Focusing within EFT: Therapists' Perspectives on Integration

Elmar Kruithoff[a*] and Ann Weiser Cornell[b]

[a]*Center for Focusing Competences, Roskilde, Denmark;* [b]*Focusing Resources, Berkeley, USA*

*Elmar Kruithoff, Joensuuvej 56, DK-4000 Roskilde, Denmark, +4529903749, ek@focusing-center.de

Elmar Kruithoff, Dipl.-Psych. (University of Hamburg, Germany), licensed psychologist in Denmark, Focusing Coordinator (The International Focusing Institute, USA), and director of the Center for Focusing Competences, Roskilde, Denmark.

Ann Weiser Cornell, Ph.D. (University of Chicago), Focusing Coordinator (The International Focusing Institute, USA), and CEO/President, Focusing Resources, Berkeley, CA, USA.

Focusing within EFT: Therapists' Perspectives on Integration

Interviews were done with twenty-one EFT therapists who completed Inner Relationship Focusing (IRF) training designed for EFT practitioners. Shifts described by therapists were organized around four dimensions: process orientation, timing, relational presence, and therapist development. From their accounts, twelve competencies were identified that offer therapists new options to draw on freely, depending on what the moment calls for. These include pausing, trusting the unclear edge, supporting fresh description, and fostering client agency. Therapists described experimenting with these skills in ways that sometimes reduced their own sense of pressure and, in their accounts, were linked with clients engaging differently. In this article we propose an integration model for EFT and Inner Relationship Focusing (IRF). This model rests on a dual core, where Focusing and focusing-oriented responses work alongside empathy and empathic responses.

Keywords: Emotion-Focused Therapy (EFT); Inner Relationship Focusing (IRF); felt sense; therapist competencies; relational presence; therapist development

Introduction

You are starting a session, facing a client. What is going on in you at that moment? What is your intention? Do you have a plan you're going to follow? Are you calm and confident… or worried, anxious, on edge? Do you think, "I'd better make something happen for this person today?" What will you be watching for as the session continues? To what extent will you be aware of yourself, your feelings, your body sense?

There is a trustworthy underlying process that brings change; in fact, that *is* change. Eugene Gendlin and his colleagues, in their research on psychotherapy, observed how experiential change happens in a series of steps, each next step emerging from what is here now (Gendlin, 1996; Greenberg, Rice, & Elliott, 1993; Hendricks, 2001).

Focusing, developed by Gendlin and later expanded by Ann Weiser Cornell and Barbara McGavin, is a way of facilitating this process, which has been described as adaptable across modalities, even without being named explicitly (Gendlin, 1981/1996; Cornell, 2013). This has long been recognized in EFT, where experiential Focusing is described both as a task/marker and as a therapist competence within training and practice (Greenberg et al., 1993; Elliott, Watson, Goldman, & Greenberg, 2004; Elliott, Auszra, Herrmann, & Cunha, 2021). In this paper, we explore what could happen when Focusing is given a more central place within EFT, and when therapists receive training that makes the practice of Focusing much more specific and usable in moment-to-moment clinical work.

We base this exploration on interviews with EFT therapists who completed a training in Inner Relationship Focusing. In their reflections, therapists described how Focusing training gave them access to Focusing for themselves, as a method for crafting interventions, and as a way to observe how clients begin to adopt Focusing as a practice for themselves in session. Across

interviews, therapists said they used Focusing to bring more attention to bodily awareness, which for them sometimes became a helpful reference point in EFT processes. It should be noted that these interviews are not offered as evidence for any change in outcome when EFT is combined with IRF.

In the pages that follow, we present this material at two levels. First, the findings: therapists' descriptions of the changes they experienced, organized into four dimensions. Second, the competencies: concrete practices and learning processes that supported those changes in training and in session. Together they open into a model of integration, in which Focusing takes on a more central role within EFT.

Method: Therapist Interviews

To explore how therapists experience the integration of Focusing into EFT practice, we conducted semi-structured, in-depth interviews with twenty-one participants, ranging from EFT therapists in training to senior therapists. All interviewees had participated in Inner Relationship Focusing programs, offered as separate workshops for EFT therapists either during or after their formal training. These trainings were tailored specifically for EFT practitioners and conducted in German (online) and Danish (in-person), with participants attending from Germany, Sweden and Switzerland in the German-speaking groups and in Denmark for the Danish speakers. We recruited through EFT training cohorts (2023–2025) and EFT listservs. Inclusion criteria: EFT therapists who completed ≥ 12 hours of IRF training designed for EFT practice.

Interviewer and role. All interviews were conducted by the first author, who also taught the Inner Relationship Focusing (IRF) courses that participants attended. This dual role, as both trainer and interviewer, created a context of trust and openness. Interviews explored therapists' experiences integrating Focusing into practice, including both helpful uses and perceived non-fits.

Researcher expectations. Entering the study, the first author was particularly interested in how therapists would integrate their own Focusing experience into lived clinical practice. Earlier workshop feedback had highlighted the relief and trust many therapists felt when pausing or staying with the unclear edge, and the interviews were therefore directed toward exploring such positive shifts in more depth. Although the main emphasis was on these positive changes, therapists also at times mentioned situations where Focusing was not usable, and these were noted as part of the overall picture.

Interview guide. The conversations were semi-structured, using a small set of recurring prompts, and kept open and exploratory. Therapists were asked about their challenges in EFT before Focusing training, what shifted during and after training, and how they now integrate Focusing in practice. Follow-up questions invited specific examples of how these changes showed up in session. The interviews were conducted between November 2023 and September 2025, mostly online on Zoom. Some were written up as detailed notes rather than

full transcripts. This is also an ongoing project: further interviews will be conducted as part of a broader effort to understand what supports EFT therapists best and how Focusing can be integrated most effectively into their practice.

Analysis. We used a generic descriptive-interpretive approach for this first exploratory study (Elliott & Timulak, 2005). The aim was to gain an initial impression of how therapists integrate Focusing into EFT and to identify categories that capture recurring patterns across interviews. Accounts were compared across participants and grouped into broad themes. The purpose was to provide a structured description of shifts as therapists themselves reported them. From these descriptions, we later developed the integration model presented in the Discussion. To illustrate the themes while preserving anonymity, we created short composite vignettes that combined elements from several interviews and retained the texture of therapists' language.

Reflexivity and potential conflicts of interest. Both authors have longstanding involvement with Focusing training and organizations. We attempted to mitigate potential bias by including accounts of perceived non-fits and limits, and by reporting therapists' language as they described both helpful uses and constraints.

Competing Interests. The authors report no financial competing interests.

Ethical approval. This study involved interviews with adult EFT therapists. As the research was conducted independently outside of a university or hospital setting, no institutional ethics committee review was available or required. All participants provided informed consent, and their anonymity was preserved.

Findings from Therapist Interviews

As outlined in the introduction, this section presents therapists' descriptions of the changes they experienced after Focusing training. To make sense of the rich and varied accounts, we grouped them into four broad dimensions that capture recurring shifts in practice. These dimensions are not meant as fixed categories but as one way of organizing what therapists told us. They also often intertwine in practice. For example, a therapist's timing may depend on their ability to stay with process, or relational presence may draw directly on personal development. We separate them here to highlight distinct emphases, while recognizing that in lived sessions they overlap and reinforce each other. While these examples emphasize shifts therapists found useful, they also described situations where Focusing invitations did not seem to fit well; these patterns are summarized in the Discussion.

To bring these shifts to life, we use short composite vignettes (drawn from multiple interviews, with anonymity preserved). They highlight typical challenges therapists described and the changes they reported after Focusing training.

The first vignette illustrates the integration of Focusing and EFT in practice, overall. This is followed by descriptions and vignettes for each of the four domains.

A Composite Vignette

Katrin, an EFT therapist, describes a familiar pull she often noticed in her sessions: scanning for the "next marker," eager to move into an intervention such as a chair dialogue. She worried about "doing it right" and felt responsible for ensuring that something significant would happen before the hour was over. She also noticed that this sometimes led her to ask many questions in a row, which, in hindsight, may have interrupted her clients' process. These concerns were part of what drew her to explore Focusing.

In her Focusing training, Katrin began practicing another option. As a client described a painful situation, she would pause to sense her own body first. She might notice the familiar urge to move into action, but instead allowed herself to settle. From this place she sometimes invited the client to pause as well: "Perhaps you'd like to take time to notice how it feels inside as you say that."

These moments were not easy. Sitting together in silence, Katrin often felt the old anxiety: "Am I leaving the client alone? Shouldn't I be doing more?" At the same time, she remembered her training experiences, where pausing and sensing inwardly sometimes allowed something new to appear. She decided to try trusting that possibility in her work.

When her client began to describe something slowly, with pauses and searching for words, Katrin tried not to rush toward labels such as "that's shame." Instead she stayed with partial descriptions like "a tightness in the chest" or "a weakness in my arms," and reflected them back in presence language ("you are sensing something in you that …"). At times she noticed that the client became more engaged and less dependent on her lead.

She also found herself waiting longer before offering structured interventions. For instance, when her client said, "It feels like two parts of me are pulling in different directions," Katrin considered inviting a dialogue between parts but held back, sensing that the client was already curious and involved.

Looking back, Katrin said she felt calmer in these sessions and less burdened by the need to make change happen. Instead of positioning herself as the expert who drives the process, she experienced being alongside her client, open and curious. She also had the impression that clients, in turn, sometimes became more active partners, discovering their own direction.

This vignette illustrates the kind of experiments therapists described after Focusing training. Rather than feeling that every moment required an immediate intervention, they spoke of having another option: pausing, sensing inwardly, and leaving space for what might emerge.

For some, this made sessions feel less driven, while still allowing familiar EFT tasks such as chair dialogue to arise when the ground felt ready.

1) Felt Sense Orientation: What to follow

Therapists described how Focusing training gave them a helpful additional option in how they followed the client. Before training, many felt pressure to name emotions quickly or to guide clients into tasks without delay. With training, they realized they could also orient toward the client's implicit edge, the *felt sense*, whenever the process allowed. This meant not only staying with what was vague or not-yet-formed long enough for new meaning to emerge, but also, perhaps even more relevant in practice, pausing when clients became stuck in explaining, telling stories, or naming seemingly clear emotions. In those moments, helping them check how it resonated in the body and finding a new entry point into Focusing often generated fresh movement and change. What shifted was the overall reference point: Several therapists described beginning to value the felt sense as an important reference point for change. Several therapists said they began to see sessions less as extracting content and more as leaving space for meaning to emerge.

Birgit initially used inward attention mostly as a quick check for information, almost like a one-time resonance scan before moving on. Once an emotion was named, she often felt the need to hurry into an intervention, and her sessions could feel full of activity. In her Focusing training, she began experimenting with giving more space to small fragments, a fleeting image, a bodily sensation, a thought, a metaphor, or a half-sentence. She noticed that when clients seemed certain, for example explaining at length or naming an emotion like "I'm angry," pausing to check how the words resonated in the body sometimes opened the way to different descriptions. In some sessions this included new images or metaphors, and clients occasionally surprised themselves by adjusting their own words. For Birgit, at times it was easier to slow the pace and stay with ambiguity rather than feeling pressure to extract information.

2) Timing: Knowing when to intervene or wait

A second shift was timing. Many therapists described how they previously felt pressure to "catch" markers and intervene quickly with questions, fearing they would miss the moment or not deliver enough. This urgency often led to interruptions of a subtle, unfolding process (something that therapists could only see looking back after having experience with Focusing). After Focusing training, waiting, slowing down and holding back interventions became valuable skills, especially considering the depth of the inner relationship. Silence or "not-yet" moments became important spaces to be with, not gaps to fill. Interventions became

fewer but landed more deeply, with clients being able to own them rather than receiving them.

Markus used to move forward quickly as soon as a conflict or inner split appeared, often introducing chair dialogue right away. Looking back, he realized this sometimes cut off what was still forming. In his Focusing training, he began experimenting with pausing instead of acting immediately. He still kept a working hypothesis in mind, but also noticed that if he waited, clients often continued on their own with something that felt newly alive. Over time, in some sessions he observed that holding back interventions could make the process feel more fitting to the client and less like his own agenda, and he also encountered less resistance in sessions.

3) Relational Presence: How therapists are with a client

Therapists also shifted in how they were with their clients in the *therapeutic relationship*. Before Focusing training, many felt that if they did not actively guide the process, they were withdrawing or abandoning the client. Focusing training helped them step out of this loop, having a way of supporting the client's space and curiosity, rather than feeling it meant abandoning them. Their language shifted slightly, so that more choice was left with the client. Some described experiencing a shift in how they held responsibility, at times moving from 'I must make this happen' toward more shared agency. Some therapists reported that sessions at times felt more spacious or collaborative, with clients occasionally taking a more active role.

Julia, who had been trained in structured methods, often felt responsible for producing results in sessions. When clients grew quiet, she tended to work harder, which sometimes increased their passivity. Through Focusing training, she experimented with offering gentle invitations such as, "Maybe you would like to take some time to just be with that and see how it wants to be described." She noticed that, in some sessions, clients were able to turn inward and lead more than she expected. For her, staying with her own bodily sense of presence no longer felt like withdrawing but became a way to support the client's process. She described these sessions as calmer and less pressured, with clients sometimes taking a more active role.

4) Self-in-Presence: How therapists stay with themselves in session

Alongside changes in the therapeutic relationship, therapists also described a shift in how they related to themselves while working. Before Focusing training, many felt caught in performance anxiety, trying to imitate master therapists, worrying about "doing EFT correctly," or carrying full responsibility for outcomes. Through practicing *Self-in-Presence*, they learned to turn Focusing toward their own inner signals while with the client. Pausing to sense a tightening in the chest or a rush of urgency gave them a way to ground themselves instead of pushing through. Some described reinterpreting what had felt like failure or

incompetence (such as silence, slowing down, or not knowing) as potential ways of trusting the process. Several spoke of letting go of comparisons, finding their own authentic voice, and feeling freer to move between empathic and focusing-oriented stances as needed. Several therapists described their work as feeling less draining and noticed a presence that, for them, felt steadier and more sustainable.

David often dreaded supervision tapes, feeling inadequate and anxious about silences. In sessions he noticed himself filling pauses quickly, sometimes with a tightness in his chest and a forward-leaning posture toward the client. Through self-Focusing, he began practicing pausing when these signals appeared, giving himself a moment to re-center and let some attention turn inward. He reported that this sometimes helped him feel less driven to perform, and over time he experienced sessions as less exhausting. He also noticed he intervened less and that working from a steadier presence felt more sustainable.

These four dimensions highlight different aspects of how therapists described change: *Felt Sense Orientation* points to what they follow, *Timing* to when they intervene or wait, *Relational Presence* to how they are with clients, and *Self-in-Presence* to how they stay with themselves while being with a client. In the next section, we turn from these broad shifts to the concrete practices and learning processes that supported them

Practical Competencies in Focusing-Oriented EFT

The four dimensions outlined above describe where therapists experienced change through Focusing training. To make these findings more concrete for practice, we now present them as a set of core competencies. We use the word competencies because therapists described these changes as concrete, observable abilities they could practice and recognize in themselves and their clients. At the same time, many are less like technical skills and more like embodied practices or stances that shape how therapy is lived moment to moment. These competencies distill both what participants reported as helpful in training and how these shifts were expressed in ongoing work. (See related work on Therapist Competences for EFT, Elliott, R., Auszra, L., Herrmann, I., & Cunha, C. (2021).)

Each competence can be seen through three lenses:

- In the therapist's own Focusing (e.g. self-clarification and centering within the therapeutic relationship),
- In the therapist's support for the client and the client's inner relationship with a Felt Sense (as intervention, e.g. invitation, presence language, reflection), and
- In the client's own new behaviors as they learned to relate differently to their Felt Sensing.

They point to a living interaction, a shared movement between therapist and client, where both are supported by a method that makes change more likely. What follows are the competencies that surfaced again and again in the interviews, described by therapists as helpful in training and clearly noticeable in their practice. This grouping is interpretive: it reflects both how therapists spoke in the interviews and how we, as teachers of Focusing, make sense of their experiences.

1. Pausing and going slowly, at the body's pace

Two distinct but related skills were repeatedly highlighted. Pausing was practiced as a deliberate, grounding intervention: noticing the urge to act, stopping briefly, and returning to breath or body. This settled the therapist and often gave the client space to continue. Alongside this, therapists learned to go at the body's pace, slowing the overall rhythm of a session. Responding less quickly, leaving a beat after each client phrase, or even counting silently before speaking allowed clients to revise or deepen their words. Pausing gave stability in the moment; pacing created a steadier rhythm across the session.

2. Silence, waiting and postponing interventions

Therapists discovered the importance of waiting and postponing interventions, especially resisting the impulse to label the emerging process or to launch too quickly into structured tasks. Waiting also meant holding back from pushing any working hypothesis or model, and refraining from commenting, analyzing, or asking questions in ways that might interrupt a client's inward process.

Silence and restraint were treated as active interventions in themselves, a 'not-yet' space where something new might form. Therapists practiced staying present through quiet stretches and learned to notice subtle bodily or facial shifts as signs of movement. Restraint meant recognizing the impulse to act—often strongest just before a client took a fresh step—and choosing instead to hold the space.

Several therapists described waiting, postponement, and silence as creating conditions where clients could continue their own process.

3. Trusting, welcoming and inviting the unclear edge

Two complementary attitudes reshaped how therapists related to the unclear edge or the Felt Sense. They learned first to tolerate and later trust the unclear edge, by staying with tentative words or half-formed sentences, metaphors, thoughts or descriptions of body sensations, mixed emotions - all without rushing to definition. Equally important was to actively welcome and invite the unclear or implicit, treating it as potentially important for the process. Some therapists noted that unclear places sometimes later became points of further exploration.

4. Supporting fresh description and resonance checking

Therapists contrasted fresh descriptions with quick emotion labels. Instead of "sad" or "angry," they invited clients to describe more details, like textures, images, or bodily qualities, which often produced livelier, more engaged sessions. Hand in hand with this was resonance checking, inviting clients to test whether a phrase, image or even an invitation "fit." Clients often revised their words, relaxing and carrying forward when something landed. Therapists described resonance checking as sometimes enabling clients to adjust their expressions, which they described as feeling more fitting, and leaving room for exploration.

5. Recognizing therapist markers and returning to Self-in-Presence

Therapists described how easily they could be swept along by inner reactions when client material became tangled or emotionally intense. Anxiety, the urge to help, stepping into an expert role, or taking responsibility often showed up, accompanied by bodily cues such as a tight chest, leaning forward, or quickened speech. Training emphasized that losing Self-in-Presence in these moments is inevitable, and not a failure. The key was learning to recognize these markers as reminders to pause, re-anchor in the body, and meet the reaction itself with presence rather than acting on it. Using body awareness and presence language to reestablish Self-in-Presence brought greater steadiness in sessions, helped clients stay longer with difficult experiences, and made the therapist's work feel more sustainable and less effortful over time.

6. Using presence language in reflections

Presence language is a skill that was used a lot when practicing Focusing. Instead of mirroring words literally, therapists offer reflections that model a slightly more spacious inner attitude, for example by using the word something for a Felt Sense ("something in you is anxious") or by placing the "You" in a way that conveys inner working distance ("you are noticing something feels overwhelmed," "you are seeing something that…") rather than being fused with the experience. Presence language is typically offered once, lightly, and then left for the client to take up or not. Therapists found that these reflections often supported clients in being with their experience rather than being identified with it.

7. Using Inner Relationship Focusing invitations

A distinctive shift was adopting Inner Relationship Focusing (IRF) invitations, a two-part form that pairs a gentle linguistic cushion ("maybe… you might… if it helps…") with a clear directional suggestion (e.g., "take a moment to sense how all of this is living in the body," "let it know you're here with it"). This way of inviting slows the pace and keeps choice with the client, supporting them to stay in continuous contact with their own process rather than turning toward explaining or providing answers for the therapist. Therapists emphasized that

these invitations are carefully structured speech acts, and their form was experienced as essential for keeping clients with their own process.

8. Balancing following and directing

Balancing following and directing means cultivating the ability to stay close to the client's unfolding process while still being able to offer guidance when it is truly needed. Following involves sensing where the client already is and staying with that, allowing the process to lead. Directing becomes relevant when a gentle orientation or structure can support the client to move further. Training highlighted that following is often more powerful than steering, yet the capacity to direct remains essential. The balance lies in trusting the client's process while retaining the flexibility to guide at key moments.

9. Supporting client agency and a self-referential process

Therapists described a shift in how agency was supported. Instead of carrying the burden of "making change happen," they learned to accept what was present in the process and to reflect it back in ways that modeled an inner relationship, the client relating to their own felt sense. Focusing interventions always included a bodily check, and therapists emphasized how this orientation kept agency with the client. By inviting clients to notice inwardly and to test whether descriptions resonated in the body, therapists supported a self-referential process, so that clients learn to rely more on their own inner compass.

10. Maintaining ongoing contact with process

Helping clients stay in steady contact with their own process is essential for the unfolding of what is implicit. The task is not to deepen, analyze, or direct, but to sustain the inner relationship that already exists through sensing and describing the Felt Sense. In practice, this often means simply reflecting back what the client is expressing in the moment, without adding interpretation or trying to move things along. This creates conditions where the client can remain with their experience long enough for it to develop in its own way.

11. Knowing when and how to invite Focusing

Therapists highlighted the importance of recognizing when a client was ready to pause and turn inward - and when they were not. At times, the client showed curiosity, space, or a small opening toward their inner experience; at other times, they were too anxious, too defended, or simply not in a place where Focusing would help. Equally important was knowing how to invite it: in a light, optional way that left full choice with the client. This meant the therapist could offer Focusing without pressure, and just as easily set it aside if the moment was not right.

Several therapists noted in their interviews that they wanted more guidance here: not only about sensing readiness, but also about how to frame an invitation for different kinds of clients. They expressed a wish for more concrete examples, case discussions, and deliberate practice in training to strengthen this competence. This suggests that knowing when and how to invite Focusing may be one of the areas where future training and supervision could be deepened.

12. Moving In and Out of Focusing

Therapists reported that with experience they became more flexible in moving between empathic and focusing-oriented ways of responding. They described letting go of comparisons with "master therapists" and finding a voice that felt genuinely their own. From this, they could shift from empathic toward focusing-oriented responses when something implicit needed space. The ability to move between these orientations made therapy feel more natural for therapists.

Therapists also emphasized that moving in and out of Focusing was closely connected to staying responsive to what the client's process could offer.

Synthesis: From Competencies to Practice

Therapists reported that their development in Focusing involved both learning and unlearning. Habits such as rushing into interventions, asking explorative questions too quickly, imitating "master therapists," or filling silence out of discomfort began to shift or fade. In their place came competencies of presence such as pausing, waiting, and staying with what was not yet clear. Other Focusing-oriented interventions (presence language, Focusing invitations) were reported as helpful in practice, giving clients space to stay with their own process without pressure to answer, explain, or perform.

They described these changes across three areas:

- **In themselves.** Focusing gave them a more embodied way of working, using body awareness to slow down and re-center. This brought a steadier stance and made their work feel more sustainable.
- **In interventions.** Their responses became more spacious, with silence, presence language, and gentle invitations creating room for clients to find their own steps.
- **In clients.** Therapists observed clients gradually learning to pause, sense inwardly, and check how words or images resonated in the body. Even small shifts could feel like meaningful progress and fostered greater agency over time.

Therapists described these practices as relieving pressure on themselves, helping clients engage more actively, and creating a relational field that felt calmer and more authentic.

The next section develops this integration further, introducing a model in which empathy and Focusing work side by side as a complementary dual center of EFT.

Discussion

An Integration Model for Focusing-Oriented EFT

The shifts and competencies described above can also be understood within a broader framework of integration. Therapists in these interviews often described Focusing as a grounding reference point that influenced how they shaped their work in EFT. Therapists reported that familiar tasks such as chair dialogues sometimes emerged more naturally when grounded in Focusing.

We describe this framework as a dual core: Empathy and Focusing. Empathy remains the heart of EFT, offering reflection and validation as well as various empathic responses (Greenberg, Rice, & Elliott, 1993; Elliott, Watson, Goldman, & Greenberg, 2004). Focusing complements this by supporting what is implicit and in formation. Together, these two cores place more emphasis on embodied awareness and give therapists additional options to meet different moments in the process.

Based on our interviews, we propose adding to the EFT skills repertoire a complementary set of focusing-oriented response modes, to be used moment to moment in response to the client's or the therapist's felt sensing (Elliott, Auszra, Herrmann, & Cunha, 2021; Monteiro, Elliott, Nogueira, Mesquita, & Cunha, 2025). Within the EFT competence framework, this idea relates to the interoceptive base (using one's own bodily awareness to track the client's felt sense) and to empathic response modes (e.g., empathic reflection), both articulated as therapist competences/skills (see also Elliott et al., 2021). They can be suitable whether something is clear or not-yet-clear for the client, and also in response to what therapists notice in themselves. At this stage, the set presented here is an initial map (the competencies); a more systematic analysis is likely to reveal a finer granulation of focusing-oriented response modes, decision points, and training implications.

Examples in Practice

The following examples illustrate how the two modes can guide therapeutic choices in the moment, sometimes offering two possible paths, sometimes leaving only one that keeps the process alive.

- **When a client expresses something clear.** Suppose the client says, *"I feel a deep sadness about this."* The therapist now has two options. With empathy, they might reflect directly: *"Yes, a deep sadness—that's really here for you."* This supports what is explicit, validating and strengthening it so it can carry forward. With a focusing-oriented stance, however, the therapist could respond in a way that points toward the implicit edge within the sadness: *"You're sensing something in you that feels like a deep sadness."* This slight shift highlights the client's inner relationship to their

experience and keeps attention on what may still be unfolding inside it.

As Gendlin noted in "The Client's Client," what matters is not only naming the feeling but supporting awareness of the ongoing relationship to it; the sense that something is here, in me. Gendlin wrote: *"The client's attitudes and responses toward the felt sense need to be those of a client-centered therapist! And that is Focusing."* (Gendlin, 1984). Empathic reflection and focusing-oriented reflection may sound similar, yet they orient differently: Focusing draws attention to the implicit depth and the possibility of something new emerging. Seen this way, the therapist now has two distinct options at the very same moment: one empathic responses, and the other opening the client's awareness to the implicit process that might further develop..

- **When a client is in contact with something still forming.** Suppose the client hesitates, uses tentative language, or reaches for a metaphor: *"It's not exactly anger… more like a pressure in my chest."* At this point, empathy in the usual sense, for example reflecting a clear feeling, is not really possible, because nothing is yet settled enough to reflect back. The therapist has two options: either to push for a label or to ask exploratory questions, which often interrupts the client's inner sensing, or to stay with the not-yet-formed edge. A focusing-oriented response supports the latter: *"Perhaps stay with that pressure for a moment and see what it's like …"*

  Here the therapist's safety with the unknown is decisive. If they can remain grounded and not rush toward clarity, the client can maintain an inner relationship to what is emerging. If the therapist instead tries to pin it down too quickly, the client's connection to the implicit is easily lost. In these moments, a focusing-oriented stance is often experienced as most workable; it calls for the ability to stay present at the edge of the unknown, so that something new can begin to take shape.

- **When the therapist notices something in themselves.** Therapists also described learning to recognize their own signals of rushing, what we might call *therapist markers*. These included a quickening of questions, leaning forward, or the anxious thought, *"I need to make something happen."* Sometimes the rush came from theory: noticing, for example, that the client was in a secondary emotion and remembering that EFT emphasizes moving toward primary emotion. With this in mind, the therapist might begin "working" on the client to reach that goal, only to find themselves met with resistance or the sense of pushing the process.

  Instead of following these impulses, therapists found they could pause and re-center, sometimes naming the pause explicitly: *"Let's take a breath here and give this a little space."* In this way, their own markers — whether driven by anxiety, urgency, or theory — became doorways back into a focusing stance. On the other side, many reported that over time they "found themselves" speaking differently: presence language slipped more naturally into their reflections, their tone softened, and their stance shifted almost imperceptibly. These small changes in language and presence

supported both therapist and client in staying closer to process, without pressure to move it along.

The model provides one way of describing how Focusing can be integrated into EFT practice.. We now turn to the discussion to explore its wider significance for clinical work, training, and future directions.

Implications

The model of integration highlights that therapists now have a concrete additional option: they can support the client's implicit, not-yet-formed process at any moment of a session, not only within the specific EFT task for unclear feelings. In therapists' accounts, Focusing offered a practical complement to empathy. Many described it as helping them feel steadier and under less pressure to make something happen, with interventions emerging more naturally when the timing felt right.

Therapists frequently noted that they wanted more practice in knowing *how to frame invitations* for different clients and in recognizing when Focusing would help. This suggests that training could include deliberate rehearsal of response modes, case discussions about decision points, and supervision that tracks therapist markers. Supervisors might ask, for instance: *"At that moment, what made you choose empathy? Could a focusing-oriented response have been possible?"*

Many therapists also emphasized that more Focusing training is needed, especially in the form of self-Focusing. The precision of working with the implicit cannot be fully grasped through explanation or reading; it comes from direct experience of sensing inwardly and noticing how trust in the process develops over time. This mode of learning is different from acquiring theoretical knowledge and highlights why experiential practice is essential for integrating Focusing into EFT.

Situational considerations in using Focusing. Therapists also reported situations where they did not use focusing-oriented responses (beyond the specific EFT task of "Focusing"), for example when clients were seen by the therapist as highly anxious, uncomfortable with sensing into the body, or otherwise dysregulated. They also described moments when the inward language of Focusing felt unnatural to them, or when they felt introducing it would be too awkward or too great a hurdle in the moment. In addition, some therapists noted occasions when inward invitations were met with non-uptake, which they took as a signal to shift stance.

Limitations and future directions. This is a first exploratory, descriptive-interpretive study that foregrounds therapists' reported positive shifts after IRF training. The analysis was exploratory and descriptive, not conducted with a formal coding protocol; some interviews were recorded as detailed notes; and participants were self-selected from German- and Danish-language IRF workshops. In addition, the first author's dual role as trainer and interviewer supported trust and openness while also shaping what was shared. These features

limit transferability, and the present domains, competencies, and integration model are best understood as starting points. Further research may examine these themes in larger or more diverse samples, and with more systematic analytic procedures, using the categories outlined here as scaffolds to test and refine.

Conclusion

These interviews suggest that focusing-oriented responses may function as a complement alongside empathy within EFT. Introducing focusing-oriented response modes gives therapists an additional option for supporting what is still forming at any moment in the process.

Therapists described this flexibility as sometimes helping them feel under less pressure, and in their accounts, some clients appeared more active. These exploratory interviews suggest that giving Focusing a more central place within EFT may offer therapists another practical way to steady themselves and stay with what is emerging in their work.

Acknowledgments

We thank Robert Elliott for early conversations and suggestions that helped improve and strengthen the manuscript, and Julia Böcker for discussions and feedback that helped refine its development. We are likewise grateful to Axel Sverstad Toppe and Niels Bagge for their thoughtful comments on a later draft. Responsibility for the final version rests with the authors. The contributions of those acknowledged do not imply endorsement of our conclusions. We also acknowledge the EFT training institutes in Germany and Denmark, which provided the context for participant recruitment, and we thank the EFT therapists who participated in the interviews for their openness in sharing their experiences.

In preparing the manuscript, we used OpenAI's ChatGPT (GPT-5) for language editing and style suggestions, under the authors' direction.

References

- Cornell, A. W. (2013). *Focusing in clinical practice: The essence of change.* W. W. Norton & Company.

- Elliott, R., Auszra, L., Herrmann, I., & Cunha, C. (2021). *Therapist competences for Emotion-Focused Therapy practice.* EmpoweringEFT@EU Project. (PDF version cited in text.)

- Elliott, R., & Timulak, L. (2005). Descriptive and interpretive approaches to qualitative research. In J. Miles & P. Gilbert (Eds.), A handbook of research methods for clinical and health psychology (pp. 147–159). Oxford University Press.

- Elliott, R., Watson, J. C., Goldman, R., & Greenberg, L. S. (2004). *Learning emotion-focused therapy: The process-experiential approach to change.* American Psychological Association.

- Geller, S. M., & Greenberg, L. S. (2002). Therapeutic presence: Therapists' experience of presence in the psychotherapy encounter. *Person-Centered & Experiential Psychotherapies, 1*(1–2), 71–86. https://doi.org/10.1080/14779757.2002.9688279

- Gendlin, E. T. (1981). *Focusing.* Bantam Books.

- Gendlin, E.T. (1984). The client's client: The edge of awareness. In R.L. Levant & J.M. Shlien (Eds.), *Client-centered therapy and the person-centered approach*, 76-107. New York: Praeger. From https://www.focusing.org/gendlin/docs/gol_2149.html

- Gendlin, E. T. (1996). *Focusing-oriented psychotherapy: A manual of the experiential method.* Guilford Press.

- Greenberg, L. S., Rice, L. N., & Elliott, R. (1993). *Facilitating emotional change: The moment-by-moment process.* Guilford Press.

- Hendricks, Marion N. (2001). Focusing-oriented/experiential psychotherapy. In David Cain & Jules Seeman (Eds.), *Humanistic psychotherapies: Handbook of research and practice.* Washington, DC: American Psychological Association.

- Monteiro, M., Elliott, R., Nogueira, D., Mesquita, E., & Cunha, C. (2025). Psychometric evaluation of the Emotion-Focused Therapy version of the Person-Centered and Experiential Psychotherapy Scale (PCEPS-EFT-9): A measure of therapist adherence and competence. *Psychotherapy Research.* Advance online publication. https://doi.org/10.1080/10503307.2025.2522386

- Murphy, D., Elliott, R., & Carrick, L. (2019). Identifying and developing therapeutic principles for trauma-focused work in person-centred and emotion-focused therapies. *Counselling and Psychotherapy Research, 19*(2), 178–187. https://doi.org/10.1002/capr.12235