

## FOCUSING-ORIENTED ADDICTION TREATMENT BY ARLENE KAHN, LCSW, LCADC, LMFT

(Directions: Read from left to right, across the rows)

<u>Focusing</u>	<u>Relational Barriers in Addictive Behavior</u>	<u>Combining Focusing and Treatment Tasks</u>
The <b>focusing attitude</b> of friendliness toward, and acceptance of what's present inside, helps the felt-sense unfold and reveal more.	The profusion of <b>blame, shame, guilt</b> and self-denigration blocks contact with a felt-sense and with others.	<b>Inter-relational Field Perspective:</b> The field is the area "in-between" client and therapist and/or body and mind. The field itself is the object of felt-sensing. E.g.: A therapist has an awareness of anger 'in the field.' Rather than look for whose anger is it or who is causing the anger, the therapist focuses on his or her felt-sense of the field to gain understanding of the quality of the anger itself.
<b>The Focusing perspective</b> is that the interaction is primary, not who is doing the interacting or why they are doing it. Gendlin says "We <u>are</u> interaction."	Addicts/spouses look for <b>causes and fault</b> . The field concept (with couples) would say there is alcohol between us. We are both part of it.	
<b>Focusing, Step #1: Awareness</b> is brought to the felt-sense, which is in the body. <b>Clearing the Space</b> sets issues at a distance where they can be identified, named and held. It introduces an inner bodily awareness. This step alone can be very healing.	There is <b>little body awareness</b> . Relaxation (without alcohol/drugs) is unfamiliar. Body tension, rigidity is common. Felt-sensing is often confusing. Feelings are warded off. Alcohol/drugs block feelings	<b>Focusing Step #1: Clearing the Space</b> creates awareness of an inner, bodily space. <b>Assessment Q's help enhance body awareness by discovering patters of use:</b> Ex.: 5 W's & an H: Who, What, When, Where, Why and How does the substance function for, or help the client?
<b>Focusing, Step #2:</b> A felt-sense begins as a vague, unclear bodily sense. We greet it, welcome it, and keep it company with interest, curiosity and acceptance.	Relating to <b>the idea of a felt-sense feels awkward</b> . "I just want it to go away." The "IT" refers to the issues, feelings: inner loneliness, fears, anxieties, cravings, etc., in which the felt-sense hides.	<b>Focusing Step #2: Finding a Felt-Sense:</b> Pausing, focused breathing invites the issue or FS in as a friend however painful it might be. <b>Song: Sound of Silence</b> "Hello darkness my old friend, I've come to talk to you again."(S&G), shows the FS as the darkness. It can be talked to, befriended.
In Focusing, there are <b>two aspects of self</b> , "witness" and "experiencer." There's an inner listening part, while simultaneously experiencing the felt sense. (Rappaport)	The <b>two inner parts</b> that evolve in the early part of recovery is "the part that wants to use" and "the part that doesn't." Strong <b>ambivalence</b> about use is dominant at this stage of change.	<b>Treatment Task—Rogerian Reflection: Accurate Empathy:</b> Skillful reflective listening with genuineness and warmth that <i>clarifies and amplifies the client's own experiencing and meaning</i> . Listening for the <b>client's concerns</b> about their use.
<b>Felt-Meaning.</b> The felt-sense is a bodily experience that has <i>meaning</i> .	<b>With alcohol and drugs</b> one "falls into new perceptions, mystical states," but they cannot be integrated into meaningful experiences." (CG Jung)	<b>Reflecting the meaning</b> in the felt-sense. When the therapist finds meaning in the client's statements, it's a form of validation, He or she "makes sense" and that decreases the client's sense of aloneness.

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<p><b>Focusing, Step #3: Getting a Handle.</b> The handle is a metaphor, a symbol for the whole of the felt-sense, the full extent of the bodily experience in all of its intricacy and complexity.</p>	<p>For substance users, <b>imagination is not easily accessed.</b> Symbolization is often difficult The inner world often feels fragmented, rigid or fixed in place.</p>	<p><b>Focusing, Step #3: Getting a Handle</b> A handle or a symbol of the FS can be a sound, image, gesture, an imagined book title, etc. Many addicted people are creative, yet using one's imagination is often a new experience.</p>
<p><u><b>Focusing</b></u></p>	<p><u><b>Relational Barriers in Addictive Behavior</b></u></p>	<p><u><b>Combining Focusing and Treatment Tasks</b></u></p>
<p>Focusing encourages <b>“keeping the FS company”, with compassion and self-empathy</b>, This creates an inner holding, an inner relationship. Imagery derived from the FS can be a guide and resource in the relationship with self and other.</p>	<p><b>Experiences of inner holding</b> are usually unstable. Early trauma and insecure attachments make self-care and relationships difficult. Trusting the handle as informative can feel strange.</p>	<p><b>Trusting the Handle.</b> The handle can be something “to hold onto,” have trust in as a guide. E.g., one man’s inner handle was the folk singer Pete Seeger. He was a symbol of wholeness for him and a guiding presence that could “hold” him during stressful times.</p>
<p><b>Focusing, Step #4: Resonating.</b> Resonating means checking with the bodily FS for a sense of “rightness,” congruence. Matching word or image with the felt-sense and/or the handle.</p>	<p>Many decisions are derived from externalized approval sources, rather from “feeling right.” Mixed inner messages, “yes, buts...” tend to spread doubt, cancel feelings.</p>	<p><b>Focusing, Step 4: Resonating:</b> Feeling the “rightness” in the body creates inner referencing. This helps trust the FS as guide for decisions, relations with self and others. <b><u>Treatment Task:</u></b> <u>Pausing a little at a time</u></p>
<p><b>Focusing, Step #5--Asking the Felt Sense:</b> Inner dialogue occurs through asking the felt sense what “IT” needs. It offers an opportunity for exploration of the felt-sense and makes room for potential change that is implied.</p>	<p><b>Asking</b> is something substance users have mostly learned not to do. <b>Learning to ask</b> the FS internally, can suggest new perspectives, increasing motivation to change.</p>	<p><b>Focusing, Step #5--Asking: What does it (FS) need?, tends to bring the parts together.</b> <b><u>Treatment Task:</u></b> When asking implies a change, the therapist can <b>help support a plan for change.</b> E.g.: helping to find resources like AA, rehab, nutritionist, etc.</p>
<p><b>Focusing, Step #6: Receiving</b> becomes part of the inner dialogue, part of forming an inner relationship with support. The ability to receive helps us open to something fresh and new.</p>	<p><b>Receiving can often elicit “the critic,”</b> or “yes, but...” responses. It can find flaws negating the positive side of the implied.</p>	<p><b>Focusing, Step #6: Receiving</b> allows one to have faith in his or her ability to heal. It creates the experience of “taking in,” addressing one’s needs. It increases self-confidence and optimism.</p>
<p><b>A shift</b> can occur at any focusing step: The <b>shift experience</b> is often a new understanding that comes with a sense of relief. It has a felt-congruence; it is fullness instead of absence. Life is carried forward, one more step.</p>	<p><b>The shift is a surprising and welcome moment of wholeness.</b> It is a moment of inner union. Receiving the shift is not always easy to receive, but it can bring a sense of hope.</p>	<p><b>The shift experience</b> is akin to a mystical union state. Tears of relief often accompany it. It is a moment of peace, a felt-inner wholeness <b><u>Treatment Task:</u></b> Help the client stay with the good feeling instead of pushing it away.</p>
<p>Potential <b>Action Steps</b> emerge from new possibilities implied by the shift experience. The action step bring inner and outer together in a new possibility.</p>	<p>An <b>action step</b> might follow the shift. It might be putting the earlier plan into action: perhaps AA, rehab, cutting down on use,</p>	<p>Importance of checking the possible action step with client’s felt-sense. Is it appropriate? <b><u>Treatment Task:</u></b> Stay attuned to relapse</p>

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	a new exercise program, etc.	signals, support maintenance efforts and Early Recovery needs.
<b>Spirituality is woven throughout Focusing.</b> Focusing is a mindful, gentle, compassionate process. It is inner work that combines with outer world needs. It is an approach that both transcends outer limits through imagery and possibility and is also deeply grounded and embodied.	<b>Spirituality is often missing</b> for addicts. The First Step of A.A. speaks to accepting a Higher Power, something greater than oneself. This is often the hardest part for substance users and their greatest need.	<b>“Alcohol in Latin is Spiritus:</b> It can be the highest religious experience or the most depraving poison.” (CG Jung) A.A. says “the addict is answering a spiritual calling by going to the wrong address.” Focusing renews the spirit, brings aliveness and a newfound soul connection.