

terruptions such as projection, confluence, retroflection, introjection, and deflection were identified as producing current unhealthy functioning and these concepts were implicitly used to guide formulation and treatment as were concepts such as unfinished business and splits. Rogers (1951) could be seen as having one universal formulation, that of incongruence between self-concept and experiencing, although the concept of depth of experiencing can also be seen as a way of making process formulations about the client's current level of functioning. Rogers (1951) was also opposed to most forms of assessment and wrote that "psychological diagnosis as usually understood is unnecessary for psychotherapy and may actually be detrimental to the therapeutic process" (p. 220). Rogers (1951) expressed concern about the imbalance of power created when the therapist is in the position to diagnose. He was concerned about "the possibility of an unhealthy dependency developing if the therapist plays the role of expert, and the possibility that diagnosing clients places social control of the many in the hands of the few" (p. 224).

While we are largely in agreement with Rogers's concerns, that expertness creates too great a power imbalance and interferes with the formation of a genuine relationship, we do hold the view that developing a focus in therapy, which involves some type of formulation, is beneficial. We believe that differential process formulations in our therapy help guide interventions and in so doing facilitate the development of a focus for treatment that ultimately enhances the healing process. The focus that develops is tantamount to a case formulation. Our particular approach to the case formulation approach, however, stays very much within the bounds of the experiential therapy tradition from which it emerges. In EFT, formulations are *never* performed *a priori* (i.e. based on early assessment) as we do not attempt to establish what is dysfunctional or presume to know what will be most salient or important for the client. We believe that that which is most problematic, poignant, and meaningful emerges progressively, in the safe context of the therapeutic environment, and that the focus is co-constructed by client and therapist.

Furthermore, we, like Rogers, believe that assuming an authoritative position of deciding for ourselves on, or definitively informing clients as to, the source of their problems can be problematic. It can (1) rupture the delicate interpersonal nature of the therapeutic bond, and (2) create situations wherein clients are prevented from discovering, through attention to their own emerging experience, that which is idiosyncratically meaningful and relevant for them. Self-organization is seen as a powerful experiential learning process (i.e., key to change in this type of therapy).

Given this view, it is imperative in experiential therapy that formulations are co-constructed collaboratively by client and therapist and are reformed continuously to stay close to client's momentary experience or current states rather than being made about a person's character. Our

major means of formulation in people are currently experiencing with their own experience. In the edge of certain nosological categories, experiential therapists but are best functioning rather than of type think about anxious, obsessive,

A fundamental tenet under the organism possesses an innate adaptive tendency toward growth. Clients are viewed as experts on their own experience and have the best access to it. In the therapeutic process, the therapist helps the client to attend to momentary experience and the development of more adaptive functioning. The focus is on the client's felt sense and emotions. The emphasis is on presence, empathy, acceptance, and a non-judgmental approach (Buber, 1960; Rogers, 1951). The focus is on adaptive needs and values, and on flexibility. The growth tendency is seen as a natural part of the emotion system (Greenberg et al., 1990). Clients are consistently encouraged to attend to their experience and bodily felt referents in order to be seen as facilitating conscious choice and access to and awareness of inner experience.

CONCEPT

In this view, the self is seen as an organism in contact with the world at the contact boundary with the environment. The self is a dynamic system constantly changing in response to the schemes evoked in reaction to the environment. "The self is a dynamic system constantly changing in response to the situation." (Greenberg & van Balkom, 1990). Overly repetitive experiences of pain and suffering imply lack of flexibility in the self. Chronic enduring pain often represents a lack of flexibility in the self and limited access to creativity. Psychological health is seen as the ability to be able to produce novel responses to the environment, therefore, is to overcome the self. The state is a "process of becoming."

As well as having biological processes, the self is viewed as living in a constant process of becoming. We have proposed a dialectical-c-