

Ms. C's Focusing and Cognitive Functions*

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ABSTRACT

One half hour of videotaped empathic listening to Ms. C by the author was analyzed using five variables. The five variables are all new measures under development and in need of validation studies. Three of the variables purport to indicate the focusing phases through which Ms. C passes in the interview, and the degree to which each utterance involves each phase. The three phases are 1. the story-telling or “pregnant” phase, 2. the direct focusing with a body sense or “parturient” phase, and 3. the relief/insight or “nascent” phase. These variables are meant to be “orientation-free” so that they may be used in psychotherapy process research from any theoretical starting point.

The other two variables are intended to measure the levels of involvement of two classes of cognitive function associated with the two hemispheres of the brain. The cognitive function variables are used to examine differences in the focusing phases. The major finding is that there is statistically significant evidence of a different pattern of participation, by these two modes of cognition, associated with each of the focusing phases. Ms. C's pregnant focusing phase involved more of the “dominant hemisphere” class of cognition, and her parturient focusing phases involved more of the “non-dominant hemisphere” class of cognition. Her nascent focusing phase involved more differentiation by utterance between these two classes of cognition: Highly nascent utterances tended to be high in one, but not the other class of cognition, with some utterances mostly dominant mode cognition, and others mostly non-dominant mode cognition.

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INTRODUCTION

One of my students, to whom I will refer as Ms. C, generously volunteered to work with me while being videotaped. My goal was to demonstrate listening in a very precise way, with frequent responses attempting to be complete and accurate. The resulting session, 35 minutes in length, illustrated focusing movement which was valued by Ms. C. She has been kind enough to give me permission to use the videotape for research and presentation of the research.

Starting from Gendlin's definition of focusing (1969) and focusing "movements" (Gendlin, 1978, 1981), used for teaching and guiding focusing, I began looking for the form in which focusing appears in client-centered therapy without explicit prompting from the therapist. In other words, when the therapist is not teaching focusing or explicitly working to produce the focusing movements, what happens? My experience had been that in such cases, focusing still occurred, although not necessarily with the same degree of clear differentiation of movements that Gendlin had worked for so many years to identify. I find the definition of the distinct movements to be immensely helpful for teaching focusing. But after all, focusing was discovered by studying client-centered therapy before focusing had been conceived as a distinct form of introspection. It was by applying some philosophical ideas (Gendlin, 1962, 1964, 1969) to the study of the natural form of client-centered (and other) therapy that Gendlin identified focusing in the first place. To be more specific, in the natural form of focusing, people may not take care to define a "quality handle", or stop talking long enough to "resonate" a handle with the body sense. Nevertheless, the body sense may have formed and the accuracy of symbolization is adequate to produce a shift in the quality of the body sense toward relief, satisfaction and insight.

THREE PHASES OF FOCUSING

When looking for focusing in psychotherapy in this way, it seemed to me more fitting to what I observed to define three phases of focusing¹. The guiding metaphor which captured my impression of this three-phase form of focusing is one of pregnancy, labor, and childbirth.

Quite regularly people seem to spend some time in a therapy session first in a "story telling" phase in which they speak about situations and events which have had significant meaning and emotion for them. I chose the term pregnant for this phase to connote 1. the way in which the person is impregnated with meaning and affect, and 2. the fact that at this point in the process, a clear and full understanding of the reasons for the distress is hidden in the matrix of implicit past experiences and anticipations of future possibilities. During this phase, affect is often talked about rather than experienced directly: it may be there, but in the background rather than at the center of the person's attention. On the other hand, sometimes in this phase, affect is overly intense. In that case, to move to the next phase requires attaining *more distance* from the troublesome affect.

The second phase begins when a more direct experience of affect occurs involving both the appearance of *bodily* sensations and manifestations of affect, and a cognitive curiosity and receptivity toward this experiential development. For this phase I chose the term *parturient* which means "in labor," to connote the way in which there is, once this phase begins, an imminent but not yet complete delivery of more meaning to the person's self-understanding. Also true to the analogy of the labor phase of childbirth is the fact that the parturient phase often involves a temporary intensification of the pain of the struggle experienced less directly in the pregnant phase. Typically, this phase occurs in much briefer bursts than the pregnant phase, A way in which the childbirth metaphor does not correspond to a focusing process is that the focusing process is not as much one-way as childbirth — in focusing, one may become parturient, and then return to pregnant for a time, rather than progressing directly to the third phase, which I've labeled "nascent."

The *nascent* phase occurs when new insight or perspective accompanies a change for the better in the bodily experience of affect. The term "nascent" connotes both 1. the birth of the "baby" — now more distinct from the "mother" with corresponding relief, and 2. that the person's feelings and thoughts are in a greater than usual readiness to make new connections and associations as well as to seize interactional opportunities which could not be taken advantage of while in the pregnant phase.

LATERALIZED COGNITIVE FUNCTIONS

Although the focusing phases may be of some interest in and of themselves, they also need validation by bringing them into relationship with variables from a perspective outside of focusing. As a start for this purpose, I defined two more variables, based on work which has been done on the cognitive functions associated with the two hemispheres of the brain. Table 1 lists my summary of twelve functions for which Levy reported evidence of specialization by hemisphere. I have detailed the experimental procedures behind these characterizations elsewhere (Iberg, 1988), and refer the reader there or to Levy for more in-depth discussions of the basis for these two sets of functions.

The appeal of this particular perspective is that it may reveal that successful focusing involves a shift in the balance of the involvement of the two kinds of cognitive functioning. Levy (1980) reviewed some studies in which it was found that certain kinds of severe psychopathology (autism and schizophrenia, e.g.) do involve imbalances of hemispheric functioning, so there is some basis for expecting this may be an important variable for psychotherapy. If we find that this balance is capable of influence by psychotherapy, that would be an important finding indeed, providing evidence regarding precisely what it is, in part, that may be accomplished by psychotherapy.

RESEARCH HYPOTHESES

My first hypothesis is that the focusing phase variables can select out utterances which do represent distinctive forms of expression significant to progress in therapy. Further work must be done in this spirit relating the focusing phase variables to other measures of significant events in therapy such as the "running rating" of the EXP scale (Klein et al., 1986). In what is reported here, I do not attempt this, but only go so far as to achieve reliable ratings of the focusing phase variables. Some of the utterances which receive the highest scores on the variables, which should be most distinctly representative of the three focusing phases, if the variables are doing their intended job, will be presented and discussed. Hopefully, thereby, the reader can form an impression of the clinical meaning of the variables.

Table I
Two sets of cognitive functions

<i>L-mode functions</i>	<i>R-mode functions</i>
A. linguistic processing	I. visuo-spatial construction
B. logic and deduction	II. recording literal properties of the physical world (especially those never previously categorized)
C. analysis	III. visualizing relationships of objects in space
D. sequential thought and patterns	IV. words perceived as unanalyzed wholes
E. naming tasks	V. matching tasks
F. identifying distinctive subordinate features that can be verbally labeled	VI. extracts critical invariants of form which help identify the stimulus as a whole

The next set of hypotheses has to do with the interrelationships of the cognitive function variables and the focusing phase variables. This represents a limited and preliminary validation effort for the focusing phases. Encouraging results here would warrant additional validation effort, such as identifying other measures related to the cognitive function measures developed here. Eventually, multiple measures (Campbell & Fiske, 1959) applied to these and similar data would build confidence in the interpretation of these variables and findings.

Because of normal communication between the two sides of her brain, I did not expect as large a negative correlation between L-mode and R-mode for Ms. C as would be expected for Levy's "split brain" subjects. But I did expect the correlation to be negative. Levy et al., (1972) found evidence that depending on the definition of the task (e.g. matching for R-mode, and naming for L-mode), one mode tends to "take charge" and stay in charge even for stimuli better recognized

and remembered by the other mode. If indeed these two sets of cognitive functions are complementary in this way (competitive), it seemed likely that the utterance bursts which were high on one of the two kinds of cognition would be relatively low on the other, and *vice versa*. Thus my first formal hypothesis was as follows (the notation I will use is this: L-mode = "Dom" and R-mode = "NDom"):

$$H_1: r_{\text{Dom.NDom}} < 0$$

The basic notion I had for how successful focusing might influence this association was that the involvement of the two kinds of cognition would become more balanced. In other words, I thought when the focuser became highly nascent, that both types of cognitive function would be involved in thinking and expression, more so than when highly pregnant or highly parturient.

Clinical impressions of the kind of thinking typical of the phases of focusing led me to predict that the highly pregnant utterances would be mostly L-mode, and that the highly parturient utterances would be mostly R-mode. When telling the “story” of their experiences, chronologically listing events and describing and categorizing other people and themselves, mostly L-mode thinking seems to be involved (see Table 1). On the other hand, when a person stops this kind of talking, and is instead sensing carefully an inner bodily referent, trying to match it with just the right symbol to express it (seeking a "handle") as in the parturient phase, this seems more R-mode in character. The difference between these two focusing phases *is* in part that in the first the person works with existing ideas to express experiencing, where as in the second the body sense is felt freshly and symbolized anew, without searching for existing conceptual categories, but attempting to create new ones for precise explication. Therefore the next two hypotheses were these:

$$H_2: \mu_{\text{Dom} | \text{High Pregnant}} > \mu_{\text{Dom} | \text{Low Pregnant}}$$

$$H_3: \mu_{\text{NDom} | \text{High Parturient}} > \mu_{\text{NDom} | \text{Low Parturient}}$$

Clinical impressions of the nascent phase led me to predict that both kinds of cognition would be involved in a more balanced way than in either of the first two phases. People often create rich visual metaphors which capture much meaning in the nascent phase, for example. But on the

other hand, there is often a component of deductive reasoning as the focuser analyzes again the situation from the new perspective of the nascent phase. To assess the equality of the presence of the two kinds of cognitive function, I defined the variable $| \text{Dom-NDom} |$. The absolute value of the difference between the two scores, if they are involved equally, will be very low or zero, and for very unequal involvement, it will be large in value. Thus my fourth and last hypothesis was this:

$$H_4: \mu_{(| \text{Dom-NDom} |) | \text{High Nascent}} < \mu_{(| \text{Dom-NDom} |) | \text{Low Nascent}}$$

METHOD AND OPERATIONALIZATION

In earlier exploratory research with the three-phase conception of focusing, three variables were defined and applied to videotaped therapy sessions. Analysis of these results was used to refine the variables. Whereas I initially sought to define the phases as distinct segments of the therapy session, working with videotapes and ratings led to a different approach. I now define three variables, each with eight items which raters can identify when present. The eight items are summed for each variable, resulting in scores on each variable for each utterance the client makes. Thus a given utterance receives three scores: One for the degree of pregnancy, one for the degree of parturiency, and one for the degree of nascency it manifests. The three sets of items appear in Table 2.

The corollary to this approach is that reliability is also handled differently than what is typically seen when judges make ratings. Rather than putting effort into achieving a high degree of similarity in the ratings of each pair of judges (high inter-rater correlations), I opted for minimal training and maximum freedom of interpretation of the individual items. The intent was to allow each judge to see the clinical data through the items most meaningful to the judge. Individual judge phase scores were then aggregated into a composite score. There is strong evidence that

Table 2
Items defining focusing phase variables

Pregnant

- S1. Self or other characterized in trait-type language
- S2. Theories put forth to explain behavior or feelings
- S3. Comparisons made of self and other
- S4. Nonverbal cues of emotion not explicitly said
- S5. Awash in emotion or avoidance of emotion
- S6. Cognitive grasp of implications expressed
- S7. Reporting a pertinent sequence of events
- S8. Making interpretations of someone else's feelings or motivations

Parturient

- PI. Emotions directly in evidence and referred to as a datum
- P2. Process commentary: noting how one is relating to "it", expressed preferences for how to proceed
- P3. Tentative remarks about its meaning
- P4. Statements of qualities of emotion in reaction to talking/thinking about the topic
- P5. References made to more meaning felt than is understood
- P6. Descriptions of changes in the body quality as they occur: "Play by play" narrative
- P7. Quiet nonverbal time spent sensing for "it"
- P8. Certain words or analogies favored because of their special fit with feelings

Nascent

- N1. Statement of perspective that was not there before – relief to better understand
 - N2. Disentanglement of one's own feelings and values from how someone else feels/is
 - N3. New clarity regarding what is at issue for one personally
 - N4. Purer, more refined or complete expression of relationship to the other
 - N5. Description of emotional developments with perspective and increased equanimity
 - N6. Emotions that are new and different appear
 - N7. Discovery of memories relevant to the "same" feelings
 - N8. Realization of a greater significance to the topic than was formerly appreciated.
-

such aggregation increases criterion validity compared to the performance of any individual randomly selected judge (Hogarth, 1978), and that the increase in criterion validity is greatest when inter-judge correlations are lower (i.e. there is less inter-judge redundancy). In other words, this approach takes advantage of whatever peculiar sensitivity each judge has to applying the variable to the data, adding that to what the other judges contribute in a like manner.

The reliability (internal consistency) of the individual judge scores and total scores was assessed with coefficient alpha (Nunnally, 1967). Nunnally shows that coefficient alpha "is the expected correlation of one k-item test with other k-item tests drawn from the same domain ... [and] how a highly reliable total test score can be obtained from items that correlate only .25 [e.g.] with one another on the average" (p.193). With this approach we avoid the laborious process of achieving high reliability between each pair of judges, and take advantage of the way that aggregating judgments increases correlation with the underlying (criterion) variable (Hogarth, 1978).

Another difference between this system and Rice's is that she creates nominal categories as the result of the rating process, whereas here interval scales are created: scores are a count of the number of items that were present in an utterance burst, for which the intervals in scores are meaningful.

The departure from my initial impression that the variables should indicate mutually exclusive sections of an interview has some advantages. Having a score for each phase for each utterance overcomes some problems inherent to the "unit determination" problem which is always an issue in process research (more on this below in this section). There really is no theoretical reason that any given utterance would manifest one and only one focusing phase. The focuser may shift from one phase to another within a given utterance. Scoring each phase separately nicely allows for this, since then such an utterance would receive ratings on each of the phases present. Thus we achieve a bit more sensitivity in tracking the actual process over the interview.

A short training session was given to ten student raters regarding the meaning of these items, which involved reading through and discussing a list of example client utterances for each item in Table 2 (see Appendix A). Then the students watched a videotape of the session, after which they were given a verbatim transcript for rating. They indicated which items were present in each utterance made by Ms. C, writing them in the margin. These ratings were then aggregated by summing the items present for each variable and summing across raters, creating three scores for each utterance unit. The theoretical possible range for each variable is zero to eight times the number of raters (10), or 0-80.

Two variables were created in the same way for the two sets of cognitive functions. The items in Table 1 were described through written examples (Appendix B) which were the basis of a brief discussion. After this, seven student raters (a totally different group) first watched the videotaped therapy with Ms. C, and afterwards received the verbatim transcript for rating. They wrote in the margin the Roman numerals or Arabic letters which corresponded to the items which they believed to present in each utterance of Ms. C. In a fashion similar to the focusing phase variables, these ratings were then aggregated by summing those for each set of items across all the raters to create 1) a score for L-mode, the variable representing the degree of involvement of the cognitive functions associated with the "dominant" hemisphere of the brain; and 2) A score for R-mode, the variable representing the degree of involvement of the cognitive functions associated with the "non-dominant" hemisphere of the brain. The theoretical possible range for these two variables was thus zero, to seven raters times six items, or 0-42.

Units for analysis and reliability computations were selected using a combination of the pragmatic and structural dimensions as defined by Russell and Staszewski (1988). Since I wished to analyze aspects of Ms. C's expression across the interview, to create profiles over time, the utterance (what is said between the previous and following speech of the therapist) is a natural choice on the structural dimension. But I am also interested in a form of "illocutionary act" on the pragmatic dimension: what the speaker *intends* to express in uttering what is uttered (Russell and Staszewski, 1988, p. 16). Some utterances (as just defined) do not seem to represent a new illocutionary act. E.g., when Ms. C simply affirms an empathic reflection of her previous utterance, I have considered the affirming utterance part of the previous illocutionary act, rather than a new unit. On the other hand, I want to take advantage of the ease of identification of the structural utterance, so I do not wish to attempt to identify illocutionary acts which are "smaller" than the utterance. Thus my scoring units are what I call "*utterance bursts*," intended to capture each time when Ms. C both starts an utterance and initiates the expression of new or additional aspects of what she is trying to say. There were 44 such utterance bursts in the interview.

RESULTS

Reliability

Coefficient alpha (Nunnally, 1967) was computed to assess the reliability of the scores for all five variables (also see preceding section). The results are listed below, indicating acceptable levels of reliability for the five variables.

Pregnant scores:	$r_{10,10} = .93$	Dom scores:	$r_{7,7} = .78$
Parturient scores:	$r_{10,10} = .77$	Ndom scores:	$r_{7,7} = .71$
Nascent scores:	$r_{10,10} = .82$		

Profiles of focusing phase scores

Figures 1-3 show the profiles of the focusing phase scores across the session. The scores are the total number of items from Table 2 indicated by all ten judges. Dividing these by ten (the number of judges) gives the average number of items per judge for each utterance. From these graphic results, you can see that the scores can be used to break the session into three phases. In the first phase, utterance bursts 1-10, pregnancy scores are relatively high, parturiency scores are moderate but end with a spurt to the most parturient utterance in the interview, and nascency scores are quite low. In the second phase, utterance bursts 11-26, pregnancy scores are moderate to low, parturiency scores are moderate. Nascency scores are climbing. In the third phase, utterance bursts 27-44, pregnancy scores are all zero, parturiency scores start high and drop to a relatively low level, and nascency scores are relatively high.

One interesting thing suggested by these profiles is that the parturiency variable seems to mark phase-change events. At the start of the second and the third phase (at the end of the first and second), the parturiency scores are very high. This is consistent with my clinical experience that so much of the success of a session in terms of focusing movement depends on being able to usher in a parturient experience for the focuser/client. If the Rogerian conditions (Rogers, 1957) are effectively created, it can be safe enough for the person to have a direct "welling up" of

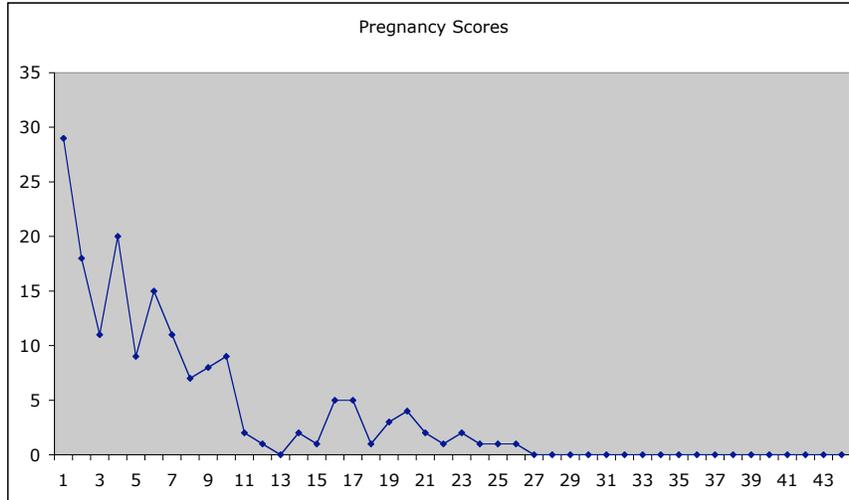


Figure 1: Profile of Pregnancy Scores

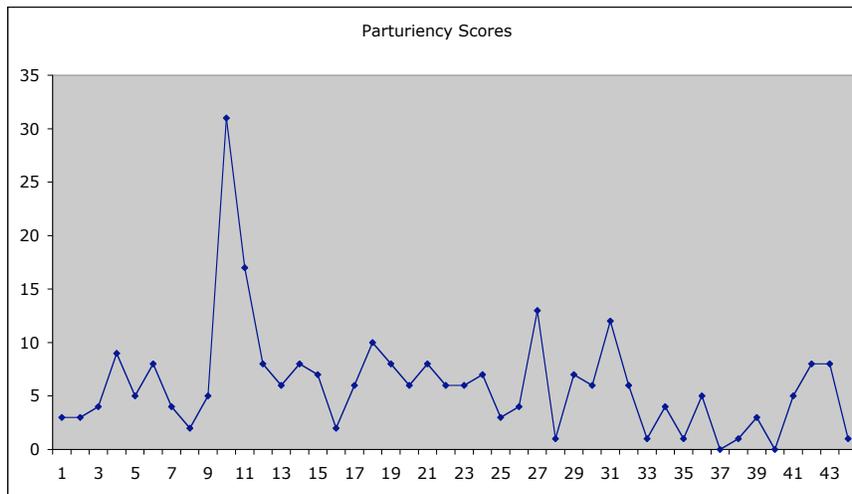


Figure 2: Profile of Parturiency Scores

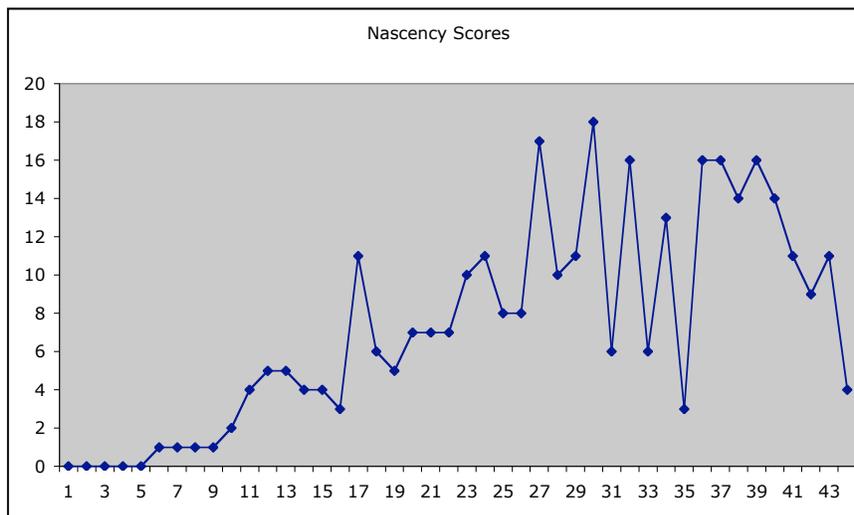


Figure 3: Profile of Nascency Scores

feeling which the focuser can allow and receive with friendly, curious, respectful attitudes, and which initiates very productive subsequent minutes in the interview.

These data are consistent with a clinical impression I mentioned earlier in that parturiency seems to come in shorter bursts than the other two focusing aspects. Whereas both pregnancy and nascency have a more gradual movement and trend over the session, parturiency scores are characterized by three extreme peaks, with the rest of the interview occurring in a more narrow range. This highlights the necessity for the therapist to be alert for signs of parturiency, since if one is distracted or inattentive, one may miss these "doorways to feelings." On the other hand; by the time the highly parturient utterance occurs, there is probably little to do but stay the course, since I think it is the result of effective empathy for what has come before it. It is, however, something that deserves careful handling, since the focuser is especially vulnerable and in a delicate condition as he or she experiences the "unknown" of emotions and experiences not yet mapped out and clear. Thus I do think it is particularly valuable to notice the parturient events, so that especially then one can provide solidly accurate empathy, a gentle and accepting attitude, and confident company for the focuser as he or she proceeds. During these events, the client's attitudes which interfere with productive exploration are likely to be more evident and subject to improvement with the proper interaction with the therapist.

Samples of text scored high from each focusing phase

Here I include a few of the utterance bursts which were scored highest for each phase, so that the reader can judge the clinical meaningfulness of what the variables measure.

Highly pregnant (utterance bursts 1-4)

Ula: "..... a familiar topic. Well, um, a week ago today. I had an interview about my placement, my diagnostic placement. And at that point, the fact that I'm in the masters program as opposed to the PsyD program was brought up, and I was, I really was quite shaken by it, in that, it was emphasized over and over that it's not automatic for one to go from the masters to the PsyD. Um, she was saying that not everybody does get accepted, and that, it — really the message was coming across that 'there are no

certainties, there are no guarantees,' and that has been bothering me, much more than thought it would. I seem to have had an attitude of 'well, of course I'll get accepted, I mean, why wouldn't I?' and there are all these wonderful qualifications, and yet, ever since that meeting, I'm having a hard time, it seems like I want to do extremely well in school now; and the more pressure I put on myself to do just par excellence, the harder time I'm having doing it. It's almost as if what I've done before is just put it aside and go about my business and I felt I was doing, I was happy with the way I was doing...

T1: So, in that meeting it kind of introduced a problem in terms of your feelings about how you're working in school. It reminded you because of repeated references that not all master's students get in, that you can't take that for granted, and you've been more concerned about it since then, about doing well, but if I'm understanding, it sounds like the concern is actually, sort of counter-productive, that it makes you more uptight.

U1b: Very.

T2: and it's not very helpful. Mmhm.

U2: Exactly. And, and it seems, before, there was a possibility of that, but it seems because I was able to not dwell on it, that I was able to do the work, and really enjoy it much more. And it seems that from that meeting there wasn't enough encouragement. It seems like it was imbalanced. There was so much emphasis on, well the negativity, and the real possibility of this may be the terminating point. A master's. That, I don't know, I'm just (laughter)

T3: That most of the emphasis was on that side, and uh, that wasn't so good for you, to have that emphasized and no encouragement, in spite of the fact that, it sounds like you've done pretty well in terms of your prior performance and grades, and certainly you felt good in terms of how you were studying and enjoying the material.

U3: Exactly. Exactly. I'm having a great time in school. And I'm just wondering whether what I consider "good" is not what the school might consider good too, you know, to go on to the PsyD program.

T4: Uhhuh. It shook your confidence in your own judgment, whether what you feel is good performance, is gonna be, if they'll agree with that, if the administration will agree with that.

U4a: Right, and, and, all of a sudden it seems like the rules were changed, and I'm wondering, well maybe I need to find out what they really are. What is the criterion, that I thought that I knew what the criteria were, and, it seems as though...

T5: I see. It left you with that impression. That maybe you had a misunderstanding about what the criteria are for getting accepted to the PsyD, and you're thinking maybe you should seek clarification of that.

U4b: Yes, and uh (laugh), and perhaps there's just some information that I'm just not taking in. That perhaps I'm kind of living in a fool's paradise. I, I want to know what the truth is. It makes me, I'm not clear on that."

Highly parturient (utterance bursts 10-11)

U10a: "Yeah, exactly, exactly. And I think I should be. Or for me it is, much more productive. You know I can do the routine stuff. I can do the work part, and yet, still kind of keep, keep the other part, and grow with the other part, and somehow, I don't know, really kind of give it back in a way. Not just grow personally, but, thrive, uh, take it on a different level. It seems like the other one is much more superficial and judgmental, and kind of there's a grade and a what have you. And I don't know why I'm doing this [touching her eye]. But it's...

T17: You don't know why you're doing?

U10b: Uh, they eye is just watering. But...

T18: Is that a feeling?

U10c: Uh, I think so. I there's a kind of like a, I don't know, kind of a sadness, at not, I don't know, maybe it's the kid in me wanting to play.

T19: You feel a sadness welling up, and think of the kid inside of you.

U11a: Yeah. Yeah, and a kid kind of, you know it's like a little kid in a candy store. That's how I feel in school. It's almost like

T20: What a nice image.

U11b: That's the way it should be."

Highly nascent (utterance bursts 36-43)

U36a: “Right. And, you know this has helped. All of a sudden I feel a little more self-assured. Thinking I was doing just fine. Sometimes I can take things a little too much to heart and sometimes perhaps I’m misperceiving the message, perhaps I am living in a fool’s paradise but if I am it’s nice.

(laughter)

T56: (laughing) You mean if uh, that sounds like there’s still a little doubt there about how accurately you perceived the meaning of that meeting. And maybe there’s a way you are living in a fool’s paradise, but now you’re saying ‘but if that’s true, maybe that’s not all bad.

U36: Exactly and...

T57: You know what you like.

U37: Right. Right. And the only – you know when I will really resolve it is when I apply, and they either accept or reject me. Until then there will always be a little nagging doubt. But there doesn’t need to be this, you know this amount that is much more than is necessary.

T58: Mhm. As you are going along. You still recognize that there will come a time when they’ll look at what you’ve done and a decision will be made on that basis, and you can’t take that for granted, but it doesn’t help to have your, the way you experience the process become so severe that it’s not fun. That isn’t productive.

U38a: Exactly. It’s almost like getting a grip back. Like kind of being able to somehow, I don’t know feel diff – feel like I have a hold on things.

T59: Some of that has happened it sounds like. More of a feeling of having your grip back.

U38b: Yeah.

T60: It also strikes me, just from what you said about eventually the decision about the PsyD, that you do want that.

U39a: Definitely.

T61: And that you’d like to have that opportunity open. And that’s part of what has made this whole thing difficult, I guess.

U39b: Oh, exactly, because that is my goal, and one way or another I’ll get there, it’s just that this would be the nicest and the easiest. But uh,

T62: You mean at this school?

U39c: Exactly. Exactly. And in this program. You know, it's like I'm really enjoying it here, and I hate to think ...

T63: Because of that. Because of how much you're enjoying it.

U40: Right. Right. And it seems that, well you know, I'll just deal with the rejection if it comes when it comes, and there doesn't have to be this looming worry about that.

T64: I see. If it comes, the time to deal with that is when it comes, rather than to live with the worry about that possibility so much that it ruins the quality of your enjoyment here.

U41: Yes, that's it. That made a little difference inside too. It's almost like, 'yeah, go on,' it's like progressively this ... (words inaudible) kind of like a little more relaxed. And it is, it's kind of like taking a different perspective on the same situation, and saying 'well it really is half full' (laugh). I mean. I don't have to think of it as half empty.

T65 : Hm. It's nice. It sounds like another little step of feeling better with it.

U42: It is, and sometimes the internal changes, are funny. It, it, there is a definite feeling, and it is inside of my stomach. It seems like it can be really tense, or it can just kind of let go, and mellow out, and ...

T66: And that's something that's happened. More, just letting go. Hm.

U43 : Yes, exactly. And when it does, it's such a freeing feeling. It's like, (sigh) a breath of fresh air. "

I would like to highlight a few things about these segments of the interview. In the pregnant segment, you see a typical report of something that happened, with a kind of chronological order to it. Affect is clearly involved, although not the focus of attention: At the end of U2, for example, Ms.C laughs, but makes no explicit mention of what that is about. Her focus of attention is more on what happened, characterizing that and considering what its implications may be, and what she should do about it.

One key thing about the parturient segment is her reference to a bodily event that is just then occurring, and her accepting, curious, "not-knowing" attitude about that. Also. she finds a phrase

which functions like a "focusing handle" for her whole body sense as it is at that point, which is "like a kid in a candy store. That's how I feel in school... that's the way it should be."

There are some clearly nascent things about the segments transcribed above: one is her report of an improved feeling —“all of a sudden I feel a little more self-assured.” Also, there is a shift in her perspective with regard to a handle she used earlier: "A fool's paradise." She seems accepting of the same possibility which was threatening her at the beginning of the interview, but now to have more resolve and perspective about it, having become re-grounded in what she likes about her way of doing such things. And there is a report of a change in the bodily experience of feeling about the matter. She refers to this as a "definite feeling ... inside of my stomach ... such a freeing feeling."

Thus I am quite pleased with the workings of these variables. In my opinion, they successfully indicate the parts of the interview which they were designed to indicate. With this to bolster my confidence in the meaningfulness of these scores, I proceed to examine the relationship of these variables to the two variables derived from another body of psychological work.

Focusing phases and cognitive functioning

For ease of reference, I repeat here the four research hypotheses stated earlier.

$$H_1: r_{\text{Dom.NDom}} < 0$$

$$H_2: \mu_{\text{Dom | High Pregnant}} > \mu_{\text{Dom | Low Pregnant}}$$

$$H_3: \mu_{\text{NDom | High Parturient}} > \mu_{\text{NDom | Low Parturient}}$$

$$H_4: \mu_{(| \text{Dom-NDom } |) | \text{ High Nascent}} < \mu_{(| \text{Dom-NDom } |) | \text{ Low Nascent}}$$

H₁. The product moment correlation between Dom and NDom is +.058. This is not supportive of the hypothesis. To explore further what is going on, I dichotomized the variables at their means and constructed a cross-tabulation as follows (Table 3):

Table 3
Zero-order association between L-mode and R-mode scores

		Dom	
		Low	High
Ndom	Low	33% (7)	52% (12)
	High	67% (14)	48% (11)

With the dichotomized variables, we do see a negative association (Yule’s Q = -.37), such that when Dom scores are low, 67% of the NDom scores are relatively high, and when Dom Scores are high, 52% of the Ndom scores are relatively low. A negative association is consistent With the idea that the two kinds of cognitive function tend to compete, but it is not a strong association. In fact, the 95% confidence interval includes zero. so we have little confidence that this association is negative in the larger population of utterances. Perhaps in a normal brain, the communication is good enough so that this effect does not exist.

H₂. Do these data indicate the expected prevalence of L-mode functions in the more pregnant utterances? Table 4 indicates that they do.

H₃. Table 4 shows a significant difference in the mean levels of NDom scores as predicted. The highly parturient utterances involve significantly more R-mode functions than the less parturient utterance bursts.

H₄. To test the hypothesis that successful focusing involves a better balance of the involvement of the two kinds of thinking, R-mode and L-mode, I took the absolute value of the difference on the two scores as an indication of the equality of involvement. If both modes were involved in an utterance burst at equal levels, this difference would be very low or zero. If they were at very different levels, regardless of which was more prevalent, the absolute value of the difference would be high. Thus I predicted that the highly nascent utterances would have a mean on this

variable significantly lower than the less nascent utterances. As you can see in Table 4, exactly the opposite was the case.

This finding, dramatically the opposite of what I predicted, calls for some explanation. Close examination of the data do suggest an explanation, and a refinement of my thinking about the way in which greater cognitive “balance” may in fact be a part of high nascency. But it's not the way I expected it to be. As a way of checking for the consistency of this finding across the interview, I examined the absolute value difference scores by the phases suggested from the profiles of the focusing variables. Thus I computed the mean $| \text{Dom} - \text{Ndom} |$ values for utterances 1-26 (Group 1), and compared that to the mean for utterances 27-44 (Group 2). As you can see in Table 4, the finding is the same: The more pregnant and parturient utterances of the first two profile groups have *more equal involvement of L-mode and R-mode functions on this measure than the more nascent utterances of the third profile grouping*²

Table 4
Focusing variable dichotomies: t-tests on scores of cognitive variables
(splits at the means)

FOCUSING VARIABLE	CATEGORY	n	SCORES ON	MEAN	SD	UNPAIRED <i>t</i>	<i>p</i>
Pregnancy	high	13	Dom	8.77	2.62	3.523 d.f. = 42	0.0005 (1-tail)
	low	31		5.52	2.86		
Parturiency	high	16	Ndom	9.06	2.24	2.12 d.f. = 42	0.0198 (1-tail)
	low	28		7.04	3.42		
Nascency	high	19	$ \text{Dom} - \text{Ndom} $	4.58	2.69	2.18 d.f. = 42	0.0349 (2-tail)
	low	25		2.88	2.46		
Profile Groups	Group 2 (U27-U44)	18	$ \text{Dom} - \text{Ndom} $	4.67	2.74	2.28 d.f. = 42	0.0277 (2-tail)
	Group 1 (U1-U26)	26		2.89	2.41		

Another way to observe this pattern in the data is to look at three dichotomized variables at a time as in the following table (Table 5).

Table 5

*Prevalence of each form of cognition by nascency category and the other type of cognition
(all variables split at the means)*

Nascency category:	Percent highly Ndom Dom category:		Percent highly Dom NDom category:	
	high	low	high	low
	high	50% (10)	89% * (9)	38% (13)
low	46% (13)	50% (12)	50% (12)	54% (13)

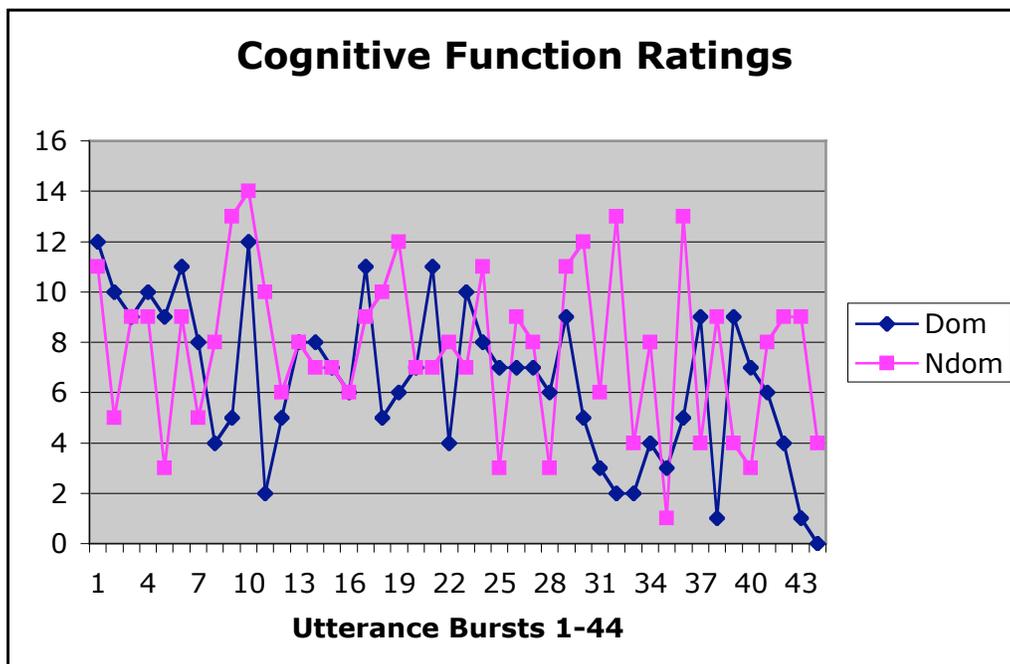
H°: 50% per cell *z = 2.34, p < .05 ‡ z = 1.98, p < .05

Looking at the left half of Table 5, you can see that for the groups of utterances low on nascency whether high or low on Dom scores, about half the utterances are also high on NDom scores. But for the groups high on nascency, this is true only for the utterances high on Dom scores. For the Highly Nascent, low Dom utterances, a very high proportion (89%) are high on NDom scores. Perhaps the cognitive functions, when Ms. C became nascent, did get more balanced, but not in the same utterances. Rather, we might say that the two modes "found their niches" by alternating utterance bursts, or "cooperating," as it were, such that if one mode was high, the other "waited its turn."

The right half of Table 5 shows the same pattern highlighting Dom rather than NDom. For the low nascency utterances, regardless of NDom scores, about half the utterances were high on Dom. But for the highly nascent utterances, if NDom was high, only 38% were also high on Dom. If NDom was low for these highly nascent utterances, on the other hand, 83% of the Dom scores were high.

Figure 4 shows this effect graphically. Many of the utterances in the first two thirds of the interview have scores on both NDom and Dom at similar or the same levels. But in the last third of the interview, if one of these variables is high, the other tends to be low, and there is a precise alternation of which mode is higher from utterance to utterance for those numbered 34 through 39.

Figure 4: Dom and NDom over the Interview



DISCUSSION

To review the findings, then, we found that the utterance bursts which scored high on the Pregnancy variable also scored high on L-mode cognition. The utterances rated high on the Parturiency variable also scored high on R-mode cognition. These two findings are consistent with expectations based on clinical impressions. For the highly nascent utterances, however, we did not find what I predicted. Rather than finding that each utterance had more equal levels of

both kinds of cognition involved, we found that highly nascent utterances had a greater disparity between the levels of involvement of the two kinds of cognition than those less nascent. This leads me to re-interpret the kind of “greater balance” which is involved in Ms. C's nascent thinking³. Perhaps “balance” is not the most apt metaphor. Rather than both kinds of cognition appearing at high levels in each utterance, we find one or the other taking precedence, with alternation of which mode is more prevalent from one utterance to the next. Thus, from these data, the kind of participation the two modes have in the highly nascent utterances appears to be one of greater “cooperation” or ease of turn-taking than in the highly pregnant and highly parturient utterances. In terms of the frequency of switching from one mode to the other, in the first profile phase, the most pregnant of the three, there is only one switch from Dom functions exceeding Ndom functions (to *vice versa*) in the ten utterance bursts. In the second profile phase, the more parturient phase there are eight such switches in the sixteen utterance bursts. And in the third profile phase, the most nascent phase, there are eight switches in the eighteen utterance bursts. Thus the increased frequency of switching from mode to mode appears to begin in the second profile phase with the difference in the level of mode involvements within utterances becoming the greatest in the nascent phase.

What is suggested to me by these findings is that there may be a kind of “psychological crowding” involved in the pregnant and parturient phases, in which the two kinds of cognition are both trying to “have their say” each step of the way on the problem at hand. To the extent that this idea is appropriate, it would not be too surprising that a person, when highly pregnant, is not receptive to “help” from outside. If already crowded internally, additional input may only add to the crowding. Thus we may see here the beginnings of an explanation for the difference I have observed clinically before – between pregnant and nascent – in readiness for input and ability to take advantage of available help and perspectives from outside. Perhaps the person must first come to an inner cooperation of modes before they can welcome help from outside or be understanding of someone else’s perspective.

Additional research is suggested here. Can it be shown that a person is differentially receptive to various kinds of input depending on which focusing phase they are in? Are there some kinds of help to which the person is receptive and others not in each phase? Perhaps, for example, the

inconsistency of findings correlating Accurate Empathy to Experiencing (Klein, Mathieu-Coughlin, & Kiesler, 1986) has to do with differential importance of empathy depending on focusing phase.

It would also be valuable to determine if over the course of therapy, the balance of cognitive functions and focusing phases seen in a session can be expected to be different, depending on where in the course one is (initial session, tenth session, pre-termination session, termination session, e.g.). There also may be periods during the therapy that have different proportions than others but not in such a regular way. Perhaps during the beginning of a compulsion to repeat (Freud, 1914; Miller, 1986) we would see a preponderance of the L-mode cognitive functions, or more of the pregnant phase during therapy sessions than after several sessions have been devoted to the vicissitudes of such a reenactment.

A question that ought to be asked across theoretical orientations is “which therapist responses and activities correlate with subsequent client utterances in each of the focusing phases?” The focusing phase variables have been designed so that they can be applied to therapy process from any orientation. The related question put in a negative way is “which therapist activities and responses correspond to the *failure* to proceed from one focusing phase to the next?” An initial hypothesis is that inadequate empathy to what is said and expressed in the pregnant phase would prevent movement to the parturient phase. A related hypothesis would be that interpretation during the pregnant phase will delay the shift to the parturient phase. Another hypothesis would be that reflection or interpretation during the parturient phase which varies much from the client’s wording will be followed by a return to the pregnant phase.

Another cross-orientation question is whether the utterance bursts as here defined, differ or are comparable for different theoretical orientations of therapy. If different, how does this interact with scores on the phase variables and mode variables?

And additional research is needed to further validate the meaning of the focusing phases. What else correlates to these variables? Here we have begun to see what progressing through the three

phases involves cognitively. But what else is involved, and what other variables will corroborate or disprove these findings?

What other variables correspond to the differences found here in the involvement of the cognitive modes? Can it be shown that there are advantages to the more “cooperative” mode involvement we found in the nascent phase? Is it preferred by the client? Does the therapist have preferences or feelings about it? Although Ms. C did not know explicitly about the differences reported here in cognitive functioning, she did have very positive things to say about the effect of this focusing on her mood and her involvement in her school program for several weeks after the session. Do other significant people in the client’s life comment on this outcome of therapy if asked? Does it correspond to certain findings on the therapy session report form (Orlinsky & Howard, 1986)?

A final matter I would like to address is what the difference is between the two sets of ideas related to each other in this study. It is not the case that the focusing phases and the two cognitive modes pick up exactly the same things in the client’s process in therapy. Although there is a productive overlap that has here generated some interesting questions for further research, there is also at least one difference that I want to emphasize. I noticed this most clearly when working with students who were rating a videotape of a client in therapy with these scales. It became most apparent that the cognitive categories in either mode do not capture the phase-distinct ways that the body carries the experiencing that is being talked about. When Pregnant, the face seems rather fixed or static, and the body and brow appear tense or worried. In the Parturient phase, when a felt sense forms, it is quite evident in the person's body that a special kind of feeling experience is happening. For example, a person's face typically flushes slightly, and there is a sort of fluidity to facial lines and expression that was not present in the Pregnant phase. This gives the impression of a certain tenderness toward their experience that was not present in the Pregnant phase. While Parturient, the person's gaze is generally not engaged with the therapist. In the Nascent phase, the body often appears still relaxed and mobile, with the face frequently "aglow" with energy. But in Nascent, in contrast to Parturient, the expression is more often in relation to the therapist.

These bodily events are not captured in the cognitive categories of Table 1. It is just this difference, in fact, which gets at the special purpose of the focusing phases, which is to capture some of the essential *therapeutic* features of a verbal process. Without such bodily processing of the meaning of what is discussed, even balanced cognition could be entirely intellectualization. What these results suggest for this subject, is that the bodily experience of the meaning that was discussed verbally, when it progressed through the three focusing phases, correlated with a *spontaneous* change in the involvement of the cognitive functions such that the two established a more regular rhythm or higher frequency of alternation from one utterance burst to the next. Will we find the same pattern for other subjects? Will we find systematic differences in the profiles of focusing phases and cognitive modes for different diagnostic categories of people?

In closing, I would like to express my appreciation to Ms. C for allowing me to use the film of her work with me for this research. I believe there is an important contribution made by it to our understanding of what is involved in focusing, and to the extent that these *are* orientation-free measures (Goldfried, 1980), to psychology in general.

NOTES

1. It may be taxing to the reader, but a different formulation of focusing is here necessary and appropriate. The necessity arises from my goal, which is to develop research measures which will be applicable to any form of therapy, not just client-centered. To achieve this, I must identify focusing in the way that it comes without explicit prompting. The appropriateness is based in Gendlin's philosophical work, which is basic to focusing. As long as I maintain functional equality (Gendlin, 1962, p. 214) in relation to the phenomenon we call "focusing," another formulation is *desirable* to further illuminate it, particularly when there is a specific purpose to be served by doing so.
2. The time series plots (profiles) of pregnant and nascent scores are obviously not in statistical control. However, regression modeling confirms that the relationships reported here are not artifacts of autocorrelation or time trends. Contact that author for further statistical details.
3. Until these findings are replicated with other subjects, we can only generalize to the universe of Ms.C's utterances in such interactions, since that is the universe from which we sampled.

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