Experiential Focusing Therapy Dr. Kathy McGuire Creative Edge Focusing ™ www.cefocusing.com

There are many kinds of psychotherapy. A different approach can be helpful for an individual at different times in his or her life.

If put into categories, the main kinds of psychotherapy are (1) behavioral; (2) cognitive; (3) emotive; and (4) experiential

The behavior therapist works directly on changing troublesome behaviors. It is assumed that changes in feeling and thinking will follow.

The cognitive therapist works directly upon how the client thinks about things. It is assumed that changes in behavior and feelings will follow.

The emotive therapist works at evoking strong emotions in the client and allowing them to be expressed. It is assumed that being able to express emotions that were prohibited in the past changes behavior and thinking in future situations.

The experiential therapist works on how the client experiences the world, the schemata that determine how situations are perceived. Change comes from experiencing aspects of the situation which could not be experienced in the past and creating new schemata by making words and images for this new experiencing. The person will perceive similar future situations in a new way, and changes in behavior, thinking, and emotions will follow.

In order to change a schemata, one must go between symbols (thoughts, behaviors, images, physical symptoms, emotions) and the present bodily feel expressed by the symbols. Insights in experiential therapy are not intellectual or analytical but bodily-felt:

"My girl friend criticized me, and I want to figure out why I had such a strong reaction....(pause for some minutes of inward Focusing on the "felt sense of it all")...Oh, I can see my mother criticizing me in just that same way (tears of grief)...I feel so ashamed of myself (tears).....(bodily-felt shift to anger)...I need to tell my mother that's not okay... 'It's not okay to say a boy is bad!'(anger and tears).... 'I'm a good boy. You're the one with the problem!' (anger and tears)....(bodily-felt shift to lighter feelings)...Oh, that feels so much better--to be able to get angry instead of feeling shamed. I can do that now if a woman shames me."

The client feels better about himself and experiences women in a new way. He is less threatened and more able to discriminate who is critical and who is not and to stand up for himself. His thinking, behavior, and emotions automatically change as his schemata, his way of experiencing the situation, changes. Within therapists who call themselves "experiential", there are some who are really only "emotive" and those who are truly experiential, encouraging the creation of new schemata. People can "emote" the same emotion over and over without anything changing, just as they can circle around and around with the same intellectual understanding. A therapist may have a client bang a tennis racket on a pillow and scream "I hate you." If the therapist does not take the further step of asking the client to stop and sense into the present bodily felt meaning accompanying the screaming and to create new words and images out of that bodily experiencing, nothing may change.

Experiential Focusing Therapy makes explicit use of Gendlin's **Focusing** technique and his **philosophy of the implict** (<u>www.focusing.org</u>):

Experiential Focusing Therapy is non-linear. It goes back and forth between thinking and felt meaning, between emoting and focusing upon the deeper meaning of the emotion, between images and the bodily felt experiencing of the image, between physical symptoms and the meanings symbolized in such symptoms.

The Focusing Invitation

Experiential Focusing Therapy is more than talking. The therapist listens "with the third ear" while the client talks, looking for the cracks in the armor, the things not yet said. Doorways to unresolved issues lie behind tears and other emotional reactions: trembling cheek muscles, a blush on the throat, eye-wiping gestures.

The crux of Experiential Focusing Therapy is the Focusing Invitation, asking the client to stop talking for a moment and just be with "the bodily feel of the whole thing." The invitation happens in many forms: "Can you stop for a moment and see what you are feeling?"; "Can you just be with that feeling?": "What's the feeling that comes when you say those words?"; "What's happening in the center of your body?"; "What are the words for those tears?"

The invitation for silence, for checking inside where there are not yet any words for the feeling, is the hallmark of an Experiential Focusing Therapist. The next step is the creation of new schemata through a back and forth between words and images and fresh experiencing.

Experiential Focusing Therapists place a conscious emphasis upon the creation of new schemata. They use many techniques to help clients connect with fresh experiencing and then go the further step of teaching clients to use Focusing to articulate new meanings from this experiencing. Clients learn to take the Focusing technique home with them for life-long problem solving on their own.

As an Experiential Focusing Therapist, if I see a sheen of tears in the client's eyes or another indication of emotion, I will stop him or her mid-sentence and say, "Wait. Let's stop and see what those tears are about." Or I might say, "Could you stop right there and sense into the anger, not talk about it but be with it and see what comes?" The emotion shows that the person is touched or moved and signals the opening into deeper meanings. Further steps of Focusing encourage the client to find words or images that are just right in carrying forward felt experiencing to new schemata.

The most important therapy happens in the silences, when the client stops talking and sits with the not-yet-said, allowing new words, images, and emotions to come from the felt sense. The client's process unfolds from the inside out, finding its own next steps, coming upon its own solution.

Experiential Bodywork

Some massage therapists, Rolfers, and chiropractors work directly on the body but do not invite exploration of the experiences and emotions which arise. Other bodyworkers combine Experiential Focusing Therapy with the physical work.

A practitioner who works on the body but not on the meanings generated in the body during the work can be called "body-oriented." A practitioner who asks the client to consult present experiencing during the work ("Are there any words or images coming with that pain?"; "How does your body respond to that?"; "What are you feeling?"; "What are you experiencing right now?") and to find new words and images for present experiencing can be called "body-centered."

A therapist can be body-centered without actually touching the client's physical body. The distinguishing factor is not the amount of physical contact but the degree to which the therapist asks the client to check with and to articulate meanings experienced inside the physical body.

Experiential Focusing therapists are body-centered, even though touch is not always part of the work. Hakomi is another type of therapy described as body-centered, because the therapist asks the client to be "mindful" of the experiences in the body during therapy. Hakomi is most effective when the therapist goes the additional step of encouraging Focusing, the back and forth process between symbols and felt experiencing that allows new meanings to be created, changing how the client experiences the world.

Choosing A Therapist

You can't go by the labels. You have to experience work with a therapist first-hand and find out whether they use the Focusing invitation: "Can you stop and sense into the felt meaning of those words for you?"

For instance, a therapist who advertises that she does Inner Child work may work experientially. The Focusing Invitation may come in the form of asking, "How does your Inner Child feel about that?"; "Let's stop and see what your Inner Child is experiencing?" However, some therapists use Inner Child imagery without asking the client to stop and sense into the bodily feeling. Imagery without experiential focusing is more like purely cognitive therapy and may not lead to change. Similarly, some Gestalt therapists incorporate Focusing, some do not; some "analysts" are actually experiential, and some are more purely cognitive. Even some so-called Focusing-Oriented Therapists may truly be experiential, using the Focusing Invitation, and some may not! You have to try the therapist out and see for yourself. Ask for an introductory session.

In the initial interview, decide to go by your gut feeling. Are you comfortable with the way the person looks? Do you like the room you're meeting in? Most importantly, do you feel comfortable with the person? Do you feel like you could let down your worst fears and cry with this person? Do you feel safe, or do you feel analyzed, objectified, put on guard? You are choosing someone with whom you can cry. Safety and trustworthiness are as important as academic degrees.

Ask the therapist questions:

1. What training have you had? How long have you been a therapist?

2. Have you been in therapy yourself? What kind and for how long? What are some of the painful things you've worked through?

3. Do you cry? What do you think about tears? Do you ever cry with your clients?

At the interview, don't spend all your time asking questions. Tell the therapist you want her to demonstrate the way she will actually work with you. You can't go by labels and words. You want to find out how it feels to work with the therapist.

As an Experiential Focusing therapist, in my initial sessions, if I see any indications of tears, I will stop the person and say, "Wait. I see some tears. This would be a good place to stop and sense into the feelings in your body, to get an idea about Focusing." Or I might say more formally, "During part of this session, I want you to close your eyes, and I will give you some basic Focusing instructions, so that you can see what it would be like to work in a Focusing way." Prospective clients and I can both find out pretty quickly whether they will be comfortable working with the Focusing process.

At the end of the interview, it's fine to tell a therapist, "1 want to go home and think about this experience and talk to a few other therapists before I decide. I will give you a call if I want to come back." A therapist should not pressure you to make a decision.

After the interview, notice how you feel inside. Ask yourself the following questions:

1. Did the therapist talk too much? Did she keep you at the level of "chatting" or did she invite you to sit quietly and sense into your body?

2. Did the therapist talk enough? Did you feel like she was helping you learn how to pay attention to your body in a Focusing-way? It's not enough for you just to talk. You need to be helped to go inside.

3. Did she invite tears ("It's okay to cry here;" "If you feel like crying, don't hold back. It's part of the healing.")? Was there Kleenex nearby (every Experiential Focusing Therapist will have some!)?

4. Did she distract you from your tears, if there were any? Or did she ask you to stop and sense into the meaning of your tears?

If You Already Have A Therapist

Notice in the next sessions whether your therapist uses the Focusing Invitation or whether he or she stays at the level of just talking. Let your therapist know when you want to sit quietly and get in touch with the bodily feel of something. When your therapist tries out an insight or exercise, stop and check with your body: How did that feel? Did it fit? What are the deeper meanings under any emotion that was stirred?

If your therapist cannot allow you to sit quietly and go inside before articulating your feelings, and if your therapist continues to divert attention away from your tears, talk about it with the therapist. Tell the therapist about Focusing and direct him or her to websites or other readings about Focusing. Eventually, you may choose to seek a therapist who helps you to work directly with present experiencing and the change in schemata that follows.

What's In The Way

If you remain skeptical of therapy, go quietly inside in a Focusing way, and ask yourself, "What's in the way?" Explore your reasons for not seeking therapy. Be open to noticing any stuck feelings around "Being strong," "Solving things myself," "I could never trust another person," "I don't need anybody," "The therapist wouldn't like me," etc. Experiential Focusing Therapy, creating new schemata out of the fresh, present experience of past situations, really can change the way you see the world.

Dr. McGuire has over thirty years experience practicing Experiential Focusing Therapy with individuals and couples. She is a Certifying Coordinator for The Focusing Institute (<u>www.focusing.org</u>). At Creative Edge Focusing TM, she offers a certification program for all helping professionals wishing to become Experiential Focusing Professionals.