



FOCUSING THERAPY: BRIEF THERAPY HUMANISTICALLY
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Cognitive and behavioral brief therapy methods can be criticized for ignoring clients' needs for autonomy, respect, empowerment, and healing through empathic relationship. Focusing Therapy maintains the integrity of self-directed healing and the power of empathic relationship in a brief therapy format. Many clients can resolve issues of depression, low self-esteem, anxiety, grief, relationship and career confusion, and psychosomatic illness in six to twelve sessions.

For more serious cases of childhood abuse and neglect, Focusing Therapy for twenty to thirty sessions can produce dramatic personality change at the structural level, leading to lasting recovery. The empathic listening/experiential focusing model of relating can also be taught to couples for short-term relationship therapy.

Focusing Therapy grows out of Rogers' client-centered theory and Gendlin's experiential theory of personality change and discovery of the Focusing process. Focusing Therapy utilizes the organism's inherent capacity to heal itself. Clients learn the six-step Focusing process for ongoing personality change (Gendlin, 1981) and are empowered to find their own solutions to life dilemmas. They establish a healing relationship between their own inner therapist and their unconscious. Work with the internalized Critic grounds cognitive therapy techniques in a deep experiential change process. Manuals and training tapes and Focusing support groups maximize the transfer to self-directed, continuing practice.

The Focusing process allows client and therapist to work directly at the edge where conscious and unconscious meet, maximizing deep structural personality change in a brief therapy context. Focusing Therapy is based in extensive psychotherapy research. The client's capacity to refer to present ongoing felt experiencing has been identified as the central variable predicting success in psychotherapy.

By describing and teaching the Focusing process explicitly, Focusing Therapy allows such steps of change to happen predictably within every therapy session and teaches clients to continue this change-producing process at home on their own. Focusing Therapy takes the core of successful long term psychotherapy and, by defining it explicitly, makes it available in a brief therapy model.

Focusing Therapy involves asking clients, as much as possible, to close their eyes and pay attention to the subtle bodily felt sense of symptoms and troublesome situations. The felt sense is experienced in the center of the body. Clients go back and forth between words and images and the felt sense until they find symbols which are exactly right in expressing the felt sense. When symbols are accurate, clients experience a "felt shift," an experiential insight. The Gestalt or perceptual schemata changes, and new solutions, action steps, and emotions become possible. This is the exact process of "bringing the unconscious into consciousness" always central to lasting personality change.

The eyes-closed Focusing process is particularly effective in recovering childhood memories. Since Focusing is a self-directed internal process, clients are empowered as they make words for their own past history and move at a pace directly in tune with their

own organism's capacity to process new information. Focusing has the power of EMDR, hypnosis, and other memory-recovery techniques. Yet it maintains the client's integrity and control of the therapeutic process, avoiding issues of re-abuse which can arise with therapist-controlled recovery processes.

While Focusing upon and articulating the felt sense is the core process needed to establish lasting personality change, all other techniques of therapy can be used to evoke the felt sense. Therapists use their existing favored modalities (Gestalt, dream analysis, interpretation, behavioral suggestions, cognitive reframing, rapid-eye exercises) to create a felt sense, then move into the empathic listening/experiential focusing process to establish lasting change at the structural level.

CASE EXAMPLE: BRIEF FOCUSING THERAPY

An example of a short-term therapy: a 40-year old male, presenting complaint: an overwhelming attraction for a woman who is not his wife. Also, rage attacks at his teenage children.

First session, I ask him to close his eyes and sense into the whole "felt sense" of the attraction for the other woman: "What is that for him? What does she represent or touch?" He has a sheen of tears: She touches a terrible loneliness in him, a place no one else has ever seen, a vulnerability." We explore this in a listening/focusing way. I also say that one resolution would be to share this sense of loneliness with his wife, to see if she can connect with it in him, to show this vulnerability to her. And, also, to keep exploring the feeling about the other woman using Focusing to see what he learns, neither acting out nor repressing it.

Session two: we talk about the angry outbursts (including some physical violence) with his children. I ask him to focus again, upon the question, "Where in my life have I seen such anger? Where have I learned that response? What is it I am so angry about?" He goes into deep feelings/memories of physical and verbal abuse by his father. Lots of tears: "How could you? Why couldn't you love me?" also anger. I encourage him to role-play standing up to his father, to yell: "That is not okay with me. You cannot treat me that way." I refer him to a low-cost anger management class in town.

Third session: He reports more intimacy with his wife. He is sharing about our sessions with her, feeling less lonely. I suggest we explore the anger some more (I feel some urgency and responsibility, since it involves actual physical abuse of his teen children). I hear that it happens when he wakes up from his sleep in the middle of the night, that he is in a rage and goes and strikes his daughter. This sounds like post-traumatic stress disorder to me. I inquire and discover that he was in Vietnam.

I suggest we focus upon his Vietnam experience, describing to him the flashback experience and possible connection to his rage. Through closed-eyed focusing, he explores many frightening memories of being under constant threat of death in the war, and the rage reaction that went with that. He shakes with fear, says he is amazed at the

strength of his feeling, that he has never talked about his war experience before.

Among many other memories of ghastly experiences as a medic dealing with the wounded, he expresses that he is remembering something shameful, something too horrible to express. I tell him he need not tell me, that it is enough that he forgive himself, that it was wartime, that he was not his normal self (he spent the war drunk and drugged, as did many soldiers). I recommend a Vietnam Vets support group and again continued sharing with his wife.

Fourth session: he says he is doing much better, not afraid he will destroy his marriage, renewing connection with his wife through a weekend away, that they have signed up for a class on parenting teenagers, that he is ready to stop therapy. I am afraid it is because of shame around the Vietnam memory and mention that. He says, again, that he was amazed at the strength of his feelings, that it was good to talk about it, that he may explore the Vets group. He is ready to stop therapy.

Updating in 2007:

Gendlin, E.T. *Focusing-Oriented Psychotherapy: A Manual Of The Experiential Method*, Guilford, 1996, fully explores Focusing Therapy in relation to other methods. Articles and a listing of Certified Focusing Professionals at www.focusing.org

McGuire, K. *The Experiential Dimension In Therapy*, 1984, includes Experiencing Scale ratings of client statements, showing the exact impact of therapist interventions. Available from Creative Edge Focusing, www.cefocusing.com.

Dr. McGuire also offers a Experiential Focusing Professional Training program, especially for helping professionals (physicians, nurses, counselors, therapists, body-workers) wanting to add Listening/Focusing in healing situations. www.cefocusing.com

International Association Of Focusing Oriented Therapists (IAFOTS) offers articles and a listing of training and Focusing Oriented Therapists at www.focusingtherapy.org . Its discussion group can be joined at www.focusing.org under Felt Community.