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The Transformative Power of Clearing a Space

By ***Joan Klagsbrun, Ph.D.,*** *Focusing Coordinator, USA*

In the studies I describe below, the research participants received the following instruction at the conclusion of being guided in *Clearing a Space*.

Now you might bring your attention back inside your body and see if you find there is a clearer space there. (10 second pause) If so you might welcome this space and allow yourself to rest in it. (10 second pause) This is a time to remember that you are not your problems, even though you have them. (pause) See if a word, phrase, image or gesture captures how it feels. (10 second pause) Spend a little time with whatever comes there for you. (pause) And when you are ready, slowly and gently bring yourself back into the room.

Following are four examples of how participants described their Clearer Space:

"I am lying on the grass, asking Mother Earth to absorb everything. She knows better than I do. Smoothing caress is the "handle." The mantra comes to me: All I have to do in life right now is breathe."

"I can see the horizon in the sea. I'm in a Magritte painting. There is an outline of a human, which is me, and within that there is…the sea and the clear sky. Clearness, emptiness, lots of air."

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"To put my problems outside of my body, I imagine an elastic band stretching, kind of like a clothesline, and all my problems are hung out to dry. My clear space is bright and calm."

"What I find there is bits of hope, multiple bits of hope. But this is real stuff—these speckles of hope are actually very promising." These quotes remind me why I am so passionate about bringing this transformative practice to people living with illness.

As a psychotherapist, I have seen the value of *Clearing a Space* (CAS) demonstrated with a wide variety of clients. I have repeatedly noticed how it activates their self-healing capacities and enables them to reframe their situations. It helps people discover a sense of themselves as separate from their problems or limitations. And for some clients, "Clearing a Space" leads to a deeply spiritual experience.

Clearing a Space and the Arts

Inspired by my own experiences with CAS and by the research of Doralee Grindler Katonah (1991), I decided to explore the effect of CAS on the life quality of women recovering from breast cancer. In our first study in 2004, my colleagues and I explored the effectiveness of CAS when used in combination with expressive arts therapies, with 18 breast cancer survivors. (Klagsbrun, et al., 2005). We hypothesized that this multimodal complementary approach would improve participants' perceived life quality using the following quantitative measures:

• The Experiencing Scale (Klein et al., 1969) rates the quality of an individual's experience, as revealed in verbal or written communications. (Most the scales referenced here can be found at http://www.experiential-researchers.org).
• The *Clearing A Space* Checklist (Grindler, 1991) rates the degree to which a participant successfully names and "places aside" obstacles to well being. It also measures whether or not Focusing or a shift occurred (see page 6).
• The Grindler Body Attitudes Scale (Grindler, 1991) rates the degree to which a person with cancer maintains a positive attitude towards her body and its capacity to heal.
• The Fact B (Brady et al.,1997) and Facit Sp-12 Scales (Peterman et al., 2002) examine the values and sense of meaning in patients with breast cancer.

Study One Findings

Three of the measures (the CAS Checklist, the Fact B and the Facit Sp-12) showed significant changes from before to after the intervention, during which the participants practiced *Clearing a Space* and engaged in writing, art and movement. Those participants who rated most highly on the Experiencing (EXP) Scale before the intervention, showed greatest improvements in their attitudes toward their bodies and in their ability to successfully *Clear a Space*. The significant correlation (.7) between the EXP scale and the CAS Checklist suggests that the CAS Checklist is a valid independent measure of "experiencing level."

Another interesting finding was that participants were increasingly able to successfully *Clear a Space* as they had more practice with it. Over time, they scored better on the checklist and became more likely to make metaphorical statements such as, "The anxiety actually feels like a ball of knotted ropes, which I can gather up and place down next to me--what a relief." One participant noted, "What comes [to me] is that the cancer is a tunnel, which is limited and constricted, but I sense that it's the illness that is limited and constricted, not me." After putting down her troubles, another participant stated, "An image comes of a shawl that is warm and safe. When I imagine wrapping myself in the shawl, I feel held in God's arms and feel secure and safe."

Clearing A Space in Person and by Telephone

Encouraged by the positive findings of the first study, I wanted to explore the benefits of *Clearing a Space* by itself. Some colleagues* and I designed a second study with women with breast cancer. The hypothesis was that six sessions of *Clearing a Space* would result in improvement in the participants' quality of life. We also explored whether telephone sessions were as effective as in-person sessions.

In our study design with 17 participants, an experienced Focuser ("Focusing guide") led a participant in a 30-40 minute CAS session using our CAS protocol. The first and last meetings were in person while the other four meetings were on the telephone. After each session, the guide completed the CAS Checklist to measure how successfully the participant placed aside obstacles to well-being, and if they achieved a clear space. Half of the participants were randomly assigned to this treatment and half were assigned to wait for 6 weeks before receiving the *Clearing A Space* intervention. The participants filled out four quality-of-life measures both before and after the six week period. In addition to the Grindler Body Attitudes Scale and the Fact B Scale, which were used in the 2004 study, we used the Brief Symptom Inventory (BSI-18) (Derogatis, 2001) which measures psychological symptom patterns of medical patients, and the IPPA-32R (Kass, 1991) which assesses spirituality, life purpose and satisfaction. We also collected qualitative data including guides' notes of the CAS sessions and participant exit interviews.

Study Two Findings

Our quantitative findings show that the participants who completed the 6-week CAS intervention improved in their functional, emotional and social well being, as measured by changes on the Fact B Scale. Another interesting result was that there were no differences in scores on the CAS Checklist between the telephone and in-person sessions, which seems to indicate that participants can just as effectively *Clear a Space* on the telephone as in person. The implication is that we can more confidently deliver the *Clearing a Space* method via the telephone. This finding is particularly important for cancer patients, who often have neither the time nor energy to attend in-person appointments and who might prefer being guided by telephone in the comfort of their homes.

While qualitative analysis is still ongoing, our preliminary analysis suggests that participants enjoyed positive benefits in at least six principal areas:

1. Feelings of enhanced calmness, relaxation and refreshment

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Revising the Experiencing Scale

By ***Maki Miyake, Ph.D.,*** *Focusing Trainer, Japan*

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For my doctoral dissertation, I studied the Experiencing Scale and its use in psychotherapy research and training. I introduced a revision of the 7-stage Experiencing Scale to a 5-stage Experiencing Scale.

First of all, I would like to thank Mary Hendricks-Gendlin who encouraged me to write in English. I often see that Mary takes time to listen to people whose first language is not English, which is a valuable act. I really appreciate this opportunity.

The Experiencing Scale and Research "The Experiencing Scale" (Klein et al., 1970; "The Japanese Manual," Ikemi et al., 1986) was developed from Gendlin's theory of experiencing. It observes how a person experiences the feeling process, especially useful because most scales assessing psychotherapy outcome are about content, not process.

The original version of the EXP Scale has 7 stages. At the lower level, clients simply describe their situations. As the level goes up, clients become aware of their individual, not yet known, felt meaning. Then clients try to articulate that vague, pre-conceptual meaning. The process leads to a new, personally meaningful inner experience.

How does the EXP Scale relate to psychotherapy outcome? Kiesler (1971) found that clients who succeed in psychotherapy rate higher on the EXP scale than clients who don't. He also found that this tendency could be observed during the early stages of therapy. Later more studies showing a correlation between EXP level and psychotherapy outcome were published and are reviewed in Klein, et al. (1986), Hendricks (2001) and Miyake (2003). (Access the EXP Scale at http://www.experiential-researchers.org)

Although these studies have shown that the EXP Scale is an effective research tool in both clinical psychotherapy research and therapist training, clinical research is difficult to do, because excerpts from an audio-recorded interview are needed to assess the EXP level (Miyake, 2003). Furthermore, despite the fact that the EXP Scale has 7 stages, practitioners often assess their client's experiencing in 3 levels (High, Middle and Low) or in a similar 5 stage range. To simplify the scale, and to expand its applicability and ease of use, I developed a 5-stage EXP Scale.

The 5-stages are: Very Low (VL), Low (L), Middle (M), High (H) and Very High (VH).

Very Low (Level 1 & 2 in the 7-stage scale): Reporting of external events. Ex.) I ate at McDonald's for lunch.

Low (Level 3): Feelings are described as a reflection of the situation. Ex.) I'm happy when I eat McDonald's.

Middle (Level 4): Feelings are described personally, but exploration doesn't occur. Ex.) When I'm happy, I feel like singing…and dancing...like energy.

High (Level 5): Articulation and exploration of the felt meaning. Ex.) I'm just wondering what this energy is…it's been with me this whole week…

Very High (Level 6 & 7): A new, personal meaning comes up. An "ah-ha" experience. Ex.) After I started working, I thought that I should control myself. I was partly satisfied, but I felt heaviness at the same time. Yeah, yes… I felt heaviness because I repressed my myself-ness! Oh, now I recall the time I entered university… I felt the same heaviness at that time.

Validity I examined validity using Spearman's rank correlation. The 5-stage rating and 7-stage rating were compared in 6 segments from trial counseling sessions. Each of the 6 segments was *Continued on page 5*

FOCUS ON: *DORALEE GRINDLER KATONAH, Psy. D.*

By Dionis Griffin, *Focusing Trainer, USA*

What were your early experiences of Focusing?

I moved to Chicago in the 70s, and someone told me about this weird group thing called "Changes" which was just getting started. Focusing was being taught to the community; it was part of a whole subculture that I was in. I lived in a commune with other Focusing people, was part of a woman's group and a dream group, and we formed a food co-op. It was an incredible thing to encounter at that stage of my life, just out of college.

At the time I was both a graduate student at The Divinity School of The University of Chicago and a student in the Carl Rogers Center for Client-Centered Therapy Therapist Training Program. While at The Divinity School I worked as a chaplain in a hospital for those seriously ill. I wanted to do my doctorate on health-related issues. I could see that research was vital for those with health concerns.

I was interested in the difference between those who had an inner spiritual life even at the point they were dying, and those who did not. I began to see that some people had a sense of a vital force that transcended any belief, and some did not, and this connection provided meaning and a courageous living through their dying.

Doralee Grindler Katonah is a Focusing Coordinator, USA. If you have any questions, please contact her at grindkaton@earthlink.net

What did the difference mean in terms of health?

I was unable to complete this research question at the Divinity School. I couldn't make it fit in with theology. My professors weren't able to help me. So I switched to a program in Clinical Psychology at the Illinois School of Professional Psychology (part of Argosy University).

Meanwhile I became the first director of the Focusing Institute, with Gene Gendlin as my mentor. He talked about direct experiencing and combined it with philosophy. His ideas answered my questions in new ways. In the 80's we held the first International Focusing Conference for 20 to 30 people from around the world.

How did Focusing help with your research?

One of my students in the Focusing group was Carol. Several years later, Carol was diagnosed with cancer, and she asked me if I would work with her. Together, we discovered a way to use Focusing for her health issues. We developed a way of applying *Clearing a Space* where it wasn't just a preparatory step; it was the Felt Sense. We found that as we stayed with a *Cleared Space*, steps came from it that had to do with her healing.

Later, Miriam Kanter taught the method to four other cancer patients and made similar discoveries. It became bigger than just one person and led to the research which I did for my psychology dissertation. The answer to my question, "How do people have that sense of aliveness in the face of death?" is this: it comes from the Felt Sense. Focusing on a Cleared Space brings a direct connection with the source of all healing. It is in the body, yet bigger than anything we can name. With this method, Carol found steps of self-care that came from the body and an inner spirituality beyond her Catholic upbringing.

Can you talk more about your dissertation?

My dissertation was entitled *Clearing a Space as an Adjunct Treatment for Adaptive Recovery.* My initial quantitative results revealed statistical significance for lowering depression and increasing a positive attitude towards the body's capacity to heal. Life style changes were documented in the qualitative data. Since then these results have been further explored in two studies conducted by Joan Klagsbrun et al. The two measures which I developed have proven

useful for further research. They are the *Clearing a Space* Checklist and the "Grindler Body Attitudes Scale." The *Clearing a Space* Checklist correlates with the Experiencing Scale, which means that they measure the same thing, i.e., the depth of the Focusing experience. The Grindler Body Attitudes Scale measures attitudes towards the body, such as holistic self-image, and belief in self-care. A high score on a measure of Spiritual Wellbeing correlates with a high score on the Grindler Body Attitudes Scale, suggesting an interaction between our spiritual and physical bodies. (Access these scales at http://www.experiential-researchers.org.)

During my time on the faculty at Argosy University, my goal was to raise a larger awareness in the Focusing Community of the importance of research. I encouraged my graduate students to research health-related issues, and I created a context for them to present their findings at venues such as the International Focusing Conference in Montreal and this publication. The articles on pages 7 to 11 are work by these students.

And now you've moved to California?

This past year has been a spiritual retreat for me; I left my job, and I continued a deep study of Soto Zen, a tradition from Japanese Buddhism. My spiritual life has always been important to me. I used to read mystical writings and wonder why I hadn't had any direct experience of it. Gendlin used to say, "Find a space in your body where you're all OK." For days I would walk home from work, looking for that space. Then one night it was as if it were given to me. I was amazed. I realized, "I am not my problems." So this is what others have talked about! I had found a doorway that connects to all. That door opened and deepened my meditation practice.

So I'm sitting, waiting to see what will happen. I travel to Japan and China this fall, when I will present at the World Congress in Beijing on using Focusing in cross-cultural relationships.

I would like to end with your poem, "The Bottom Place," since it captures a felt sense so perfectly.

THE BOTTOM PLACE
Waiting.
With the Bottom Place
The down in the mud dark Precious Place.

Waiting.
A commitment I've made
to myself.

To stay right next to It
Not to leave
It.

Trusting the night mood
Its distinct descendence
upon the light.

A gentle something
Unbeknownst, penetrates
the sleep, the wait, the stillness.

Not knowing why my soul needs
This waiting
With the bottom place,
Nor where I will go after.

***Miyake** continued from page 3*

about 20 minutes long, and the peak ratings were: Low, 2 segments; Middle, 2 segments; High, 1 segment; Very High, 1 segment. Eight undergraduate psychology students made the ratings. These students trained as a group for 4 hours in advance. Four rated using the 5-stage scale and four rated using the 7-stage scale. Rating reliability of the 5-stage scale was r44=.96 (k=4, N=6) on Mode, r44=.96(k=4, N=6) on Peak. The 7-stage rating was r44=.95(k=4, N=6) on Mode, r44=.96(k=4, N=6). High reliability was confirmed. Spearman's rank correlation between the 5-stage rating and the 7-stage rating confirmed the 5-stage rating scale was valid (rs=.648, p<.01, N=293).

Application Possibilities

The 5-stage scale is easier to use and therefore more studies and clinical applications can be expected. To assess the clinical interviews, which are hard to record, I am also developing a paper-and-pencil version of the 5-stage EXP scale which will have 3 or 4 yes/no questions for each of the 5 stages. The therapist can answer the questions after the interview to rank the client experiencing level.

The EXP scale has also been a good tool during my clinical experience. It helps the therapist know where to reflect what the client has said. When a reflection points to the client's felt sense, it can help the client explicate personal meanings, i.e., the high and very high EXP processes. Also it can be a prediction of psychotherapy outcome. If the client is at the low EXP level, and thus has a failure prognosis, the therapist can help teach the higher EXP process and improve the outcome. I hope the 5-stage scale will be used broadly in listening training, clinical training and research.

CLEARING A SPACE PROTOCOL

As developed by **Eugene T. Gendlin, Ph.D.**, *Univ. of Chicago*

1. Put your attention in the torso area of your body. Ask yourself, "HOW AM I RIGHT NOW?" or "WHAT'S IN THE WAY OF FEELING FINE?" Don't answer, but let what comes in your body do the answering. Wait for a FELT SENSE of a concern to form.
2. Find a HANDLE for the FELT SENSE--a word, phrase, or image that captures the quality of how the concern feels in your body
3. RESONATE--say the HANDLE to yourself and check to see if it fits the felt sense exactly.
4. Give this concern your accepting attention for a few moments, but then put it aside for awhile by imagining placing the FELT SENSE outside your body in a safe place.
5. REPEAT steps 1, 2, 3 and 4 again until each concern that your body is carrying in this moment has been placed outside your body.
6. Now bring your attention back inside your body and experience a FELT SENSE of feeling all fine, a CLEARED space that opens up to you.
7. WELCOME this place, find a HANDLE for this space, RESONATE, WAIT, and see what comes.

CLEARING A SPACE CHECKLIST

By **Doralee Grindler-Katonah, Psy. D.**

This checklist was developed for my study on CAS and cancer. Because the intervention emphasized Focusing on the Cleared Space (in contrast to the usual way Clearing a Space is done), this scale rates all the steps of Focusing, including a Felt Shift. Evidence that this scale correlates with the Experiencing Scale (Klagsbrun, et. al., 2005). indicates that this scale can be used to measure Focusing as well as Clearing a Space, expanding its application. Many studies have now used this scale, and there is value in utilizing the same scale across research studies for the purpose of outcome comparisons. The scale's descriptions of each step aid in determining whether the step was accomplished. Below are the first four categories of the 16 categories in the CAS Checklist. To view and download the full rating scale, please go to http://www.experiential-researchers.org/checklist.php.

If any item under a catogory is true, check that category.

____ NO FELT SENSE

1. I am sure that the person did not locate a felt level of experiencing.
2. The subject's description was basically a description of body sensations.
3. The felt sense can only be located in the extremities of the body.
4. I am unsure as to whether or not the person located a felt level of experiencing 5. Other

____ FELT SENSE--the location of a bodily felt level of a problem or experience

1. A description of a vague and unclear something which is felt.
2. Silence and then an acknowledgement of a concern (distinct from the list of problems in the head).
3. When asked to check to see if it is there or 'right,' there is a time lapse; there is a 'yes.'
4. The person 'knows' it is there, but cannot say what the content of the felt sense is.
5. There is a physiological change such as head nodding, sighing, voice sounds calmer or slower.
6. The identified felt sense is definitely felt in the torso area. 7. Other

____ NO HANDLE

1. I am certain that the subject did not discover a handle for any felt sense.
2. I am uncertain as to whether or not the person discovered a handle for any felt sense.

____ FELT SENSE WITH A HANDLE OR A CLEAR SENSE OF WHAT IT IS ABOUT--a word, phrase, image that exactly describes the felt sense after resonating.

1. A time lapse occurred before the naming (as distinct from something that came right away).
2. The person discarded some things before settling on one.
3. After resonating, the person acknowledges the fit.
4. The person did a self-check and says something like, "Yes, that's right."
5. The trainer just repeated the phrase, there was no disagreement, and the subject showed a physiological indicator of release.
6. There was a physiological confirmation of the fit--head nodding, sighing, fingers moving, muscle twitch.
7. The subject expressed the same phrase repeatedly, indicating its handle quality.

An Example of Focusing and Chronic Pain

By ***Chel Ferraro,*** *Focusing Trainee, USA*

For more on this study, contact Chel Ferraro at Chelferraro@comcast.net

The Pain Foundation (2008) reports that individuals who experience chronic pain carry with them a wide array of debilitating emotional challenges. Persistent pain interferes with all areas of patients' lives--the ability to find enjoyment in life, pursue occupational goals, socialize with friends and family, retain important interpersonal relationships, accomplish simple tasks, and derive benefit from restorative sleep. Effective management of chronic pain necessitates more than pharmacotherapy. Treating the patient utilizing a holistic or integrative approach may be helpful, because such pain impacts the whole person--mind, body and spirit.

I have observed that introducing Focusing to chronic pain patients effects a change in the following ways: 1) *Clearing a Space* enables the patient to become aware and mindful of an inner resource that will guide and create a space for relaxing and healing; 2) Most chronic pain patients develop a passive attitude. Focusing enables one to develop an active stance and decide how one will live ones life; 3) Focusing instills in one a new ability to identify, define and work with ones pain experience, both emotional and physical. One can learn a new way of relating to oneself, including how to self-soothe and regulate ones emotions; 4) Focusers develop a sense of wonder at the body's capacity to access ones inner resources and reveal the true, deep meaning of issues and concerns. These skills create a sense of hopefulness.

One example of how this works is JB, who was involved in a work place accident over three years ago which has caused continual severe, debilitating pain. He is an example of "one who is his pain." After numerous surgeries, addiction to opiodes, psychotherapy, pain management, physical therapy, relaxation techniques, and guided imagery, he was unable to reduce either his pain experience or his angry demeanor. Then, JB was assigned to me for Reiki and meditation therapy. In addition to his consuming pain, JB complained of negative interactions with his wife and children, not being able to do anything but "be" his pain. JB was depressed, anxiety ridden, angry, unpleasant, hopeless, helpless, feeling worthless, and a person who, as he described it, was looking for an altercation with everyone he encountered.

I used Reiki therapy and meditation with JB in his first three sessions; he experienced some measure of temporary relaxation. In the fourth session I introduced *Clearing a Space*. I facilitated CAS by inviting him to breathe in a conscious way, scan his body for areas of heaviness, tightness, and tension then relax as much as he could, get comfortable in his chair, and center himself. JB identified these steps as familiar from meditation. When I invited him to send welcoming feelings of kindness and gentleness to his center and become aware of what it was carrying, he didn't understand and remarked, "This is silly." I asked if he were open to trying. He sighed and returned to paying attention to his body's center. After several sessions of CAS it came, ANGER, and then simply, profoundly, the words, "I am angry." A felt shift or bodily understanding occurred. JB was able to form a new relationship with how he felt about the pain. By putting aside the pain, the person begins to access all other aspects of the self that are not the pain, that have in their felt sense their own living that wants to come (D. Grindler Katonah, personal communication, January 2008). In the seventh session, JB expressed this change. "I know the answers are within me, not externally." In subsequent sessions, he says he will do "whatever it takes" to get control of his life back. He no longer "is" pain; he is a person who experiences pain and who can change his behavior.

Focusing and Yoga: Their Effects on Body Weight

By ***Julie E. Antrobus, M.A.,*** *Focusing Member, USA*

For more details on this study or a summary of final outcomes as available, please contact Julie at YogaAndFocusing@gmail.com

The rising obesity rates around the world have made body weight an increasingly important issue for consumer, health care, and research industries. Many current treatment approaches, including most diet, exercise, and medical interventions, work out of the Cartesian model that separates mind from body. These approaches focus on changing the body's structure or physiology. Psychological treatments for obesity are largely centered around behaviorism and focus on changing ones behaviors and modifying ones environment. Current treatment interventions have met with limited long-term success, leaving consumers and health care providers still looking for answers.

Alternative treatment approaches, specifically yoga and Focusing, have shown promising results in long-term maintenance of weight loss. Both treatments work from a philosophy of the body and mind as one whole. This mind-body paradigm holds that our thoughts, emotions, attitudes, and behaviors are processed through the body and thus, affect physiologic function, and vice-versa (Ives & Sosnoff, 2000). Thus, the mind and body are inseparable, interacting and reacting to each other (Bakal, 1999).

The results of both the Kristal, et al., study of yoga for weight loss (2005) and Holstein's study of Focusing and weight (1990) indicate that these two interventions, which come from the mind-body connection paradigm, can have a significant impact on people in a weight loss program. However, the exact mechanisms or processes of change that occur during yoga or Focusing are not fully understood. This study aimed, not to create another treatment model, but to identify the subjective internal processes that occur during yoga and Focusing, and the ways in which these processes translate into thoughts, behaviors, and attitudes that are reflected in weight and lifestyle choices.

This six-week, plus three months follow-up, project was a qualitative study applying grounded theory to identify the processes and mechanisms that occur during both yoga and Focusing experiences, as well as their relations to subsequent bodyweight.

Procedures

Four (n=4) adult volunteer participants were recruited, by means of a flyer, from a local community center. Demographics of the participants were self-identified as follows: Gender: Male- n = 0, Female- n = 4 ; Ethnicity: Caucasian- n = 2, Latina- n = 2; Age: Mean = 26, Range = 23-32. It should be noted that one volunteer dropped out during week three of the study and was not available for further data collection. To be included in the study, participants must also have met several additional criteria, to help control for extraneous variables.

All participants attended an individual informational meeting where they were introduced to the concept of a felt sense and the steps of Focusing. In addition, participants completed a brief health and lifestyle questionnaire, designed by the principal investigator for the purposes of this study, and the Grindler Body Attitudes Scale (Grindler, 1989). Next, participants attended a Hatha yoga class, at least one hour weekly for six weeks. Each yoga class was followed by a Focusing session guided and audio taped by the principal investigator. The Focusing Guide Instructions, developed by Dr. Holstein (1989), were used to facilitate and standardize the Focusing sessions, which ranged from twenty to forty-five minutes in length. Following each Focusing session, the Focusing guide filled out

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the *Clearing a Space* Checklist (Grindler, 1989) to identify the Focusing steps experienced by each participant. At the conclusion of the six-week period, participants completed an audio taped, semi-structured interview, lasting 45 minutes and standardized by a list of bullet points and the Grindler Body Attitudes Scale was re-administered. This data collection procedure (the taped interview and Body Attitudes Scale) was repeated at the three month follow-up.

Initial Data Analysis

While full data analysis is still in process, a first look shows some strong trends. All participants reported weight loss at the conclusion of the study ranging from 2 to 5 pounds. All participants reported at the three month follow-up that their weight had maintained within a range of +/- 2 pounds. What was more notable however, was that all three participants mentioned at follow-up that they were less concerned with their actual weight and more concerned with feeling healthy in general. One participant explained, "I don't know. I don't weigh myself anymore. I used to, but I just don't feel the need. I guess I'm just more connected to how I feel overall. I mean sure I still look in the mirror, and I'm like, 'Oh my God, have I lost the inches or lost up here?' I see changes in my body, but I guess I just don't feel the need to connect them with what's on a scale."

Scores on the Grindler Body Attitudes Scale increased from pre-test to three month follow-up by an average of 10%. All participants reported having a positive experience with the combined intervention. The Focusing process was, in one case, described as "cathartic," and the yoga experience was summarized as "empowering" and helping to demonstrate the "potential" of the body.

Data from the semi-structured interviews suggest that the information which came from the body during Focusing were unique instructions for self-care. For one participant, the information thus gathered encouraged her to find a way to let go of the things in her life that were really "out of [my] control" and focus on what she could "control." For another participant, body-messages helped her see the necessity of taking time to focus on herself rather than those around her, and to take specific small self-care measures daily, such as a bubble bath, working on a Sudoku puzzle, or reading Harry Potter books. The third participant was moved to eliminate unhealthy foods and add an additional weekly yoga session. Examples of ways in which participants explained their positive lifestyle changes included, "Before, my eating was impulsive and is now mindful." Additional comments included, "When I don't work out for 5-7 days, I start to feel icky, and when I eat fast food now, I feel gross." One participant emphasized that she felt she had a better understanding of her "mental blocks and excuses," why she feels pulled to make poor choices. Another participant felt the experience allowed her to recognize "what feels good in [my] body now."

All participants acknowledged stress reduction. One participant indicated that she felt Focusing and Yoga had allowed her to have a better understanding of how her body interacted with stress and what steps to take to manage stress more effectively in the here and now, rather than assume that what worked for everyone around her would work for her too. Another participant indicated that although she still experiences stress in her life, she is now able to "sense it" and find out what her body needs in order to "work through it," rather than let the stress overwhelm her.

In summary, a preliminary data analysis indicates a positive trend in participants' attitudes and perceptions of their bodies as measured by the Grindler Body Attitudes Scale, also in stress reduction and a new and better understanding of how the body interacts with stress, as well as specific instructions on self-care coming from the Focusing process.

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Clearing A Space for Post-Traumatic Stress Disorder

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Introduction: Over the past year, I worked as a mental health extern at a substance abuse facility which treats clients dually diagnosed with substance addiction and mental illness. A number of women I worked with manifested debilitating symptoms of PTSD (Post-traumatic Stress Disorder) once they became sober but had not received the needed treatment in their substance abuse program due to poor recognition of the condition and lack of available treatment. Concerned about the impact of PTSD upon the lives of two of my clients, I engaged them in Focusing, particularly *Clearing a Space*. The results were so positive that I decided to design this research project to contribute to the growing evidence base for the healing power of Focusing.

Procedure: I met with two selected participants for 6 individual treatment sessions, lasting 1 hour each, for a total of 6 weeks. I guided participants in Clearing a Space (CAS) using a protocol developed by Dr. Joan Klagsbrun, which she modified for research purposes, to deepen each participant's sensory and bodily experience. In this version of CAS, participants first experience a positive memory in their lives using their body with all of its senses. Then they are guided to put aside their felt sense of life stressors until they experience an inner space free of problems or concerns. During the sessions, I rated participants on successful completion of *clearing a space*, using the CAS Checklist (Grindler Katonah, 1999). Trauma symptom changes were assessed by periodic administration of the Trauma Symptom Inventory or TSI (Briere, 1995), a comprehensive trauma assessment measure. The TSI was administered twice before the study began to obtain 2 baseline measures, the first one to assess frequency of trauma symptoms over the past 6 months, and the second one (two weeks later, immediately prior to CAS 1), in order to assess trauma symptoms over the 2 weeks before the study. Subsequently, participants were administered the TSI at 2 week intervals (prior to CAS 3, prior to CAS 5 and after CAS 6). At the end of the six weeks, the participants engaged in a follow-up interview to elicit their subjective experiences of the CAS treatment.

Participant one: Ms. A, a 49 year-old African American mother, suffered the trauma of the gunshot murder of her 17 year-old in 2000. During the study, Ms. A.'s stress was aggravated by the loss of her job (in the 3rd week), eviction from her sobriety home (in the 5th week) and discovery of a lump in her breast (in the 6th week).

Excerpt from the final interview:

Researcher (R): **What was your experience like of *Clearing a Space*?** Ms. A: It has me able to see more of an insight on life itself…[CAS has] given me real good coping ability with life...helping me to deal with life on life's terms. I had something that was embedded deep inside of me that was troubling me and not letting me deal with what was going on...because I was stuck, I had something that still had a hold on me...but with this study, I was able to release that hold...

R: **What do the words or images found in your *Cleared Space* personally mean to you?** Ms. A: The sense of "control" [a handle word found in CAS session 1] was like winning the Olympics...because you know when you have a sense of control, it brings about power...It's like you're in charge...I'm in charge, I got this! I have a better attitude when I'm in charge...I'm gonna give you an excellent example...The other night, after my shower...I found a lump in my breast, so I didn't cry about it; I just prayed on it. I'm going to the doctor and have him check it out...It may not be nothing...but then it may be...that's part of life you know...Sometimes bad things happen to people . . .

R: Before this experience, do you think you would have dealt with it any differently?
Ms. A: Probably pity-partied myself, felt sorry for myself…I looked at it like this…it goes back to like when my son was killed…something my father tells me has always stuck with me… He said "You want to know, to know why, why did you lose your child? Why not your child? You aren't the only person who has lost a child." If I am sick, may God have mercy on my soul, I just hope and pray that something can be done...but when it comes to sickness or illness, I'm not exempt. I'm human just like everyone else (laughs)…Why should I be any different? But I'm not going to claim the disease, but if it has claimed me, then I will do the necessary steps I need to take care of it…if I hadn't learned [to] take the bad things inside of me and set them aside, I probably would have said the hell with it, I'm going to die…because I've been so depressed….I don't think I would have been making too much effort to resolve the problem…It still would have been stuck inside of me…mentally, physically, emotionally and psychologically…But I'm not gonna be dwelling on that, you know, I just pray…go to the doctor, do the footwork and turn the rest over to God…That's all I can do (laughs)! That's all I can do! I'm okay with it.
(During the initial interview that took place prior to the study, Mrs. A felt that her son's spirit was haunting her house and that she was "hearing things." A second excerpt from the final interview is as follows:
R: Earlier you said you heard the bedroom closet opening up at night and felt it was your son's presence. Are you still hearing noises? Ms. A: That's another thing. I think he was maybe, like, going through something because he knew that I was going through something…but it's more at peace now.
R: You haven't heard the bedroom closet open or any other noises? Ms. A: No! I was taking it to the point that I felt that the person or persons who killed him hadn't been found, but looking back and looking up now, maybe Jonathan is more at peace…because his mother is at peace.
Participant Two: Ms. B is a 44 year-old, single African-American female who was allegedly jumped on by an unknown man in 1998 (or 1999) and beat on the head with his gun "six or seven times." She was also allegedly the victim of domestic violence by her kids' father, which has triggered PTSD symptoms such as acting out by yelling and throwing things with the intention to harm, when in argument with a man. Excerpt from the final interview:
R: Before learning this, did you pay attention to how you feel inside? Ms. B: I lash out! I act out…curse, throw things, say things that I really didn't mean.
R: So now? Ms. B: I still say things, I still throw things…but I just don't act the way I used to act. I used to throw hard things that would harm you, but now, what's different, I throw clothes. Or roll a tissue up, something like that. (Laughs) Now I laugh when I throw them! I know better now…because whenever I get upset or whenever somebody trying to send me to a phase that might knock me off, or make me unfit, I know what to do different.
R: And that is? Ms. B: I can stop, I can think about it, and I can take deep breaths. And just…I don't know…At first I couldn't walk away, but I can walk away! I can walk away with a laugh (laughs)! I can laugh! I laugh at peoples now! I make them feel real silly by laughing.

Trauma Symptom Inventory (TSI)

Ms. A's Scores	Baseline 1 2 wks prior	Baseline 2 First Day	After 6 wks of CAS
Trauma Scale	61	59	60
Self Scale	54	64	50
Dysphoria Scale	56	59	54
Anger/Irritability	62	69*	51
Path. Tension Red.	54	69*	51
Ms. B's Scores	*Scores over 65 considered pathological.*		
Trauma Scale	69*	71	59
Self Scale	65*	70*	62
Dysphoria Scale	52	56	49
Anger/Irritability	59	67*	58
Dissociation	69*	77*	57
Defensive Avoidance	69*	71*	61
Sexual Prob.	57	73*	54
Impaired Self-ref.	64	61	54

Conclusion: Although data analysis is not complete, it is clear that there was a significant reduction in PTSD symptoms, which correlates with each participant's subjective report of a lessening in trauma symptoms and improvement in quality of life and well-being. In some areas, a pathological score at the start of treatment became a normal score by the end of treatment. Significant changes over the short period of 6 weeks were unexpected since the TSI is intended to detect only long-term symptom change (over a 6 month period); raw data thus suggest the effectiveness of CAS for trauma symptom treatment and improvement in quality of life for substance-addicted women with PTSD.

***KLAGSBRUN** continued from page 2*

Lauren Summers, M. Div., Adminstratve Coordinator, second CAS Project.

- The Clear Space is kind of like a pink nest—I am curled up in the nest very comfortably.
- It gives me islands of peace.

2. Enhanced ability to regulate their emotions

- The malaise is gone now--something has shifted to become clearer and calmer.
- Here I can sit with friendly acceptance with whatever comes up.

3. Greater mental clarity

- I feel much clearer now and more confident

4. Deeper insight and understanding

- The handle is lighter, lighter, lighter. Oh wow! This is wild! I see that if I can have the lighter feeling, then I won't have anything to worry about.

5. A greater sense of empowerment

- There is a fresh feeling, like a sheet blowing in the wind, I can bring myself back to the cleared space by imagining the breeze.
- The body knows how to stop the noise in my head—just remember the cleared space.

6. A spiritual or transcendent experience

- The" handle" is awake—deeply awake.
- I am feeling more grounded, more centered, and closer to God.

In the exit interview, 100% of the participants said they would recommend this method to others with cancer. They found its value lay in reducing somatic concerns, providing greater mental clarity, and allowing more distance from their issues. As one participant said of *Clearing a Space*, "It's a port in a storm--a way to move the chaos from coming at you." Another described it "as slowing down your surface thoughts so you can really see and hear what is going on beneath the surface chatter, like sitting really still in a forest and hearing all the sounds."

We hope that our CAS studies inspire others to engage in research so that *Clearing a Space* can soon be recognized world-wide as an empirically effective health-enhancing method that can significantly reduce distress and increase well-being in people challenged by illness.

**Our Focusing guides were Jill Cannon, M.S.W., Trish Garrigan, M.A., Betsy Gibson, Ph.D., Susan Lennox, Ph.D., Jocelyn Lopatin, M.A. and Bunny Melvoin, M.A. Lauren Summers, M. Div., coordinated the administration of the study and prepared a CAS research manual that may be helpful to future researchers (available at the Focusing Institute bookstore). Susan Lennox, Ph. D., directed the qualitative data analysis.*

Susan Lennox, Ph.D., Focusing Trainer, USA, and second CAS Study Analyst.

References:

Brady, M.J., Cella, D. F., Mo, F., Bonomi, A. E., Tulsky, D. S., Lloyd, S. R., Deasy, S., Cobleigh, M., Shiomoto, G., "Reliability and Validity of the Functional Assessment of Cancer Therapy-Breast quality-of-life instrument," J Clin Oncol., May15, 1997, 974-86.

Grindler, D. "Focusing and Cancer: A Psychological Tool as an Adjunct Treatment for Adaptive Recovery," (1991).

Klagsbrun, J., Rappaport, L., Marcow-Speiser, V., Post, P., Byers, J., Stepakoff, S., & Karman, S., "Focusing and Expressive Arts in Therapy as a Complementary Treatment for Women with Breast Cancer," *Creativity and Mental Health,* 2005. 1. (1).

Klein, M. H., Mathieu, P. L., Kiesler, D. J., Gendlin, E.T., *The Experiencing Scale Manual,* University of Wisconsin, Madison, 1970.

Peterman, A. H., Fitchett, G., Brady, M. J., Hernandez, L. and Cella, D., "Measuring spiritual well-being in people with cancer: the Functional Assessment of Chronic Illness Therapy--Spiritual Well-Being Scale (FACIT-Sp)." Annals of Behavioral Medicine 24, no. 1 (January 2002): 49-58.