CHAPTER 26

The Experiential Response

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RULES FOR RESPONSES

Felt Meaning

Personal problems and difficulties in living are never just cognitive, never only a question of how something is interpreted or understood. There is always an affective, emotional, felt, concrete, experiential difficulty. The individual's thoughts and interpretations flow from, and are largely influenced by, his affective ways of living in his situations.

A helping person's responses, therefore, must at least sometimes have an affective experiential effect,[1] if they are to have any problem-resolution effect at all. The question, "What is the best sort of therapist response?" leads us to the question, "How can a therapist's response have a concrete experiential effect in the individual?"

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[1] In these footnotes, I will comment on the relations between psychoanalysis and client-centered or experiential psychotherapy. My view is that, when effective (and done as the best practitioners of each orientation prescribe), the two modes of responding are extremely similar. However, the way in which the optimal therapist response is conceptualized in the two schools is very different, and hence, the typical ways of misunderstanding it are also different. Thus, different pitfalls arise in the two orientations.

An experiential effect is also the aim of good psychoanalytic interpretations. Fenichel (1945) says: "In giving an interpretation, the analyst seeks to intervene in the dynamic interplay of forces, to change the balance . . . . The degree to which this change actually occurs is the criterion for the validity of an interpretation. A valid interpretation brings about a dynamic change . . . ." Thus, an interpretation must not only he correct, but must produce a dynamic change. In the above, I employ an experiential vocabulary, and I term what I take to be the same event an "experiential effect." It is an effect which the individual can feel, concretely.

The client-centered type of therapist response used to be called "reflection of feeling." Considering how it has since evolved (Rogers, 1958, 1961, 1963; Gendlin, 1955-66, Gendlin and Zimring, 1955; Butler, 1958), it is probably better termed an "experiential response."

"Reflection of feeling" emphasized feeling, affect, and concrete experiencing; but, the word "feeling" seemed to refer to very specific emotions, such as love, hate, joy, anger, fear. Of course, there are times when one does feel quite distinct emotions of this sort, but much more often one feels nothing as clear as that. Instead, one is up against a complicated and somewhat unclear situation. Rogers (1951) explains "reflection of attitudes" (which soon came to be called "reflection of feeling") with examples such as, "This makes you feel helpless." "Helpless" is not really an emotion. Similarly, most often one feels, for example, "upset," "uncomfortable, or resentful because ... or worried that.. ." or "hoping for. . . but discouraged that. . . ." These more common conditions are not really "emotions" but complicated ways we react and ways we see ourselves in situations.

From these examples we can form three conclusions: First, what the experiential response refers *to* is not usually sharply clear emotions, but rather a more complex experiencing. We may feel all this very strongly, even though we may not know clearly what we feel.

Second, what we feel is not an internal object (an "affective state" as something *only* inside us), but a felt sense of a whole situation-how we are in that situation, what we bring about, perceive, and feel we are up against.

Third, this felt sense also involves how we have interpreted and construed the situation. Therefore, such a felt sense isn't something *only* felt, but is also intellectual. We may be quite confused about what it involves, but at least *implicitly* it always involves aspects of interpretation, i.e., thought, learning, perception, and construing.

Thus, the "feeling" we respond to in another person is not usually a sharply-defined emotion, not usually separate from the situation, and not without some implicit intellectual cognition. For the therapist to respond, "You are worried that…" refers to an experiencing of the individual which includes, in one felt whole, his feeling of an intellectually interpreted situation.

Of course, as therapists, we may not be mainly concerned with the individual's specific present situations so much as with the personality difficulties he brings into all his situations. These difficulties should not be conceptualized as though they were little things inside him. They are real, noticeable, and felt by him only as he lives in situations (with others, or alone in his room). The experiential response on the part of the therapist aims at the patient's concrete feeling which always implicitly includes the situational and intellectual aspects, i.e., how the individual sets up and construes situations, his maladjusted learnings, past experiences, and ways of perceiving and creating situations.

Typically, by the time one is "up against" a situation, one has *already* brought the situation about, set it up and construed it with one's emotions, learnings, past experiences, and hence with one's personality difficulties. Thus, it is correct to say that the specific situation doesn't matter; only his personality difficulties really matter. It would be an error, however, to conceptualize personality difficulties in terms of internal entities and to seek to respond to such entities while ignoring the way in which they are actually manifest and felt in the individual's experiencing.

Experiencing always involves, not emotion-entities, but detailed person-situation complexities which are concretely felt.

Although felt by an individual, all this may not yet have been carried into words and may not have been directly viewed in terms of general cognized meanings or patterns. A great many facets- all in one - often strongly felt, but as yet only implicit.[2] The first rule is that *we respond to felt meaning* (this is very much in the individual's awareness, but it is felt and may not be at all conceptually clear).

Explicating the Felt Meaning

The client may *say* something like this: "She isn't willing to look for *an* apartment where I said she should. She went every other damn place except there, and so we won't be living there." These two sentences are perfectly clear. The client-centered reflection of feeling would involve the therapist sensing anger here. ("You are angry that she deliberately didn't do what you asked," might be a reflection of such feeling.)

We can always assume that the experiencing of the problem is more complicated and that hence the present feeling implicitly involves much more. Yes, there is anger here, but not *just* anger. Anger (any emotion) is not an inside thing, but a way we are interactively. We are never just angry, always angry *at*. Experiencing is an interactive process (Gendlin, 1964). The situation in which we are angry, and the other people we are angry at, always involve many more specific facets. "Angry" is only a short-cut word-a broad, crude classification of feelings.

In our example, the therapist responds to the felt meaning and uses some word like "angry" or "furious" or "mad." But it makes all the difference if the therapist, in responding, points at a felt sense that is really more complex. No matter how precise and clear what the client says may be, we must always *assume* and refer to a concrete felt sense. As experiential, the client can refer to it *directly,* and it always involves many implicit[3] aspects and complex reactions. If the therapist's response

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[2]Some therapists might insist that the actual realities they work with are dynamic entities. They would consider the experiential complexity the person experiences as only a super-structure. Others, myself for example, might insist the opposite: the dynamics are only our (often excellent) generalizations of what really exists only as the detailed experiential complexity.

This issue need not be settled so far as practice is concerned, since, whatever our view, it remains the fact that we employ dynamic knowledge to understand and sensitize ourselves to the individual, whereas with him we must "work through" the difficulty in the concrete experiential way, the only way in which he can feel and work with it.

Perhaps the only real difference is that psychoanalysts consider it valuable to teach the patient the generalizations first, so that he can then search for his own concrete experiential versions. In contrast, experiential therapists see this as "intellectualizing" and getting the individual off the track of his experiential focus, which alone has value. The individual can produce his own conceptual generalizations directly from his experiential process, and these are more specific and better suited to each individual.

'What I term "implicit" would be conceptualized by psychoanalysts as "repressed" or "subconscious," but they would add that felt anxiety or complex discomfort indicates that the repressed is close to the surface and might be about to emerge. It is only to such "unconscious" matters as are "about to emerge" that *effective* psychoanalytic interpretations can be given. Fenichel says: "Since interpretation means helping something unconscious to become conscious by naming it at the moment it is striving to break through, effective interpretations can be given only at one specific point, namely, where the patient's immediate interest is momentarily centered" *(op. cit.,* p. 25).

points to the implicitly complex experiencing, it is much easier for the client to continue to feel and search into what he is up against. He may soon say: "And *that's* really what makes me mad about the whole thing; it's her ignoring me. I *see* now that I'm not so angry about our not living where I wanted, but rather about her way of ignoring what I ask for." Whatever the therapist's next response is, he ought to be aware that more is implicitly present. He can expect that there might now come up facets about needing to be loved, or perhaps understood rather than ignored, or perhaps new and old feelings of being hurt. Then, again, perhaps none of these facets will come up, but instead something about the client's having prematurely given up and assumed that he cannot in any way enforce his wishes. If his wife didn't look where he wanted, then they won't be living there. Perhaps he gives up too fast; or perhaps he doesn't try to enforce his wishes, because anything you have to force someone to do doesn't count as love or understanding.

The therapist's experiential responses draw the client's attention directly to his own felt meaning. The therapist merely aids. Only as the client "focuses" on his felt meaning, can it shift, and only *from it* can further facets emerge.[4] Some individuals come into psychotherapy with a great ability to engage in this experiential "focusing" (Gendlin, 1968), while with others the therapist must struggle to draw their attention again and again to the felt sense they concretely have. Sometimes the client acts as though he had no idea that he has access to anything but his words. Nevertheless, the therapist must assume and imagine that the client has a directly *felt* sense of the whole complexity of the problem, and the responses must be pointed at such a felt meaning. If necessary, the therapist can imagine for the client many general directions into which the client's further explicating might lead him, but these are only examples of what the client *might* find if he attends to his felt meaning. The therapist will try these in a form in which they take only a small step further from what the client says. All such responses have the intent to invite the client to see for himself what will actually be there for him if he attends to what he can concretely feel. On the other hand, if the client already "focuses" directly on the felt meanings of his experiencing, the therapist must follow by responding exactly

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Thus, while the psychoanalytic theory of the unconscious differs in many ways from client-centered theory, that unconscious to which an effective interpretation refers is exactly what I term "implicit felt meaning."

Thus the client-centered reflection and the psychoanalytic interpretation are quite similar, *when done effectively*. On the other hand, when done poorly, they differ: the psychoanalytic interpretation done poorly tends to lead the patient into intellectualizing and away from his concrete concerns, while the client-centered reflection done poorly tends to repeat what the client said.

'In psychoanalysis "free association" can he concretely similar to the above, but it is not always so. Two uses of free association exist in psychoanalytic practices: In one use free association consists in the patient voicing associations until the analyst notices something he can interpret. The analyst then interprets it, often without effect. There is little here that is experiential for the patient. What is interpreted exists primarily as an inferred connection the analyst thinks of.

A second use of free association corresponds much more to the experiential process outlined above, and is also much more exactly what Freud intended. In that use, the patient free-associates until he runs into a block. The patient feels this block quite concretely, but is unable to explicate what it is. The analyst then points his interpretations directly at the patient's concrete, experiential sense of the presently felt blockage.

(though sometimes more explicitly) to the felt meaning on which the client is "focusing."

The term "focusing" seems like a "looking at" a felt datum. Really it is a process in which focuser and datum are one, and both change, as focusing is ongoing. One cannot attend to a feeling without thereby feeling it in a way one didn't moments earlier. To "focus on" is also a "feeling further" which explicates what is felt.

A second rule: *We* try *to explicate felt meaning so that new facets emerge concretely from it.*

Sensitivity: Trying Out Directions for an Experiential Advance

That felt meanings are implicitly complex is well known, but what is usually said is only that a therapist must be "sensitive," must "listen with the third ear," and hear all these facets so that he can help the client to become aware of them. However, in telling therapists to be "sensitive," we don't really tell them how this is done!

Everyone wishes to be sensitive, but what if he isn't? What does he do to be sensitive? Does sensitivity "just come to us"? No; I propose to tell how this "sensitive" responding is done. It is, in fact, done experientially, whatever the theory.

First of all, let us admit that we are often mistaken in what we expect the client to come up with. We are often wrong from moment to moment, and also sometimes wrong from month to month. No "x-ray" sensitivity is really involved. Nor does the secret lie in brilliant dynamic or insightful thinking. That usually gives us many leads, not just one. If we try out one lead very gently, whatever *then* comes up usually gives us more, different, or more detailed understanding. We may try out several varied leads, or expectations, based on different thoughts. These thoughts occur in us in a swift and sketchy fashion, as we practice. Thus, it is rarely the case that we have a single, sure, x-ray type sensitivity, whether intuitive or dynamic.

Knowing that the client's concrete felt sense is always complex and implicitly full of many facets, we try out this or that, and often nothing happens- no experiential effect. Occasionally, something does happen: the client is enabled to feel more in-tensely, or to formulate further or more clearly what he does feel. One *feels* the "knowing more clearly."

A third rule: *We try various tentative directions for an experiential advance*. Thus, the therapist aids the client's explication by tentatively trying out various directions until the client finds himself experiencing further. By "further" we mean either new relevant facets, or a clearer feeling.

Staying on the Experiential Track

If the therapist is going to try out various (often wrong) directions, he must know what to do (a) if the client does react in some important way, and (b) if the client has no experiential reaction to what the therapist said. Sensitivity is not really a magical source for the right therapist response; rather, it consists in carefully noticing the client's *next* reaction to what the therapist says.

(a) Although what the therapist's response has stirred in the client may be nothing like what the therapist expected, he is now going to respond to *that*. The secret of sensitivity is not in knowing what to say, but in guiding oneself to *then* respond to the subsequent reaction. No matter how relatively obtuse or wrong

something the therapist is about to say, he can say it, if he *will then* respond to, ask about, and seek to understand the client's resulting experiential reaction.

(b) On the other hand, if the therapist's response turns out to have been merely irrelevant, the therapist must know how to return the client to his own experiential track. It is important that the client not think he must discuss and pursue something irrelevant just because the therapist brought it up. For example, if my client's answer to me is "Yes, that *must* be true . . er," I know that my response is no good. People say something *must* be true if they have to *infer* it-i.e., when they don't feel it directly. The "er" also indicates that there is nowhere to go with what I said. Now I reply, "That sounds sort of right to you, but it isn't what you mainly feel now." And I thus invite him to attend, once more, to what he does feel, so that he won't get hung up on my useless response.

The purpose of therapist responses is not being right; therapist responses aim to carry the clients experiencing further. This can be done as well at the second opportunity as at the first.

Our fourth rule is: *We follow the client's experiential track.*

Experiential Reference: Our Responses Point

In the very simple description, which has just been given, a fifth rule is already implied. Our responses point at the felt sense of it all, which the client now has. The response itself might turn out to be wrong or beside the point, but that is not as important as its aim. A therapeutic response always aims at the client's own directly-felt sense of what he is talking about. This aim is what makes it an "experiential response." This aim also implies that only the client's experiential reaction is the basic indicator of what is valid. My response may be true, wise and accurate, but it is useless[5] if it misses its main aim, which is to point to the client's directly-felt sense of all that he is up against.

We can always imagine an experiential felt sense of a more complex "all that" (even if the client has stated something quite specific), and imagine ourselves aiming to respond to the broader whole. We do so by quite specifically understanding what he says, for without such *specific* understanding, one doesn't get more deeply into the felt sense of the whole problem. Therefore we must grasp exactly and specifically all he says just as he intends it. Taking every highly specific facet the client can verbalize, we still imagine that even all this specificity tells us but one in-stance, or aspect, of the problem which he now explicates, as he directly feels the whole implicit complexity.

It is possible to respond "experientially" only because *one* felt meaning (one concretely felt "all this") can contain so *many* implicit facets, whereas what one says is always very limited. The whole dynamic tissue which a theory might infer is implicitly here, in this directly-felt sense the individual has as he speaks and says these limited things; but it is felt, not known. It is felt in an incomplete, incipient way. To lay it all out in words would be to cope with it. His problem is that he cannot. Hence, to actually succeed (over a period of time) in differentiating and explicating

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[5]psychoanalysts would argue that some interpretations that produce no result in the hour are to be taken home by the patient and worked on as "homework." It is true that this often happens in psychoanalysis, but doesn't it mean that the therapist has failed to aid the patient in the working through? If the client couldn't do it with the therapist, is he really likely to be able to do it, in a real way, alone?

it verbally and interactively requires further experiencing than he can now do. It is to resolve the problem.

Therefore, when our responses point at the client's felt sense of the problem, and when we respond as exactly as possible to state more explicitly what he bas explicated, we aid him to feel more, and so again to become able to be aware of more. As we respond by explicatively pointing at what he *now* concretely feels, he becomes able to feel, and therefore then able to explicate still more.6

The fifth rule is: *Responses point.* The response must point at just exactly that felt sense the client now experiences. We aim at just that felt sense, the one he has as he struggles to make what he says as specific and clear as possible.

Carrying Further

An experiential response points at, and brings the client's attention to, his felt experiencing so that his felt experiencing *is* thereby carried further. Thus, one of the best possible client reactions to what a therapist says is: "No, not at all, it isn[1]t like *that;* it is rather more like. . . ." Often, my saying how I guess "it is" enables the client to say much more exactly how it really is. And that is what I want, for my response is not a factual statement that seeks to be true, but a pointing statement that seeks to bring into clarity and help carry further what he feels.

When an individual has a problem, he is always partly confused and stuck. To clarify what is wrong, he must *further* define his reactions and situations. Without defining *further,* he cannot "clarify" at all! Thus, not all that the individual says now was already there in him, complete, before he says it. What we seek to do with therapeutic responding is not at all a mere fact-finding or explaining. Instead, we seek that sort of clarifying which involves *more and further* living and feeling than the individual was able to do when he was stuck or suffering.

A sixth rule is: *We* try *to carry experiencing further.* Explicating brings about a further experiencing which had not, until then, been possible.

"Carrying Further" Guides the Therapist, Not Vice-Versa

> We don't seek any old "more," but only that "more" which will resolve or clarify that which was previously hung up, impossible or confused. How can we tell what that is? Again, only by the client's actual experiential reaction. Thus, our responses must be guided by the client's moment-to-moment reaction, not only to find out when what we say is valid, but to open an avenue into which he can move, to establish therapeutic direction.[7] This is shown by the direction of the client's actually

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The psychoanalytic formulation of the above would he: As we respond to what is in the preconscious, more and more material rises into the preconscious from the unconscious. How-ever, it does not seem accurate to term 'preconscious" something which is very directly felt *in awareness,* often painfully so, even though it is not conceptually clarified and consists only of incipient inhibited reactions. To term this "preconscious" formulates it as if the process had already really occurred' but in a hidden way, *when in fact it has not yet fully occurred.*

'Intellectually, one can often state (the client can, or the therapist can) what the client's problem is, why it is, what the etiology, past experience, participations of others and of the client is. One can even specify what would be solutions for anybody else in such a predicament-although, of course, such people as could avail themselves of these solutions wouldn't long find themselves in such predicaments anyway. One finds that these solutions don't work for this client. Given the individual's past and the sort of emotional and interactive inabilities he has, we can often see why no thinkable solution for him exists, why

sensed new bits of experiencing (and thus newly-clear interpreting and defining) which were previously impossible for him in the situation.

Thus, a seventh rule: *Only the individual knows his track; we go by his sense of his experiential track.* But how can our responding be guided by his experiencing, when at the same time I have also said that what we seek is not all already there? Isn't this a contradiction? On the one hand, I say that only the clients experiencing can guide the therapist, and on the other hand I say that genuine clarifying is always partly a further defining and a further experiencing.

Cannot anything be further defined in thousands of different ways? How does one choose the direction? The answer lies in the fact that we seek not just any way of further defining and further experiencing, but only just *that* way in which there occur bits of experiential resolving of just that which felt so hung up, confused ~ unbearable before.

Referent Movement: the "Felt Give"

We must now look more exactly at how we recognize when a bit of experiential resolving or clarifying occurs in that which the individual feels as a problem. How

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he must indeed be and remain as he is And there you have the dead end of the **purely** intellectual approach~ Now what?

The Purely intellectual "clarification" of the client's personality problem fails when it has not carried *further* his feelings, his experiential process. A mere fact-finding does not change anything. In medicine (as in car repeiring) diagnosis and cure are two sepatate phases. First, one must know what's wrong, then one can decide what to do. With personality change, however, this two-phase distinction doesn't apply. If the clarification process has not itself already altered the client, we can deduce nothing from what we learned which can help him. We can only explain more exactly how he came to he as he is, why he has to be that way, why he can't change. The best we can do, when we arrive at this stuck point (knowing it all, but having changed nothing) is to invite the client to explore further, to go over again what we both already know, hoping this tine to involve his feeling life, to carry it further and thereby resolve something, to do what psychoanalysts can '~working through."

The experiential approach can also be viewed as offering a systematic method for what psychoanalysis terms the "working through" process, something remarkably rarely discussed systematically in psychoanalytic literature. The therapist may feel that he knows the overall general direction of therapy, but the specific steps of "working through" are not known to him in advance and cannot he intellectually determined. Both client and therapist must follow where the experiential steps lead-which the client actually senses when they occur. Both may be surprised by the turns which these steps take, and by the eventual resolution.

Even if the therapist is concerned that the client reach certain outcomes, he must he able to stand it that experiential steps, for some time, go in quite a different direction than he might like. If he can follow where the experiential steps go, then either eventually the goal he predicted is reached (despite many turns in the direction), or, if the outcome resolution surprises him, the therapist learns very convincingly that a resolution very different from the one he expected, is possible (Gendlin, 1967a).

A therapist who refuses to follow where the client's experiential steps lead usually stops his client from engaging in a genuine resolution process. This is not to say that the therapist's presence and responses as another person leave the client unaffected. On the contrary, resolution could not occur without the fact that to explicate with and expressly toward-this person is a very different sort of process from thinking or feeling by oneself. The attitudes and responsiveness of the therapist fundamentally affect what the client finds and is, but, as this emerges experientially, both persons must follow the concrete steps which occur and are directly sensed.

can we tell when he experiences further? Is just any new experience a "further" experiencing? No, it isn't. By "further" we always mean just in that respect in which he was hung up before, stopped, puzzled, confused, inhibited, incapable of going on in a way that felt all right, adequate, or bearable.

When experiencing is carried "further," there is a very distinct and unmistakable feel of "give," easing, enlivening, releasing. I call it "referent movement" because there is felt movement in the felt direct referent. It may arise at times when something seems solved or resolved, but also when a feeling becomes clearer or when some new facet emerges.

The individual has a certain troubled but unclear felt sense of what he discusses. Quite often he explains, describes events, understands origins, invents how he wishes be were, says much that is true and wise-and yet, nothing is concretely changed. His felt sense, after all the talking and effort, is just as it was before. No“referent movement" has occurred. There has been no experiential effect.

In contrast, it is unmistakably different when even the slightest bit of felt "give" or "referent movement" occurs. It may seem only as if that simply indicates the truth of whatever was just said; but as he continues to explore his experiential felt meanings, everything is now a little different. New facets arise. Much that seemed relevant before is now suddenly beside the point. The little bit of felt "give" now turns out to have been a real step. He again refers directly to a felt sense of the whole problem he is talking about, but this felt referent is now slightly altered.

The newly-emergent facet may seem to solve nothing, may be worse than anything the individual had expected. He may say "How awful! Now I *really* don't know what to do." But if it is an aspect that genuinely emerges from his felt sense of what he is up against, if it is an aspect that genuinely emerges from his experiencing, then he feels that distinctive "give," a felt shift, an experiential effect which I call "referent movement' (Gendlin, 1964). After a moment's felt referent movement, everything is usually slightly altered, and new verbalization usually arises.

Our eighth rule is: *Only referent movement is progress*. (The direction in which the process should go is indicated by the client's directly felt experiential "give" or "referent movement.")

The Experiential Use of Concepts

Theoretically we have implied (see also Gendlin, 1962, 1964) that "becoming aware" of something one was previously unable to be aware of, always first or simultaneously involves further felt experiencing. We have also implied that any negative "hung up" condition or problem carries within itself implicitly the directions for its own positive solution, even if that solution must be created and cannot merely be "found." Thus, a therapist must pay very close attention to the possible positive aspects incipient in maladjusted negative behaviors and feelings. Felt experiencing is the bodily feel of being alive, and as animals we stay alive only because our animal bodies are organized in life-maintaining biological systems. Any human animal is vastly elaborated by culture and individual learning, and with these elaborations the body tends to remain organized. (If it didn't, we would fall apart very soon.) Given our elaborate learning of what we can and cannot do, a situation can easily become an "impossible situation" for us, one in which we can find no way of interpreting or acting that feels life-maintaining. But the impossibility of theproblem itself is made up out of positive tendencies and positive life-maintaining

avoidances.[5] When new modes of interpreting that are useful to the individual are discovered, they are clearly marked because they permit a bit of further experiencing to occur, and this is always releasing and "feels good," even if one also feels awful about much that is newly visible after such a small, further experiential step.

It goes without saying that these "steps" and "further experiencing" cannot be deduced logically. None of our theoretical concepts are nearly specific and complex enough to come even close to the facets one feels. Logic and theory merely reconstruct some aspects of experience into a general pattern. *After* some experiential hang-up has been resolved, we can always explain what happened. We can explain it in a few brief sentences, or elaborately in a long novel. But during the process of resolving, in therapy, our theoretical concepts are only tools that point, and thereby aid in referring to experiencing and thereby carrying it further. This is not to say that our concepts are in any sense useless or unimportant. The more accurately and well we can use concepts (whatever set we use), the better we can point at and help carry further the client's experiencing.

The ninth rule is: *Therapy requires the experiential use of concepts. In* therapy, our words and concepts should be used not only factually and logically, but experientially, to point at felt experiencing.

Perhaps most importantly, the experiential use of concepts involves, not logical steps, but experiential steps. The crucial difference is that if we intend a concept experientially, then we intend it to point at what is felt, and *whatever* new facets may thereby emerge. Should these new facets not fit our construct, we aren't surprised. We only used it to help us point. The new facets may now generate a *different construct* m us, and one which doesn't at all fit with the earlier. If we have a lot of time, we might *try* to reconcile the *two* **in** a theoretical way, but usually we don't have time for this in ongoing therapy. Certainly there is a continuity, and it can be made explicit We weren't wrong before, at least not in every way, for what we then said or thought has helped us get to this, now. But now we will freshly use the total of our theoretical, diagnostic and interhuman knowledge to grasp this new moment, these new facets. Something quite contradictory to the earlier implications may now

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'The psychoanalytic way of formulating this is: The energy that maintains the repression comes from the repressed itself. This statement means that the energy which now prevents the release one seeks in the psychotherapy, is actually the energy of that which one seeks to release.

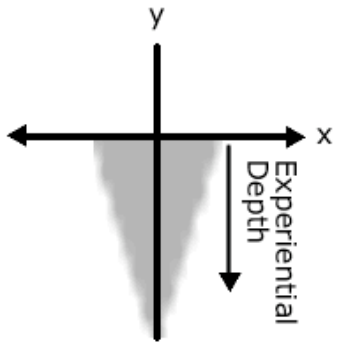
It was Rogers' (1951) central discovery that "'resistance" could be obviated if the therapist responded with, rather than against, the client's felt desires, perceptions and self-protecting urges; i.e., the client soon moves through steps by which the "repressed" emerges (Rogers termed it the "denied to awareness") in its positive, or life-maintaining, character, even if it began by being extremely negative or self-defeating. But this change requires that the therapist respond to the client's actual felt intent, and not in terms of an external evaluation.

The psychoanalytic version of this basic fact sounds extremely different, as though it were only a theoretical statement of the source of energy. On the other hand, Rogers' formulation ("faith" in the individual; "growth principle," "self-actualization") has given this fact a seemingly idealistic and optimistic cast. The experiential formulation not only clarifies this as a basic organization aspect of any living thing, but also shows why full symbolization of a problem is possible only as the further experiencing. The blocked tendencies toward this further experiencing, culturally elaborated to the point of conflict and not further e1a~ orated to resolution, constituted the problem in the first place.

be what we think and say next. The experiential step is between the last conception and this one. It is not only a logical sequence from one to the other.[9]

Therapists sometimes have difficulty learning this experiential use of concepts. One easy way of conveying what it is, is to turn the tables: What sort of use of concepts do you wish the client to use? Do you wish him to talk to you only conceptually, theoretically, going from one step to the next by sheer factual and logical implications? No. You want him to use his concepts not at all for their conceptual interest and logical implications, but as pointers to, and expressions of, his affective and interactive life. Very well, and that is just how anyone who aids him to do thatmust use *his* concepts.

You don't mind your client talking politics or religion or psychological theory, as long as what he says is really pointing at, and knowingly tied into, his own struggle to clarify and move beyond his troubled feelings and reactions. If this is the direct reference of his talks, II these abstract topics are just vehicles with which to express his emotional meanings, then such talk can be therapeutic. But if he takes these concepts at face value and not as pointing at experiential facets of his own, then therapy is at a standstill and he is "intellectualizing." The same condition applies to the therapist's use of concepts. Whatever theory the concepts stem from, if they are used



'The experiential use of concepts has also been illustrated in these footnotes concerning psychoanalysis: When I have said, in these footnotes, that some client-centered formulation could he stated psychoanalytically, I didn't mean that the two formulations were really identical or the one reducible to the other. On the contrary, I am aware of enormous differences in each term and its theoretical implications, but it is just these latter which the experiential use of concepts allows me to shelve. I can use these very different theoretical conceptions in their experiential reference, which they also have. Then I discover that their experiential reference is the same!

For example, aside from theory, what is the term "dynamic shift" concretely? What, that occurs in practice, does it refer to? That is very nearly the same as what is concretely referred to by my quite different term "referent movement."

To use concepts in this way requires willingly shelving their theoretical contradictions and employing only their experiential reference. It means moving from one step of thought to the next via what each concept experientially refers to, and via whatever we make of that (how we differentiate that further), rather than moving only along the theoretical implications. This is the experiential use of concepts, which in the theory of experiencing (Gendlin, 1962a, 1962b, 1966) has been developed as a method of thought.

experientially, as the client seeks an experiential "carrying further," then they can aid. But, of course, that means they must be guided by, and altered by, the very next concrete facets which develop.

Experiential Depth

One meaning of depth (which I deny has any use in psychotherapy) is the "depth" of generalized theoretical implications. Let us plot this on a diagram along an "X" axis, horizontally. From a given point at which the client now feels, we diagnosticians can move away to deduce many other traits and ways of this client. if he is as he now says, then it is likely that he also is this and that other way. Thus, we can move left and right on my diagram and say all sorts of (perhaps quite correct) things about him. This usually distracts the client, if he was about to go deeply into, what he now feels.[10]

There is another dimension, however, more truly termed "depth." We plot it along the "Y" axis of the diagram. It is depth *into* the point at which he now is and feels. Along this dimension he (and we) can say more and more and more, but always exactly (always more and more exactly) explicative of just this feeling that he has now (as it thereby changes).

What, then, distinguishe5 "depth" along the "Y,' axis? What will be pertinent to the individual's present felt experiencing? How can one tell what is really "in" this, and what isn't? The answer is *only via a series of experiential steps*. Experiential depth may produce facets which sound much like our theoretical deductions would have sounded, or it may produce facets which we could never have produced ourselves. Whichever it is, *we* cannot take another person's experientially concrete steps. Even when we are fortunate and respond perfectly so as to help carry his experiencing further, what counts is not the response itself, which we produced, but his concrete movement.

Thus, the tenth rule is: "*Depth" is into the point, not* away *from* it. I can now sum up the principles of experiential responding which I have stated so far:

1. We respond to the felt meaning.
2. We try to explicate felt meaning.
3. We try various tentative directions for an experiential advance.
4. We try to follow the experiential track.
5. Responses point.
6. We try to carry experiencing further.
7. Only the individual knows his track: we go by his sense of his track.
8. Only referent movement is progress.
9. Therapy requires the experiential use of concepts.
10. Depth is into the point, not away from it

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10 In the client~entered usage of words, "interpretation" stands for a bad response. The term refers to that sort of response which introduces intellectually or diagnostically relevant material which actuslly moves the client away from his experiential track and into intellectualizing. So as not to become confeseed by mere terminology, I have chosen to write this chapter on our conception of the most effective sort of therapeutic response. I take that to be the topic to which this hook's title refers.

"Interpretation" in our usage refers to what is denned by the "X" axis in the diagram above. We seek to avoid it. I assume that effective psychoanalysts also seek to avoid it, as the earlier quotations from Fenichel have shown

EXPERIENTIAL INTERACTION

Very often the best response can arise for us if we, as therapists, pay attention to how we ourselves are feeling and reacting just then. There are a number of reasons for this. First, what the therapist *says* has only a limited effectiveness. His personal presence and interactive response is more powerful. Lct us suppose that there were no real therapist, only his words projected on the wall before the client who reads them. Would therapy be equally effective? No, it would not (and even then, the client would rightly have strong feelings toward the unknown but real other person who is reacting to him and making these statements). The fact of there being a real other person is an essential part of the effectiveness of therapeutic responses. The client's present experiencing is always concretely with and toward that real other person, even if verbally he seems only to explore himself.

To some degree, the client can carry his experiencing further even w~ hen he is alone and responds to himself, thinks about himself, or talks silently to himself. By merely laying out in words what he feels, he clarifies and carries his experiencing further. If the client talks out loud to himself, this effect may be maximized. By doing it out loud, he tends less to fall into a vague, mind-wandering slump. By writing things down to himself, he may maximize this even more. If he speaks into a tape recorder and plays it back, there is an even stronger effect. Most people, on first hearing their voice played back, are startled and embarrassed because they hear aspects of themselves which they usually don't hear. How is it possible for them to "hear" in the tape-recorded voice what they fail to hear while speaking? Experiencing is basically interactional. To hear the voice from the tape recorder is to perceive external environmental effects of aspects of ourselves which usually never receive feedback. But without feedback there is no interaction process (no chain of reaction, effect, and reaction to that) and hence usually only the implicit and painfully inhibited condition; there is no actual experiencing. Thus, environmental effects carry experiencing further. However, far most powerful in this regard is a real other person who responds not merely like a tape recorder, but who is himself still another dimension along which the client's incipient reactions are carried further in-to lived-out interactions with an environment.

A therapist's responses fit into the above list of environmental interactions only if he responds *to the client*. As a therapist, I can usually tell the difference between those of my felt reactions which are really irrelevancies from my own personal troubles, in contrast to those that are relevant to our interaction here. *If my feeling is relevant to what we are now doing, I must respond from it*.

My reactions are part of our interaction. I owe it to the client to carry further that part of our interaction which is now occurring in me. If I don't, we will both be stuck in that respect. Of course, I am responsible for *how* I respond. This means that I must respond in such a way as to be giving my reaction honestly back to him, making it visible, acting so that he can in turn respond to that in me which he has set off.

Thus, I will not simply "act out" in therapy; or at least I won't only do that, but I will also carry my own feelings further in me, to let them become more fully what they are, since at first they are often only incipient. I will not express my defensive covering reactions, or at least (if I find I have already done so) I will go on to express myself aloud until what is actually happening in me is visible.

It is of little importance how good, wise, strong or healthy the therapist is or seems. What matters is that the therapist is another human person who responds, and every therapist can be confident that he can always be that. To be that, however, the therapist must be a person whose actual reactions are visible so that the client's experiencing can be carried further by them, so the client can react to them. Only a responsive and real human can provide that. No mere verbal wisdom can.

The therapist should be stable enough not to be destroyed. However, this is usually more truly conveyed if he is open about his reactions than if he covers them. When the client senses that the therapist is covering, the client cannot clearly react, nor can he tell whether the therapist could stand to have the client react to him. In being open, the therapist easily shows that the extent to which he is bothered, angry, hurt or upset is quite bearable.

The therapist and his reactions should not become the central focus, however. As a therapist, I am willing to be the focus for a brief time. I am willing that we notice and resolve my reactions, if they are part of what we together must become able to carry further. I do not believe that I should take up my "counter transference" outside the hour where the client can't see it and react to it. I must make available to him anything in me which could concern him. But the client remains the center. I make it possible for any of my reactions to be explored if that is needed, and to the extent it serves our purpose. This purpose is to clarify our interaction and carry it further, not to obstruct it with any new complications.

Many therapists have questioned this aspect of experiential interaction. How is it different from therapy for the therapist? At rare times and for some minutes, it might be just that; but the Purpose is to make my feelings accessible so that *the client* can move freely and further. We are not likely to get stuck on me: As my openness carries the client's experiencing further, *he* is now more likely to move on, if I don't stop him.

Most clients need a long period (months) of persistent therapist-response to exactly what the they feel, perceive, and imply. During such periods the therapist's use of his own feelings is for the purpose of imaginatively sensing the client's felt meanings. More personal reactions of the therapist will be expressed, at most, only very rarely.

What has been said here should not have the effect of propelling therapists into expressing themselves very often and dramatically, when what the client needs is aid in developing a gentle and slowly-developing process of experiential focusing.

The sort of client who is not on any experiential track at all may need a great deal of therapist~expressivity (Gendlin, 1962) 50 that an experiential interaction will first arise. On the other hand, when the client is pursuing an experiential process of differentiating and carrying further his felt sense of his difficulties, then an absolute minimum of therapist interruptions of this process is best. Then, it is usually best for the therapist to follow gently and precisely, understanding every turn and every main facet, and adding nothing that might throw the client off his track and lead him into a different and extraneous train of thought.

The therapist keeps a special lookout for reactions of his own that are uncomfortable (feeling "on the spot," embarrassed, impatient, or otherwise troubled). Almost always the therapist will discover these reactions in himself at a time when he has already behaved so as to cover them up, cope with them, suppress them, or

try to get away from them. It is natural that we tend to "control" such reactions, and usually they are slight enough to make control very easy. Nevertheless, they contain important information about what is just then happening in the interaction.

It is natural for a therapist to feel a little incompetent or maladjusted himself when he has these reactions. Certainly such reactions will often involve whatever is incompetent or maladjusted in him, and no human lives without such aspects. But to see only this is to miss an essential aspect of psychotherapy: If the client is a troubled person, he cannot possibly fall to rouse difficulties in another person who relates closely with him. He cannot possibly have his troubles all by himself while interacting closely with the therapist. Necessarily, the therapist will experience his own version of the difficulties, twists, and hang-ups which the interaction must have. And only if these do occur can the interaction move beyond them~ and be therapeutic for the client.[11]

Thus, feelings of difficulty, stuckness, embarassment, being manipulated into a spot, resentment, etc., are essential opportunities for the relationship to become therapeutic. But this cannot happen if the therapist knows only how to "control" these feelings in himself (i.e., force them down). Of course he can control them, since usually they are not very strong. On the contrary, the therapist must make an extra effort to sense them in himself. Certainly he must (and usually can easily) stay in control of such feelings and not be undone or unduly upset by them; but he must also see them as his valuable concrete sense of the now-ongoing difficulty, the now-manifest hang-up of the interaction and of the client's experiencing process.

Only much later can the therapist (and the client) see clearly just what was involved. One cannot expect to grasp clearly what the trouble is while it troubles. As I said before, grasping clearly is possible only as one experiences fully, and for that one must experience beyond the hang-up which constitutes a problem or difficulty. Thus, the therapist cannot expect always to be comfortably in the know. He must be willing to bear being confused and pained, to feel thrown off his stride, to be put in a spot and not find a good, wise, or competent way out Only if he can develop open and visible ways to carry his interaction with the client further in these respects, does he carry the client's experiential process further.

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[1]"Throughout this paper we are discussing what a therapist response must be in order to engender a "working through process." Most therapists agree that psychotherapy cannot beonly intellectual, but also must involve a "reliving," an "emotional digesting," an interactive "transference" process in which the patient not only talks about his feelings but relives them and feels them *toward* the therapist.

But, even this, although very true, doesn't yet characterize the change process. It isn't enough that the patient *repeats* with the therapist his maladjusted feelings and ways of setting up interpersonal situations. After all, the patient is sald to repeat these with everyone in his life, and not only with the therapist. Thus, the sheer repeating, even when it is a concrete reliving, doesn't yet resolve anything. Somehow, with the therapist, the patient doesn't *Only* repeat; he gets *beyond* the repeating. He doesn't only relive; he lives *further,* if he resolves problems experientially.

Psychoanalytic literature is elaborate about personality contents and confficts, but sparse on how the "working through" process occurs. Similarly, it is elaborate about the repetition and reliving of "transference," but sparse on how the "handling" or "overcoming" of transference concretely occurs. But this latter is, of course, also a concrete living interaction as transference is. It is part of transference, the latter stages of it, and the only aspect of transference which changes anything, rather than merely repeating experiences.

If the therapist cannot be more visible, unhurt and open than most people in the client's life, and if the therapist cannot permit the client to see what he has stirred in the therapist, then the client won't be able to carry his experiencing further and differently than he usually can. Many of the client's interactive behaviors are troubled, self-defeating and negative in how they affect others. Hence the client lives in troublesome situations. When the therapist himself becomes such a situation (and at times he will), he can help only if his reaction is more open than the usual person's reaction.

The therapist rarely needs to state reactions of this sort as "only my feelings." If he will notice such reactions in himself, he can then question himself "why?" Very shortly he realizes why, as he attends to his felt sense and carries it further. Then, he can respond directly and clearly to that facet of the interaction which has given him this feeling. The hard part is noticing that one feels the discomfort. Once noticed, it generally explicates itself.

The trouble is usually not the therapist's main personality difficulty, and therefore he is much more able than the client to carry further his felt meaning. Thus the therapist becomes able to respond in a way which moves beyond precisely this hang-up. If the therapist were not to use his momentary troubled feelings in something like this way, he would be leaving unused the main advantage which his greater strength or better adjustment (in these respects) can offer for the client. This advantage is precisely that the therapist probably *can* carry further his own felt sense of what is wrong, whereas the client, thus far, cannot.

However, one is usually turned away from such feelings and in the habit of ignoring them. I have gradually learned to turn toward any such sense of embarrassment, stuckness, puzzledness or insincerity which I may feel. By "turn toward it," I mean that I don't let it simply be the way I feel, but I make it into something I am looking at, from which I can get information about this moment. Thereby I first carry it further in thought and feeling, before I respond from it.

The therapist pays attention to his own reactions and explicates them to himself before he states them. I don't usually express reactions that are as yet totally unclear. (I will do that only if, after trying, I see that I can't get them clear and yet I sense that they are relevant. Then I will say something, even if I am confused.) I will not know exactly what and why, especially not all about how the client engendered my reaction even if he did. But I can most often clarify my own feelings to myself, and thus I am able to express them clearly and simply with brief words. Usually, I can simply say to what present events I am referring.

Does such self-attention by the therapist preclude his attending to the client? Not at all. Hundreds of things course through our minds. Only by strenuous effort can we suppress everything so that we don't notice what is happening in us. It is true that the first priority for my attention is to the client, to what he is saying and doing, but that leaves me plenty of room to attend also to my own reactions. As long as they are not relevant, they simply '~go by"; but if they seem relevant, I must note them, carry them further. Eventually, I may decide that they must be given voice. My decision depends upon whether I then believe that these, my reactions, belong to the interaction, i.e., are needed by the client. If he needs them to see more clearly what he is up against, what he does, then I must somehow respond from them to enable him to experience further or more optimally with me than he does with others.

What the client stirs in me is always partly me. (In a different person he might stir different reactions.) But my reactions arc also partly a function of the client and his way of setting up situations and interactions. Whatever of me might be revealed thereby, I must insure that he can react to it and carry his experiencing further with me than he usually can with others.

While the client's maladjustive behaviors may stir rejection in most people (and have just made the therapist Uncomfortable, let us say), the very fact that a personality problem is involved means that positive, life~maintaining tendencies are being thwarted in these patterns. The behaviors are negative. But here, in this interaction, the therapist's aim is to enable the positive tendencies to succeed nevertheless. The individual reaches out to others, but perhaps he does it in ways that must fail to reach others and bring only rejection. (Here, however, in therapy another person *will* be reached.) The client seeks to express himself but perhaps he sounds "phony." (Here, the therapist's response will attempt to insure that the client has succeeded in genuinely expressing himself, nevertheless.} The client seeks to assert himself, but perhaps the resulting behavior is really only passive resentment. (Here, his self-assertion will be taken as such and hence can develop and emerge more directly.) There is always a positive tendency which we can "read" in the negative behavior. Such reading isn't a Pollyanna invention of ours. It is, rather, that something of importance is always just then being defeated, making for a problem. If this were not the case, there would not be discomfort, anxiety, and tension.

Whatever is being defeated in the client's usual behavior and interaction pattern must not be defeated here, in this interaction with the therapist. It must instead be carried further and beyond the usual self~defeating pattern. It must succeed here, whereas it usually falls elsewhere. This, however, applies only to interactive behaviors of the client which affect the therapist. Usually the therapist will help interpret whatever the client feels and is up against, be it good or bad. He must help phrase and explicate many bad, negative, defeating, hopeless, hostile and sick facets the client feels and to which he refers. No positive, reassuring, whitewashing attitude can help. What is bad must be expressed as just as bad as it then is or seems.

It is something quite different, when the therapist takes it upon himself to respond with his own troubled or annoyed feelings at what the client is doing to him. When the therapist uses his own negative feeling response and makes it more visible, it is not at all enough if the result is only that the client notices what he has done, or how negatively he behaves. How can the client change this in himself? Even if he now sees it, he cannot change it. It is an interactive mode of his, and it can usually change only in a further and different concrete interaction process. If this *newly different* interaction process won't happen here and now, where and when will it?

Thus, the therapist must first and foremost respond to the positive tendency which needs to be carried further from out of the negative pattern. But this positive tendency may not be visible. The therapist may have to imagine it, then respond to it, then wait to hear the quite different actual positive tendency which then concretely emerges.

For example: I am being pressured by my client to aid her in some enterprise which I know I won't feel honest taking part in. I don't like her pressuring. First and foremost, I must respond to her trying to help herself, and thereby carry further the

constructive component in her plan. If I so respond, she may then explain that this isn't what she is doing at all. She is really just trying to get even with someone, assert herself for once, stop taking everything lying down. All right I didn't imagine correctly what the positive urge was, but here is some of it concretely. I say "We certainly have come far enough together that you could expect me to help in this way. We're getting to be allies." She may again explain that this isn't the point for her. Rather, she wants to know when I am ever going to do anything for her except talk. Here, then, is the real relating to me to which I hoped to respond. I imagined it in-correctly. Actually, it is resentful, angry and challenging. All right I can respond to that. "So, you're mad at me! I haven't been doing anything? Me, I think I feel pretty strongly for you. You think I've got it soft, just sitting and talking. My life is easy. Well, it is true that you have to bear up under it mostly all by yourself. And, you're daring me to get into it with you, for real." Her reactions as I speak will indicate what aspect of this response begins to carry anything further.

The effort is always to complete the incipient, positive, interactive tendencies, to make them succeed and not remain in the self-defeating forms in which they first arise. In the context of that sort of always-positive carrying further, the therapist can and should voice his own actual reactions. In that context he can, and certainly should, say (for example) that he feels pressured, sat on, pushed, and doesn't like it-that it makes him want to push her away. He cannot *merely* react as most other people do. That has already not helped the client.

The positive interaction process must come first, but if it is already Ongoing, then the therapist can immediately (for example) express the feeling of being pressured, even without first seeking positive responses. But even then the tenor of this self expression will be, "I am feeling pressured by you, and that makes me feel like pushing you away, but that isn't how I usually feel or want to feel with you. So, we'll do something to clarify it, resolve it, since that isn't really how you and I are."

Because the details I have described above are difficult to describe, this aspect of psychotherapy is one of the least well understood. There is much discussion in general about "confronting" the patient with the therapist's real reactions; but if one did this as it is usually described, one would only react to the patient as most people in his life react. His wife and his friend often enough tell him what's wrong with him, and how he makes them feel. He can stand it from the therapist, not because he trusts the therapist's respect for him in a general way, but because with the therapist this specific negative pattern is being (or immediately will be) carried further to a positive, life-maintaining, experiential completion which was only implicit and had been stopped and troubled until then.

THE EXPERIENTIAL METHOD AND THEORY

In the preceding two sections I have presented two aspects of experiential responding: (1) the therapist's efforts to respond to the client's meanings and thereby to carry the client's experiencing further, and (2) the therapist's efforts to respond openly to the client's interactive behavior. The second effort is also designed to carry the client's experiencing further. What now is the relationship between these two aspects of psychotherapy?

First, we might note that along both lines client-centered therapy has become experiential. Whereas a relatively formal focus on the client's expressed mean-

-ing used to be required, now the therapist seeks to respond to the felt, as yet implicit, experiencing. The expressed meaning is viewed as 6nly one explicit facet. (But while this was not clearly stated before, this always was the client-centered therapist's aim.) Similarly, the therapist's interactive behavior used to be limited to a relatively formal role of "reflecting" only the client's feelings. The therapist refused to react from his own person, sometimes to the point of complete exasperation and despair on the part of the client. (But again, such sheer role playing never was Rogers' intention or practice. It wasn't stated clearly, but the therapist was urged to devote his actual feeling life to a sensing of the client's feelings.) Despite the underlying intention, there frequently occurred wooden repetition of what the clients said, and obviously artificial refusals to interact openly.

Currently, the emphasis is on *experiential* responding, both in regard to what it is in the client to which we seek to respond, and in regard to what of ourselves we ex-~ press and show in the interaction. The theory of experiencing (Gendlin, 1962a, 1964, 1966a, 1966b, 1968) develops a method of thought and theory which enables us to differentiate and formulate what concretely and experientially occurs.

Why is it that different orientations to therapy look so similar when they are examined experientially? It is because we are then looking at what actually occurs in psychotherapy, concretely, when it works. The events which then happen are not always exactly the same in each therapy orientation, but they are very largely the same. There are only so many (quite few) concrete processes which are therapeutic, although there is an endless variety of ways of conceptualizing them. Thus the similarities between different orientations become visible when each[12] orientation is reformulated experientially.

The experiential theory permits differentiation of the concrete processes of therapy. Rather than leaving them as some *one* vague term in our theory (for example, "working through," or "self-actualizing" or "emotional digesting"), we can and must specify what occurs with us and the client very much more specifically and with many more terms and steps. Then we can hope to develop a vocabulary which will permit us to formulate further the psychotherapy process, to communicate how we practice it so that we can train new therapists more effectively, and to define specific observable research variables (Gendlin, 1968) whose associations will be both replicable and meaningful.

The fact that so much of what we really mean turns out to be concretely the same in the various orientations does not imply that we can settle in to some comfortable relativism where we all speak vaguely and differently, but are confident that we mean the same things. Rather, it means that the older issues between the different methods have been transcended, and a new universal experiential method of theory opens the new opportunities for which we have been hoping.

12Thus the experiential formulations of psychoanalysis which I have been offering in these footnotes have illustrated that psychoanalysis can become experiential, just as client-centered therapy has already done. We can retain the various theoretical concepts in an their precision and the differences among them (so that we can reason logically and theoretically when we wish), and still formulate and differentiate the experientially concrete events towhich we refer. Such experiential precision also develops sufficiently specific terms to lead to operational research variables, so that differences on the theoretical level become capable of being settled both by more specific observational reporting and by research.

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