2006), the day care center (<http://kdvtelraam.nl/>) and in improving the parent-baby relationship (Boukydis, 2008).

Summary

Gendlin copied Focusing from successful clients, who already did this naturally. These clients speak directly from the concrete physical experience of their problem. By following the bodily sensation, the implicit meaning it carries is made explicit. There is always something that wants to move forward and that knows exactly what the most appropriate next step is. Occupational therapists can help clients explore, follow, and trust this process of connecting with bodily sensation. The task of the occupational therapist is to be an interaction that makes clients better and moves them forward.

Knowledge and experience of Focusing help the occupational therapist with this. The Focusing process is explained in 4 phases, with examples of interventions that an Focusing-Oriented-Therapist and Art Therapist can make. In 2 example cases, the 4 phases of the Focusing process also return in a structured way.

Authors

Harriët Teeuw is a FOT, Art therapist, graduated from Stenden University of Applied Sciences in 2011, Focusing Trainer (2005) and Children's Focus Coordinator for The International Focusing Institute in New York. She works in her own practice De Ruimte, for visual arts therapy, Focusing, training and guidance, specializing in young people from the age of six, adults and MID problems. Her starting point: "There is always something that wants to move forward". She is co-founder and teacher at KinderFocusCentrum Nederland and co-founder and board member of Stichting KinderFocussen.

E: hteeuw@deruimte-info.nl

I: www.childrenfocusing.org

René Veugelers is a FOT, Art therapist and teacher of Focusing. He has been working in healthcare for over 30 years, the last 22 of which as an art therapist and focus trainer. Both in his own practice and at a VSO school, he works with children up to the age of eighteen. He specializes in Focusing, the Emerging Body Language (EBL) and Living Forward Energy. He also teaches (children) Focusing national and international. His starting point is the wisdom and self-reliance of the body. René is co-founder and teacher at KinderFocusCentrum Nederland and co-founder and board member of Stichting KinderFocussen.

E: rene@ftcz.nl

I: www.childrenfocusing.org

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Background information & Focusing courses:

*International life and online Children Focusing training: <https://www.childrenfocusing.org/>

*A 5-day Children Focusing training in the Netherlands: Being Seriously Playful in July 2023: look at; <https://www.childrenfocusing.org/being-seriously-playful-symposium/>

Or www.focusing.org & <https://focusing.org/felt-sense/children-and-focusing>
Book: Marta Stapert; Focusing with children the art of communication

More personal information about training and individual mentoring:
René Veugelers and Harriet Teeuw, certified FOT Art therapist and Focusing Coordinators with
specialization in Focusing with Children: email rene@ftcz.nl

