

# MEDICAL CHANGE EVENTS THROUGH EXPERIENTIAL FOCUSING

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(published in *The Folio: A Journal for Focusing and Experiential Therapy*, vol. 18, No.1, 1999)

Various studies (Lechnyr, 1993) cite that from 70-80% of physician office calls are for psychological reasons, and that psychotherapy decreases overall medical costs. However, 95% of adults suffering from a mental disorder are seen by general practitioners, not psychological specialists (Lechnyr, 1993). Training doctors to work with the psychological side of patient symptoms promises to increase efficacy of office visits and to cut down on overall medical costs.

Since Experiential Focusing (Gendlin, 1981; Cornell, 1996) works directly at the mind/body interface, it provides a valuable tool for working with the psychological component of physical symptoms. Dr. Erna M. de Bruijn(1993) demonstrates a physician's use of the Experiential Focusing method. She shows how similar-looking symptoms (in this case, vomiting and other stomach/ intestinal distress) have different psychological underpinnings, in each case resolved very quickly through the Experiential Focusing process. Grindler (1984) used Experiential Focusing with cancer patients.

The present paper presents a twelve-minute session where symptoms of migraine headache and chronic fatigue/depression were lifted somewhat through Experiential Focusing. It then offers a simple Experiential Focusing process called Five Minute Grieving which can be immediately integrated into physician office visits. Health care professionals are directed to further training in Experiential Focusing and Experiential Reflection for competent application in medical settings. **(The videotape transcribed below is now available on DVD as part of the multi-media teaching aids in The Self Help Package at [www.cefocusing.com](http://www.cefocusing.com) )**

## **1. Transcript With Migraine/Fatigue/Depression and Experiential Focusing**

The following twelve-minute transcript came about when a short demonstration of Experiential Focusing was needed for incorporation into a television interview with the author for the series, *The Heart of Health: A Journey To The Well Within*, hosted by Shelly Maurice-Maier(1995). I asked a friend and Experiential Focusing partner if she would be willing to be the Focuser for this short segment. She appeared the morning of the taping, announcing that she had awakened that day with the beginning symptoms of a migraine headache. We proceeded to tape the twelve-minute segment (a videotape of the session is available from the author).

The Focuser had about two years practice using Experiential Focusing, both as a Focuser and a Listener. Her personal illnesses had begun with a serious bout of liver disease shortly after her husband's death from cancer, leaving her a single mother, and resignation from her job as a teacher because of stress. Although blood tests three years

later showed near normal measures for liver function, the Focuser had never recovered her energy. She also suffered from migraine headaches and fibromyalgia. The two years of Experiential Focusing had alleviated some of her symptoms, increasing her energy, but migraine headaches and crippling fatigue were still weekly occurrences. The Experiential Focusing work had also uncovered a long history of childhood emotional abuse and present-day patterns of tolerating relationships which were not nurturing.

A large part of the success of the session comes from the Focuser's own expertise in doing Experiential Focusing. She knows how to close her eyes and sit quietly, "clearing a space" and looking for the "felt sense," the feel of the whole issue as it is carried in her body. She knows how to look for a "handle," words or images which exactly capture the felt sense, and to "resonate" the handle with the felt sense, fine-tuning until the symbols are an exact fit. She is comfortable in being with her own tears, taking a gentle, non-judgmental attitude toward the unfolding of her own inner process.

With such a skilled Focuser, the work of the Listener is relatively easy. It consists mainly of Experiential Reflections, paraphrases of the Focuser's words which attempt to capture the felt nuances as well as the words. The Listener also gives occasional Experiential Focusing Instructions, suggesting that the Focuser stop talking and attend to the bodily felt sense underlying her words. She also gives Inner Relationship suggestions, helping the Focuser take a gentle, non-judgmental attitude toward her experiencing and to embrace the parts of herself that want to cry.

The session begins with Focuser and Listener in chairs facing each other, with video equipment and operators in the same room. There was a strict time limit of twelve minutes for the video segment. The Focuser, because of her comfort with the Experiential Focusing process, chose to keep her eyes closed throughout the session, attending to her inner experiencing. The Listener, who is the author herself, begins:

Listener: "So, just feel comfortable closing your eyes and going inside, coming in tune with whatever is there...Let me know if you need some help or when you're ready to begin speaking."

Focuser: (pauses with eyes closed for 5 seconds)..... "I'm just feeling a little bit nervous, um, so I'll just say that on top is just a jittery nervousness."

Listener: "So one thing that's there is just nervousness, just from being in this situation."

Focuser: "Excitement, maybe."

Listener: "Maybe even excitement....Umhm."

Focuser: (10 second pause)....."And this morning when I awakened, I had a headache on the left side of my head, and I

thought, 'Oh, it's a migraine coming on'...so I'm just sensing into what that was about, um, like, my body was really full of toxins, like I just wanted to kind of shake the toxins out."

Listener: "So, even on waking, you noticed there was the beginning of a headache on the left side of your head, and you spent some time with it, just sensing into it, and the feeling was of toxins in your body, and you just wanted to shake them out, shake them out."

Focuser: (30 second pause)..... "And I notice that my throat is stopped up this morning, and that's something I've been working on, we've been working on together...something deep emotional there in my throat, getting kind of choked up."

[The Focuser is doing the first step of Experiential Focusing, "clearing a space," noticing and naming the various issues she is carrying so she can choose one to work on]

Listener: "Yea, so you're aware of that now, too, your throat getting choked up, and that's something we've worked on before, and it's connected to deep emotional things...and it seemed like I even saw a shimmer of tears as you described that...maybe just be with that, sit with that 'choked up.'"

[The Listener notices the beginnings of tears and gives an Experiential Focusing Instruction, suggesting that the Focuser stop talking and pay attention to the "felt sense."]

Focuser: (tears visible under closed eyelids, face reddening, voice thickening) "What bothers me about it is I keep trying to clear my throat, and it doesn't clear. I keep trying to clear it, and it prevents me from speaking the way I want to speak, and it's **annoying** to people, I think."

Listener: "Uhhuh."

Focuser: "It somehow prevents me from projecting my voice..."

Listener: "Umhm."

Focuser: "I keep trying to get it out, and it just stays there, it's uh..."

Listener: "Umhm...so what bothers you is you keep trying to clear it out, and it won't go, and you also think it makes it difficult for **other** people. You want to project your voice and get it out, and that's hard for the other people, too, you can't really speak."

Focuser: "That really prevents communication."

Listener: "Um."

Focuser: "And...uh..."

Listener: "Yea, so that sounds like the crux of it: ' It really prevents communication' ...Can you just hear those words and take them inside, and just sit with the whole thing in your throat, the way you try to clear it and clear it but it won't go away, the way it blocks you, it prevents communication...so that hurts, or that's hard...Just sit with the feel of all of that, right there in your chest and throat, just being with it gently, like you would with a hurting child, just sitting at the edge of it, and see what wants to come from there, from your throat, that blocking, and just being gentle with yourself, and see what comes."

[In this long Experiential Focusing Instruction, combined with Experiential Reflection, the Listener is slowing the Focuser down, keeping her in silent, gentle connection with the felt sense underlying the tears]

Focuser: (an additional 10 second pause, with swallowing, eyes closed throughout) ..... "It's, uh...I don't know if it's the throat, or trying to clear it, but it makes me exhausted in my shoulders (she moves her shoulders), it's heavy. And I've been trying to get more rest because I do have this physical challenge, but, even sleeping until 1PM, I still don't feel better. I feel like I'm dragging something with me, kind of on my shoulders, like, um.....it feels like, um....like there's a bar across my shoulders with buckets on it, like it's digging into it."

[Paying attention to the "choked up throat" leads to a present experience of the "tiredness." The Focuser creates an image, a metaphor, which captures the felt sense of the "tiredness." This allows her to be in relationship with the "tiredness," rather than just living it unconsciously]

Listener: "Uhhuh."

Focuser: (big sigh) "Really heavy."

Listener: "Uh huh. And again it seemed like there might be just a shimmer of tears coming with that, with that image...even to **talk** about this thing in your throat, you feel that exhaustion, that tiredness, this weight on your shoulders, and it's like a big bar with buckets on the end that you have to carry, and the tiredness, no matter how much you sleep or you rest, it's still there, the tiredness of carrying, the effort to speak, having to clear your throat just to be heard, such a tiredness there...and, again, to just be gentle with that, to just put your arms around that place...and, again, it looks like there's just a little bit of tearfulness...just loving that place of tiredness, being with it."

[Again, the long Experiential Reflection, followed by the Experiential Focusing and Inner Relationship Instruction, is to slow the Focuser down, keep her silently in touch with the "tiredness," and suggest gently that she embrace this part of herself that she probably hates most of the time, pushing it away]

Focuser: (spending an additional 5 seconds of eyes-closed pause)..... "It's frustrating, it's frustrating because I just want to lift it off and put it down. I'm really tired (tearing up, voice thickening, face contorting) of carrying this weight around (shaking head back and forth)...It's been..."

[Because of the gentle attention and relationship, the felt sense of "tiredness" is beginning to open and change, becoming "tired of caring this"]

Listener: "Yes, I hear that. It's been so long."

Focuser: "It's been so long that I've been carrying it (tearful)."

Listener: "uh huh...Yes."

Focuser: "I'm really **tired** of carrying it (tears rolling down cheeks, sniffing)."

[Instead of just living the "tiredness" unconsciously, the Focuser is now able to feel compassion for herself for carrying it]

Listener: "Yes...Yes...You're just **so** tired of carrying it, and you say 'It's been **so long**, I've been carrying it **so** long, and I just want to take it and lift it off and put it down,' and the tears are there: 'It's been **so** long, and I'm **so** tired, and I **want** to be able to put it down.'...So again, just being gentle with yourself..."

[The Listener senses and accentuates the positive direction, the "wanting" for change which begins to emerge when the Focuser can feel compassion for herself. There is a lifting of the energy in the room, a lightening]

Focuser: "Why can't I just put it down and walk lightly, and dance, and skip (tears). Why can't I just be light!"

[Here there is a "felt shift" – the emergence of a part of herself that refuses to bear this life-long burden anymore]

Listener: "Yes."

Focuser: "It's too...I'm tired of being heavy."

Listener: "Umhm. 'Why can't I just put it down and be light, be joyful?!'"

[The Listener reflects the growing edge, the new, forward-moving energy]

Focuser: "I'm tired of sleeping all day (more tears)."

Listener: "Umhm."

Focuser: "I want to be, I want to be able to function in the world. I want to be able to work all day. I don't care, I just (more tears throughout)...I want to be able to go out in the evenings."

[The positive edge, the **wanting** for life, emerges very strongly. Audiences watching the videotape of the session can sense the shift in the energy, the "lightening." The "wanting" will provide the motivation for actual changes in future behavior]

Listener: "Um hm."

Focuser: "And be with people. I want to socialize with people."

Listener: "Yes..."

Focuser: "I'm so isolated."

Listener: "Yes...and, again, the words are 'I'm so tired. Why can't I just put this down and be like other people? I'm tired of sleeping all day. I want to be able to go out at night and socialize and play. I would **love** to be able to work all day. I **want** all those things. I

don't **want** this burden any more. I don't **want** to be carrying this anymore. Why can't I put it **down**?! I'm ready to be **free** of this. It makes me **sad** to be carrying this.' And, again, just putting your arms around that feeling, and trusting that this **is** the healing... not to just carry that tiredness, but to actually be touching it, putting your arms around it, being with those tears."

[The long Experiential Reflection draws together and accentuates the Focuser's words, keeping the powerful words that make the connection to the cut-off felt sense —the "tiredness" which becomes "tired of carrying" and then "wanting to put down, belight". The Experiential Focusing and Inner Relationship Instructions encourage the Focuser to stop talking and "be with" the felt sense, gently, letting the new edge unfold ]

Focuser: "Feels like some of the pressure is released, in my head!"

[Here there is relief in the physical symptom, evidence of the "felt shift," the opening and carrying forward of the felt sense. A change step has occurred]

Listener: "Um hm. It even feels like some of the pressure is released in your head. Um huh. So maybe just a tiny little **crack** in that heaviness you carry, a little crack in it, a little pressure released, maybe just a glimmer of lightness...Is it okay to stop here? We're getting a signal."

[The Listener reflects the step forward and brings the session to closure, given the time constraints of the videotaping]

Focuser: "Yes, that's fine."

It might take many such small steps, many such "felt shifts" and openings to completely cure the migraines and fatigue/depression, but, at least for a few moments, the Focuser has been able to feel the lightness, what it would be like to be healed, and her willingness and wanting to move in that direction. Given more time for the session, Focuser and Listener together could work to create some "action steps," some things the Focuser could try out during the week to live into the aliveness, the feeling of "dancing," for instance, putting on music and dancing, or going to one social event, etc.

This was a twelve-minute moment, a short opportunity where, instead of just living the tiredness unconsciously, the Focuser was able to make an image for it, and to sit at the edge, relating to the "tiredness" instead of just carrying it. From this tiny moment of relationship with the cut-off "felt sense," healing energy was able to start moving, and new steps and possibilities came out of the "tiredness": "I don't want to carry this anymore. I want to put it down. I want to dance."

In the year since this session, with continued Experiential Focusing, the Focuser has reclaimed more and more energy, been in a relationship, dealt with some draining relationships in her life, and begun to find meaningful work and self-esteem through it.

She readily credits Experiential Focusing with helping her to improve her health.

This session was powerful and easy because the Focuser was expert in taking the quiet time needed to come in touch with the felt senses underlying her symptoms, and the Listener was skilled in encouraging her to come into relationship with her tears, and the cut-off felt sense underlying them, in a positive way.

## **2. Five-Minute Grieving Protocol For Physicians**

Most of the time, we walk around "being" our symptoms instead of "relating" to them. The physician's office is a place where accidental openings into the "felt senses" underlying symptoms have an increased likelihood of happening. It thus becomes important for physicians, and other health professionals, to capitalize on these moments where the defenses fall, and the preverbal felt experiencing underlying symptoms, becomes available for transformation.

Here follows a first step into Experiential Focusing for health professionals, which I call "Five Minute Grieving."

### **FIVE-MINUTE GRIEVING**

Situation: You have just told a patient that tests have shown her to be infertile. Tears well up in her eyes.

1. Invite her to cry. Say something like the following: "In a minute we can discuss options, but let's make room for your tears." "It's okay with me to let your tears come." "It's okay to cry." "You don't have to hold back your tears." "It's important to let yourself cry." "Just be gentle with yourself. Put your arms around yourself."
2. Empathize with the feeling: "I know it seems bleak right now." "I know it's hard." "I see your sadness." "I'm sorry for your sadness."
3. Help her to find words or images for the tears. After she has cried for a while or at a natural pause in her tears, say something like: "What are the words for your sadness?" "Are there any words or images with your tears? It helps to get a handle on the feeling." "Can you say what's the worst of it?" "Can you say what you're thinking?" Just be quiet and give the person some time to grope for words.
4. Empathize again, often by paraphrasing: "So it's (her words: "the fear that you'll never be a mother;" "feeling like a dried up stick;,"etc.). That's hard."
5. Continue Steps 1-4 as long as makes sense.



6. Establish closure: "We have to stop now." "We only have a minute before we have to stop." "I have to go, but you're welcome to sit here for a minute until you're ready to go."
7. Orient the person, if necessary, by doing a "present time" exercise: "I want to make sure you're back out in the world before I send you off to drive home. How about if you name all the circular (or orange, or striped, etc.) things in the room?"
8. Make a referral to a counselor or support group as appropriate and/or make arrangements for the person to check back with you for a future appointment.

Five-minute grieving is based upon the following premises:

- (1) In general, people do not fall apart and cry and cry without stopping. In general, people do not cry for more than a few minutes at a time.
- (2) If tears are present, it is healthier for body and mind to allow their expression than to repress them. Tears also are the doorways into the "felt sense," the possibility for change.
- (3) In general, people have a life time of experience in being able to call up their defenses again, and go on as needed after a few moments of crying. In the few cases where crying is uncontrollable, it is better for the physician to discover this and treat accordingly, by referral to a counselor and/or exploration of the appropriateness of anti-depressant medication, than for the physician not to discover this underlying vulnerability.
- (4) In general, spending a few minutes making words for the felt sense underlying the tears will bring relief to the person, energy to the physician, and a deep feeling of bonding and care between the two. Allowing the tears also actually releases energy, letting the person go on to next steps of problem solving and action to be taken.

### **3. Resources For Further Training**

The above transcript and Five-Minute Grieving Protocol open the door for the use of Experiential Focusing in medical situations. Level One and Level Two Training Weekends, through the Focusing Institute in New York or Certified Focusing Trainers throughout the world ([www.focusing.org](http://www.focusing.org)), would give confidence in the basic skills of Experiential Focusing and Experiential Reflection. Further Training Levels can lead to Certification. Dr. McGuire offers an Experiential Focusing Professional certification program through Creative Edge Focusing™ ([www.cefocusing.com](http://www.cefocusing.com)), which can include joint certification with The Focusing Institute

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Kathleen N. McGuire-Bouwman, Ph.D. has been a Focusing Trainer and Focusing-Oriented Psychotherapist for over thirty years. She has written numerous books and articles on the Experiential Focusing process and presented workshops in the USA and Europe. Her present emphasis is upon teaching compassion and self-compassion to individuals, couples, and healers, and upon the opening into the spiritual dimension presented by tears of "being touched" and "being moved." Through her new organization, Creative Edge Focusing™, she extends the Listening/Focusing philosophy to consulting with organizations. She offers certification programs for Creative Edge Focusing Consultants and Experiential Focusing Professionals.