

## **PRESENTATION TO THE FACULTY**

### **The Illinois School of Professional Psychology**

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For the past 4 years, I have been very fortunate to have the opportunity to work at The Advocate Medical Group Center For Complementary Medicine located on the campus of Lutheran General Hospital. We have been at the leading edge in models for integrative medicine within a medical center. We are also one of the few centers nationally who offer an integrated approach in which each patient is staffed by the whole team, which includes people practicing Western Medicine, acupuncture, homeopathic medicine, chiropractic, massage therapies, and clinical psychology. We offer a truly holistic approach and I have had the opportunity to be involved in the treatment of many people with complicated issues on the psychological, spiritual, and physical levels. Although I apply many of the technologies within Behavioral Medicine, I have been especially interested in applying the Experiential Focusing Process as developed by Eugene T. Gendlin to issues in health psychology.

In addition to patient care, we have a large grant to train medical residents on a monthly rotation. As the psychologist, my purpose is to introduce residents to the arena of behavioral medicine and the methods of intervention we use with patients at the Center. I also try to challenge the ways in which they continue to think within the Cartesian model and expose them to ways in which the body communicates information that impacts lifestyle and quality of life. The experiential focusing method does engage a bodily formed knowing that moves your life forward. As a way to introduce you to this

process, I want to begin with a description of what happened for one medical resident who tried a focusing exercise.

This exercise asks people to pick an object in their lives that is very special or significant to them. Then after vividly bringing an image of that object to mind, I invite them to feel the FELT quality of the significance of this object in their body.

So this student picked a plant that is growing in his house. When he brought his attention down into his body to find that special quality, he noticed a kind of jumpy sensation in his heart area and, as he described it, a kind of energy that moved down into his hands.

At this point, I asked him to find a word or phrase that described the quality of these sensations. I said this isn't really an explanation of why this plant is special to you, but more about what the bodily quality feels like. Then I asked him to check with his body to see if this phrase fits. I told him that he would feel an actual resonating in his body when there was a fit.

He struggled with this. He really had never tried to work with language in this way. So he said that the first thing he thought of was 'connects me with nature.' This made sense to him but when he said it back to his body nothing happened. So he sat with this feeling a while longer and then a different phrase emerged: "Hands digging deep." Notice the more poetic quality of this phrase. He was surprised by this but when he said it back to his body he felt a deepening within. He describes a kind of welling up and tears came and he said he felt so open and had more energy.

This whole experience puzzled him. So then he began talking about how much he likes to watch things grow, but then when he went back to his body sensations there was a different resonance - “Oh, this is the way I want to grow.....I really want to live more naturally in every dimension of my life.” His eyes became wide and he exclaimed that this was really true.....he said he felt a sense of peace inside.

This little focusing exercise introduced this resident to a level of experiencing in his body he didn't know was there. Then he learned how to use language in a different way such that a kind of meaning emerged that opened him body/mind together towards a way of living that he longed for but had not quite been able to feel fully before.

The Experiential Focusing Process as developed by Eugene Gendlin enables us to access a new human capacity that is very powerful and holistic. The kind of meaning-making that is generated from this level of experiencing seems to impact physical well-being and healing as well as open up possibilities for greater fulfillment in life.

I want to introduce you to the philosophical foundation of this process as it applies to the field of health psychology, by addressing two issues: the problem of mind/body dualism and the use of language in human process.

As I define each issue I will relate it to an aspect of focusing. As I do this, hopefully you will begin to see how this process works experientially both as I lead you in an exercise and present two clinical examples. After this, I will briefly discuss how this model addresses limitations in current research methodology.

Although we intuitively know that separating mind and body is a false distinction, the Cartesian model still has us trapped as it is difficult to think our way outside of this box. For example, even within the field of mind/body medicine, it often sounds like people are talking about mind over matter, where the mind can bring changes in the body, but the body is still thought of as physiological process only, or alternatively psychological experience is reduced to physiology. We can easily end up down the road of teaching techniques or changing cognitions, but then neglecting the possibility that the body is not simply a machine, but rather the body is a “knowing” and that this kind of knowing is better for our health.

Bakal in his recent book: Minding the Body: Clinical Uses of Somatic Awareness quotes Ots as saying:

.....the dichotomy of psyche and soma implies the superiority of the intentional mind over the intentionless body. Dualistic thought restrains and circumscribes the bodily perceptions and bodily awareness, it alienates us from our body; It is the mind thinking of the body rather than the body perceiving itself.

This traditional way of conceptualizing what we do neglects bodily awareness. Jon Kabat-Zinn, in applying mindfulness meditation to healthcare, encourages an awareness of body sensations as part of mindfulness. EMDR has more of this emphasis as well. I want to go a step further and say that the body carries information that furthers full living.

So in applying the experiential focusing model we will move away from the idea of mind over matter to understanding that the body participates in the creation of meaning. I hope to show you that by engaging body/mind together there is an intelligence and especially a self-regulating function in the direction of increased health and wholeness.

As some of you may be aware, Eugene Gendlin through his extensive study of tapes of psychotherapy sessions, identified a level of experiencing right below normal consciousness that is always participating in the creation of meaning. This level is felt in the body first as a vague sense without words and is called The Felt Sense. The Felt Sense is concrete in that it is directly felt in the body as a kind of sensation. It is specific in that it is connected to a particular problem or concern. Yet it is also vague because there are no words yet and you don't really know what it is about.

If we are just talking along, like we usually do, we are not necessarily connected at this level. You have to slow down and bring your attention inside your body and notice and then your body begins to form concretely felt sensations that are connected to an issue, an experience, or a concern. If we directly access this felt sense, a kind of meaning emerges that cannot be accessed through an analytical thought process.

Everyone has this level of responsiveness. For example, you have all had the experience of remembering that you forgot something but you don't know what it is.....Well, logically how can you know you have forgotten something but don't know what it is? Well, you know because there is a vague sensation you notice in your body, pulling at you.....that sensation is clearly felt in your body, but vague...yet if you pay attention to it suddenly the answer comes....oh, I forgot to pack my ties... Another

example you are familiar with – sometimes you awake in the morning and you have this uncomfortable sensation in your body that you had an important dream. You can't remember the dream but it is like there is a lingering feeling tone. Again, if you just stay with that uncomfortable body sense, the dream comes back in a flash. Then, when teaching often a student will try to make a point and then get frustrated and say I know what I want to say but I can't get the words to come out right.....they feel their point more than their words can express. There is a knowing in this level of experience that is quite important.

What comes from this level of experience is both very specific and nondetermined. Carried in The Felt Sense is a kind of unique, personal meaning that our concepts cannot account for, but if it can be symbolized there is a release of tension in the body accompanied by increased energy and a forward step of living naturally emerges.

It is important to distinguish that the FELT SENSE is different than emotion. Emotions are felt in the body but they are restricted versions of the problem but through them alone you cannot access the fresh meaning. Emotions come over and over again and can be so intense that we lose touch with the larger sense of all of the situation from which the emotions came. We need to sense this wider field not the emotion itself.

Although not yet conscious, what is known in the felt sense is already integrated. Once felt and paid attention to, this felt sense reveals information and specific steps of change which bring immediate physical release and an ease of action.

In a few minutes, I will guide you through a brief exercise. But first I want to address the second philosophical issue in the mind/body context. It has to do with the way language functions in experience.

In the unit model of scientific materialism language is viewed as having fixed meaning. We have logical definitions and concepts that explain data. We also think of words as having a common meaning, a dictionary meaning. When it comes to human process, language doesn't work this way if we want to further our experiencing. First, I will demonstrate how it could be that what makes sense may not be true by referring to Sperry's split-brain research conducted in 1960.

Many of you may be acquainted with this study. A 16-year-old boy named Paul was one of 50 people operated on for uncontrollable epileptic seizures. The surgery consisted of opening the skull and cutting the **corpus callosum** that sends messages back and forth between the left and right hemispheres. Scientists hypothesized this would result in controlling the seizures. This did occur but more subtle problems arose. The unexpected results taught us about the two halves of the brain.

Here is how the experiment went: Researchers asked Paul to sit at a table and to look at a single point in the center of a blank screen directly in front of him. Then they showed pictures of objects to either side of the fixation point and asked him to identify what he saw. The speed of the flash allowed only the hemisphere to

which the stimulus was directed to “see” what was on the screen. That is, the left hemisphere would see only what was in the right visual field and the right hemisphere only what was in the left visual field.

Since, in this experiment, the corpus collosum had been cut, neither hemisphere knew what the other hemisphere saw.

To the right of the fixation point the researchers flashed a chicken claw that was seen by the left hemisphere. To the left of the point they flashed a snow scene with a snowman, a car covered with snow, and smoke rising from the chimney of a house blanketed with snow. His right hemisphere processed this picture.

Then on a table they spread out 8 cards, each with a different object: a lawnmower, a rake, a shovel, an ax, an apple, a toaster, a hammer, and a chicken head. They asked Paul to point to the card that went with what he had seen on the screen. His left hemisphere directed his right hand to pick the chicken head as it went with the claw. His right hemisphere directed his left hand to pick the shovel as it was associated with the snow scene.

Remember that no information housed in either hemisphere can get to the other hemisphere. Each half is unaware of the fact that the other half is responding to an altogether different scene.

After Paul had selected the shovel and the chicken head, the researcher asked him: “Why did you pick these?” He said: “Oh, that’s easy. The chicken head goes with the chicken claw and the shovel is to clean out the chicken shed.”

What happened? It is only the left brain that is equipped with the capacity to use language but without the meanings of bodily experience interacting with language we use our capacities for logic and analytical thought and just make stuff up. IT may make sense but it isn't the TRUTH. What the right brain sees cannot be said unless the information crosses over to the left brain. There is a knowing connected to our bodily experience, that the left brain cannot grasp, unless we verbalize and form symbols in interaction with our bodily felt experience.

When it comes to verbalizing or symbolizing your present experiencing if you just use words to explain your experience through known concepts, you end up NOT saying what you ACTUALLY mean to say. In order to say exactly what you mean to say you have to let words emerge freshly from the FELT SENSE. For example, for the med student, the freshly emergent meaning was "hands digging deep." This is a fresh, generative use of language. His words didn't interpret or define something; instead, language resonates with the felt sense and more comes from there which you could not have predicted. Our experience, if accurately symbolized always exceeds the known pattern.

We want to find a way of thinking and speaking in which the implicit intricacy continues to function in what we say. What is felt in the body is not complete. In order for us to fully know what the body knows the information must be symbolized accurately. This is crucial. Without this, there isn't a carrying forward, or a movement into a new behavior or action that shifts a way of living.

There is also a precision to this fresh use of language. Only just certain words carry our experience forward. Our bodies respond to the language when an experience opens into further experiencing. So the real truth of our experience is realized through an accurate symbolization of our bodily felt experience.

**EXPERIENTIAL EXERCISE:**

CONFIDENTIAL MATERIAL

**CASE EXAMPLE OF APPLYING FOCUSING TO MIND/BODY ISSUES:**

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C. is a 45 year old man who has been learning focusing. He has recently returned from Texas where his father died and was buried. He is married with two children. He begins the session.

**C1:** I didn't feel like coming today. My chronic bronchitis is acting up again. I am so stuffy I can hardly breathe. I've been living with this all day at work. I'm tired. I just want to go to bed.

**T1:** So it's important to allow that tiredness and stuffiness to be.....to acknowledge in a gentle way that your body has been carrying this all day. And you are wondering whether you should have even come today....

**C2:** Yes.....(SILENCE).....(DEEPER BREATHS).....(DEEP SIGHES)....It feels a little better just being with it.

**In C1 the client is describing uncomfortable physical symptoms but he hasn't yet brought his awareness into his body so as to create an inner sense of being with his body as it is. I invited him to notice and acknowledge how it is in his body. Just this inner act brings a gentle movement or a shift from being stuck or static to an easing and more of an opening. Notice in C2 that the deep sighs and the deeper breathing express this easing. I notice this bodily communication, which tells me that he is ready for a felt sense to begin to form.**

**T2:** Could you describe more of what it's like; living with this stuffiness – the chronic bronchitis.....

**First, in phrasing my question in this way, I am broadening the empathic field to include physical sensations, physical distress, and physical states. I am opening up the possibility that the physical symptoms have an edge which will become a felt sense; in other words, that I do not assume that this is purely a physical state but can also carry meaning. I phrase my invitation such that he can move from just talking about the physical distress to noticing what it is like to live with the chronic bronchitis. This phrasing points him towards his felt sense.**

**C3:** Well, I feel this tightness all up here (**pointing** to the sides of his nose) and I feel constrained here (placing arms over upper chest area).....it's hard to breathe.....  
(SILENCE with a focused attention on chest area)....And there is **a kind of despair**.  
I've had this problem ever since I was in junior high. It interfered with my playing sports...and...I just wish it would go away.

**T3:** So there is this acute awareness of the physical tightness and constriction in breathing and then there is a kind of despair about how long you've been struggling with this...how it affected you as a youth...

**C4:** (Nodding in silence, eyes closed)

**Notice the movement that emerged as he attended in a nonjudgmental way to the physical symptoms.....He says: "And there is a kind of despair." THIS IS THE FELT SENSE. (In the felt sense is the whole of all of this - what the bronchitis has meant to him through the years and all that is associated with that.) Remember this is concretely felt in the body but at first conceptually vague – there are no words yet.**

**T4:** So we want to keep company with all of that.....

**This is important. You first have to just be with the felt sense – the whole feel of it without words. And then more begins to come.**

**C5:** Yeah....and I think of my dad – he wasn't around much back then and now he is dead. (There is sadness in his face and some tears) He died so soon after I felt we were getting to know each other better.

**T5:** So as you attend to your physical distress it brings up your dad...and sadness about his distance from you as a child and now about his death.

**C6:** yeah.....(deep breathing)....

**T6:** As you are sitting with your sadness and the tightness and difficulty breathing...perhaps you could ask the tightness there is there is anything it is carrying now.....

**He begins to connect his bronchitis with a longing for a better relationship with his dad as a child and now how his death is especially sad because they were finally becoming close. All of this is still just the beginning. What is felt on a bodily level still contains more than what has been said so far. I want to help him continue to stay with the bodily felt sense...not jus talk. Asking an open question is one way to invite the felt sense to speak, to form into words or images.**

**C7: SILENCE....**

**(Usually there is a time of asking and waiting while attending to the felt sense....The felt sense opens in a slower time zone)**

Oh, (deep sobs)...I'm remembering being in the hospital room and seeing how emaciated my father looked.....(sobs).....I didn't want to see that....he used to be so strong and big....(sobs).....I felt so scared seeing him like that....This is my father....(deep sighs)..... SILENCE ..... WOW! I can't believe all that came just now...I had to hold all that back before while at the hospital. I knew I had to be strong for my family – my mother and children – so I blocked all that out....

**T7:** Such relief now to let yourself really acknowledge what you felt seeing your dad so emaciated.....seeing him dying.....

**C8:** Yes....(eyes brighten and for the first time he looks out at me)....I can't believe it. My sinuses are all clear now.

**Here a whole new experience emerged into full consciousness – but this doesn't say it quite, because until it emerged just now, he hadn't really been able to live this experience. Instead it had been carried by his body. Now it is released from his body and he is living this deeper meaning and breathing freely.**

PLEASE RETURN AT END OF LECTURE. THANK YOU.

## **RESEARCH :**

In conclusion, I want to briefly address how considering the FELT SENSE  
As a research variable can address a limitation in current research methodology and  
Give us a tool to investigate internal patterns of responsiveness as it impacts  
outcomes.

Most research designed to evaluate the effectiveness of a clinical  
intervention begins with a standardized model tested through a randomized controlled trial.  
There is an assumption here that a good intervention, if standardized, will have the  
same effect on each person, or at least, on the same category of people.

The problem here is that this assumption doesn't account for the fact that we bring our  
own individual responses to an intervention.

This aspect isn't usually considered a variable and I want to raise the question:  
How do we maximize individual variations of responsiveness to learn more about human  
Capacities that impact health and well-being.

Let me illustrate this problem by referring to the well-known research conducted  
By David Spiegel, et. al. I'm sure you are aware of this study investigating the impact  
Of a year-long support group for women with metastatic breast cancer. His results  
Showed that this psychological intervention was correlated with a statistically significant  
Longer survival rate compared to the control group matched for severity of illness. At  
The time this study was revolutionary, because it suggests that psychological  
Factors can influence survival rate for cancer patients. However, attempts to replicate this

study with similar results have failed. Why?

One such study was conducted by Cunningham, et. al. The Results were published in 1998. Overall, they did not find a significant effect; however, later As they looked more closely at the data they discovered seven people in this group Lived significantly longer than the other treated subjects. What was different about These 7 people? All seven, it turned out, sought out additional approaches. So It wasn't the approach itself, but the "seeking out, taking initiative, following One's own sense, that may be the crucial factor

There are other examples of this point. For example, Luctendorf, et. al. (1994) developed A variation of Pennebaker's work on journaling about a traumatic life event By studying whether or not verbal disclosure of a traumatic experience would Influence immune responsiveness. In her study she utilized focusing questions To increase experiential involvement in the disclosures. She measured the Extent of experiential involvement utilizing the Experiencing Scale, which measure The degree to which the person is able to directly refer to a felt sense. Her findings showed that disclosure alone did not affect the EBV-VCA antibody titres in a statistically significant way. However, greater experiential involvement was associated with increased immune function over the course of the experiment.

In my doctoral research study, I evaluated the usefulness of the first step of focusing As a stress reduction tool for people recovering from cancer. I compared the pre and Post scores for the experimental group (who received 6 weeks of focusing training) And the wait group. Even with a small pilot sample, I achieved statistically significant Results for lowered depression and positive body image. At the 6 month follow-up

The results for the experimental group were sustained. Now in teaching the Subject focusing this enabled each individual to generate their own response To their cancer threat. The actual behavioral changes were different for each person.

Both studies, in applying the focusing method actually allowed for the maximization Of individual variations of responsiveness. Making the paradigm shift enables us to design clinical Research studies that maximize the variations of responsiveness. This will help us learn more about human capacities that may impact health and well-being.

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