

RESEARCH ON CLEARING A SPACE

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Gendlin (2004) proposed the development of ‘first person science’—a method of scientific inquiry that avoids the pitfalls of a science of ‘things.’ Alongside traditional scientific methods, he proposes a ‘model of processes’ where the human ‘self-reflexive dimension of living’ becomes the content of our scientific investigation. In this method, scientific inquiry begins with differentiating different human processes and looking at their contributions to human living.

Clearing a Space (commonly known as the preparatory step for Focusing) has been developed as an experiential process in its own right and explored and applied to many issues and special populations. Research studies have investigated the effects of Clearing a Space on physical and emotional well-being, its impact upon specific physical illness/syndromes, as a stress reduction tool, work with children, education, and as a way of accessing spiritual resources related to one’s situational struggles. In addition, the role of Clearing a Space in long-term psychotherapy has been investigated in several qualitative studies and other studies have specifically investigated its contributions to trauma work.

The results of these many studies both confirm and further clarify how Focusing impacts physical well-being, emotional/mental shifts in meaning, the psychological healing of significant wounding for both children and adults, and spiritual development that increases empowerment to make changes in one’s life. These results now enable us to further understand the nature of the process of Clearing a Space (also referred to as CAS), and under what circumstances it may be of particular value for facilitating change, healing, learning and transformation.

The purpose of this paper is to present the results of this wide range of research on the effects of Clearing a Space. Clinical vignettes will demonstrate results. A brief overview of the scales developed for the original research on CAS is included

When Focusing was first discovered, there was an emphasis on the difference Focusing makes in addressing problems. At this early stage, what was significant about Focusing was that the felt sense carries the whole of our situation and knows more about what is needed to carry life forward than what we can figure out or think about. This direct access to the complexity of the felt whole changed our understanding of the unconscious (Gendlin, 1964). What is carried forward through exact symbolization wasn’t ‘already there’ but rather becomes the next step of living.

Clearing a Space was initially understood as a preparation for Focusing. One is invited to bring one’s attention inside to notice what life issues “keep me tense inside.” As each issue is sensed inside, it is acknowledged with a *Focusing Attitude*, and then placed at a little distance, in a metaphorical way. When this process is complete, a space opens up inside the person, and from there one is invited to sense freshly what issue wants attention now.

Since this initial formulation of CAS, the value of directly attending to and working with the Cleared Space itself has furthered our understanding of the nature and value of this process in its own right and suggests a larger understanding of not just particular problems per se, but of a wider field of living that shifts our relationships to our problems. What is this capacity and what is this space? The current research seems to indicate that CAS can be generative of a kind of change process that moves one in the direction of greater self-care and physical wellbeing as well as in the direction of a larger self-integration that rests in the vast space of the larger Self that some describe as a spiritual connection. The experience of ‘the more’ that is not ‘these problems’ also shifts the person’s relationship to a problem and becomes a directly felt connection to the potential in their lives. In a session with the author one Focuser describes CAS like this:

It’s like I came home to myself . . . It was like I had been away from myself for a long time. It was incredible. I could just rest there with all of Me. I did not know about this, that there is this inner home, that is like the essence of me . . . and it is free of my ‘problems’ (Grindler Katonah, 2010, p. 160).

I. CLEARING A SPACE AND HEALTH

1. Stress Reduction

There are many known techniques for stress reduction—progressive relaxation, mantra meditation, guided imagery, yoga, etc. Often one experiences deep relaxation after a practice period. However, the actual issues in one’s life that are creating ‘stress’ don’t go away, and after a respite of relaxation the body tenses up again. As Gendlin (1999) says: “All the stresses are what we call crossed in the body. Rather than being next to each other, each gets into the others so that they add weight to each other. A large overall stress weight results.” (p. 178) With the practice of CAS the stresses are identified, separated, and encouraged to be placed outside the body in a metaphorical place that holds the stressor in a relaxed way. “We find that each stress is far lighter when released from crossing with the others . . . They do not reconstitute the same degree of weightedness as when they were crossed” (Gendlin, 1999, p. 178).

In addition, the placing of a particular concern at a distance in a friendly way (not trying to get rid of it) shifts one’s relationship to the problem in such a way that fresh information becomes available and moves the person beyond the stuck pattern. “As long as the body is carrying the implicit meanings unexplicated, the body remains stressed and our capacity to continue to create and live out our meanings is brought to a halt” (Gendlin, 1999, p. 178).

Example:

“I suddenly feel like I have the energy to stand up to my husband. I’ve wanted to do that for a long time, but I felt dragged down by guilt” (Grindler Katonah, 2010, p. 163).

2. Medical Decision-Making

People diagnosed with a serious medical condition often have to make difficult decisions quickly. Physicians often present treatment options and respective statistics regarding outcomes. Often there is no definitive conclusion as to what is best, nor are there guarantees of a cure; while at the same time, physicians communicate the sense of urgency to decide. Patient's emotions are intense, and families can be left feeling helpless. In this state, it is not easy to think through a decision, to weigh alternatives, or to process the medical information productively.

There are several typical ways in which people tend to approach this decision-making task. Some weigh the logic presented by the doctors to make their decision. Sometimes family members have a strong opinion about what is best and push for it. This family pressure often silences and disempowers the patient. Others just assume "the doctor knows best" and abdicate a more active involvement in decisions. Both patients and family members are often driven by fear in making a decision and are too anxious to really come down into their bodies. Research indicates that patients who are actively engaged in their health care do better. (Greer, 1991, Wiebe and Williams 1992, Graham-Pole 2000). The practice of CAS enables patients to place fears at a distance in order to distinguish concerns, and then when the 'cleared space' becomes accessible they are able to listen to a deeper layer of bodily wisdom before a decision is made.

The following case study segment demonstrates the effects of CAS:

Sarah is a 69 year-old woman who has been living for two years with a second occurrence of ovarian cancer. When the new tumor was discovered, her physician presented her with the choice of doing nothing or trying chemotherapy again.

When she came to see me, she was quite distraught. She felt the burden of this decision and felt hopeless that she could come to a decision that really felt "right" to her. Her head was spinning with thoughts going round and round about this ultimate decision. She was in a non-process state because she was 'too close' to the situation, making it difficult for her to form a felt sense.

I invited her to clear a space:

DGK: *There is so much you are feeling about this right now . . . how crucial this decision is and how you don't really know what is right for you. Could we take some time now, to imagine taking all of that and putting it outside you at a little distance . . . Just notice how it all feels in your body . . . we are not going to figure anything out right now . . . Just be with it . . .*

M.T.: (Takes a deep breath) . . . (quiet) . . . *Well, I was just noticing all that is there and then the thought came . . . put it in God's hands. But it wasn't really just a thought . . . I could really imagine placing it outside of me . . . in the center of a flower . . .* (begins to cry) . . . *Oh, my God . . . I feel such relief . . . just in letting go like this . . . I didn't know I could feel this way at this time . . . I really need this . . .* (Sighs and becomes silent for awhile) . . . *But I still need to make a decision . . .*

DGK: *Yes, I know . . . but, perhaps you could begin by continuing to listen within . . . Asking that place that is now held by a flower, in God's hands . . . what is needed next to help.*

M.T.: *(Silence) . . . Oh, what came was . . . it's time to wait now . . . and the answer will come . . . That feels right . . . I know that will happen . . . I feel more relief and confidence . . . that in time I will know what I need to do for myself.*

For further examples see Grindler Katonah (1999) and Hendricks (1999).

3. Clearing a Space impacts quality of life for people with cancer

Research demonstrates the need for interventions that address social and psychological needs of both individuals and families dealing with life-threatening and life-altering diseases (Carlson & Bultz, 2003). Several research studies evaluated the usefulness of CAS for people with health concerns.

Klagsbrun and colleagues (2010) taught CAS to 17 breast cancer survivors, age 43-65, during 6 weekly, 45-minute sessions. The first and last session was in person and the remaining 4 sessions were conducted over the phone. Quantitative results showed:

- A significant improvement pre and post intervention (compared to the control group) in the FACT-B measure of quality of life.
- No significant differences between the delivery methods. Participants achieved equivalent scores on the CAS Checklist whether the intervention was delivered live or by telephone.
- Equal preference was expressed for both phone and in person delivery of the intervention.
- Qualitative results found these common characteristics: reduced somatic concerns, increased emotional self-regulation, mental clarity, and calm mood.

Klagsbrun, J., Rappaport, L., Marcow Speiser, V., Post, P. Byers, J., Stepakoff, S., Karman, S. (2005) investigated the impact on quality of life of a two one-day intensive retreat for 18 women with breast cancer that integrated both CAS and expressive arts therapy (dance, movement, visual art, and creative writing). CAS was taught prior to the beginning of the workshop, at the start of each day, and practiced once with a partner between the two retreat days, and a final time at the end of the second retreat day. Results showed:

- Significant increase in CAS scores pre-and-post treatment. (p.01).
- Significant increase in quality of life as measured by the Fact-B scale (p.01).
- Subjects with High EXP showed greater improvement in Body Attitudes and ability to CAS.
- Significant improvement in Body Attitudes for subjects with low to medium experiencing level at the beginning of the intervention (p.05).
- Significant correlation (.7) between EXP Scale and CAS Check List, suggesting CAS is a valid independent measure of 'experiencing level'.

Grindler Katonah (1999) evaluated the usefulness of Clearing a Space as a psychological tool in the treatment of 12 cancer patients between the ages of 30-55, who had cancer within the last five years. Subjects were matched for severity of illness, and randomly assigned to the immediate treatment or to a wait group of four weeks. The treatment consisted of 6 weekly, 1 1/2 hour training sessions in CAS. This CAS protocol emphasized a Focusing process on the cleared space itself. A six-month follow-up showed the following changes over time.

- A statistically significant decrease in depression (p. 025) and improvement in body attitudes (p. 02) for the treatment group when compared to the wait group.
- A trend towards significance appeared in the hardiness scores and the body cathexis scores.
- At the six-month follow-up, no significant differences in the scores emerged for the treatment group, suggesting that subjects had sustained the changes achieved with this intervention over time.
- Qualitative results revealed that through sustained practice, patients experienced increased self-care behaviors.

For further case study results applying CAS to work with people surviving cancer see: Kanter (1999), McDonald (1983), Gendlin, Grindler Katonah, and McGuire (1984).

4. Clearing a Space and weight loss

Most current weight loss interventions continue to be conceptualized from the Cartesian model that separates mind and body. Either the focus is on changing the physiology through physical mechanisms (exercise and changes in eating habits) or through behavioral interventions that emphasize changes in behavior or environment. Most of these approaches only show short-term results. The experiential theory (on which Focusing is based) posits that the mind and body are not separate processes, but rather are one interactive whole that changes in relation to all aspects of one's living.

Antrobos, J. (2008) evaluated the subjective experiences of four women, age 23-32, and concerned about weight, during a combined treatment of CAS and yoga over a period of 6 weeks. Once a week each participant attended a one-hour yoga class followed by a Focusing session guided and audiotaped by the investigator. Results include:

- Report of weight loss ranging from 2-5 pounds.
- The scores on the Grindler Body Attitudes Scale increased from pre-test to the three-month follow-up by an average of 10%.
- Three of the 4 participants stated at the follow-up interview that they were less concerned with their actual weight than with their overall sense of 'feeling healthy.'

Qualitative results include reporting that during the CAS sessions the participants discovered 'unique instructions' for their self-care. For example, one participant reported that she is now able to recognize what feels good in her body. All participants reported learning more effective ways of handling their stress.

Holstein, B. (1990) examined the effects of Clearing a Space and Focusing on the maintenance of weight loss for 14 subjects following a 10 week cognitive behavioral weight loss program. Half of the group received 10 Focusing sessions. All subjects received 10 sessions in Cognitive Behavioral Therapy weight loss strategies. Results showed:

- Control group lost 6.7 lbs at the end of treatment and at the 3 month follow-up the average weight loss was 3.3 lbs.
- The Focusing treatment group lost 3.3 lbs. at the end of treatment, and at the 3 month follow-up the average weight loss was 7.7 pounds. Maintenance weight loss was significantly higher for the Focusing group. (p.05).
- Qualitative results in both studies show that the subjects who practiced CAS and Focusing did not Focus on weight as an issue but rather attended to the personal issues that arose from the body suggesting that the ability to lose weight is part of a larger holistic process.

5. Clearing a Space and AIDS

Krycka, K. (1997) researched the impact of CAS, which included Focusing on the cleared space itself, as an intervention for four men with AIDS. Four males between the ages of 19 and 45 who tested HIV positive and had stage four HIV infection participated in this study. They received training in CAS over a six-week period. Results showed

- A significant increase in Hardiness, Self and Body Cathesis, and Body Attitudes.
- Two subjects evidence significant decrease in depression.

Through a phenomenological analysis of the audio-recorded sessions Krycka identified three distinct phases on the 'recovery of will'. 1. The process of attending to one's feelings and body awareness were more difficult than imagined for the subjects. 2. A new fresh dialogue was established between formerly disowned, or denied aspects of experience. 3. A shift in each person's sense of meaning related to their illness occurred, with a return of vitality and the integration of previously disowned parts.

6. Clearing a Space and Chronic Pain

Ferraro (2010) investigated the impact of 6 weekly Focusing sessions, including CAS, for 4 chronic pain patients. The CAS protocol included becoming aware of the quality of the pain, to keep the pain company, to place the pain at a distance, and to find a pain-free area. A series of measures administered 5 times (including base-line measure and at two-week follow-up) over a 10-week period assessed levels of symptoms. Results indicate:

- 28% decrease in depression
- 23% decrease in anxiety
- 21% decrease in level of pain
- 34% improvement in body attitudes.

- Increased alertness and re-engagement with family and life outside of pain experience.
- Qualitative analysis of transcripts indicate participants found a pain free area in their bodies and learned about a personal belief system that restricted their life.

They also gained a new, active coping strategy.

Following is an example of one subject's new awareness of his limiting belief that he wasn't 'supposed' to be pain-free:

T: *So what's it like to be a person who knows that you can actually be relaxed and free of pain sometimes?*

C: *It's kind of . . . (pause) it kind of makes me nervous a little because . . . (pause) oh . . . am I supposed to be like that? I still have that thing of 'are we allowed to be this?'*

T: *Comfortable and relaxed?*

C: *Yeah, yeah . . . not me!*

T: *Ummm . . .*

C: *You know, are we allowed to be that comfortable?*

T: *So here you've been wondering inside, even as you're feeling . . .*

C: *Right.*

T: *Your 'something' is creeping up saying, "Wait! Is this okay?"*

C: *Right. DO I have the right to be like this?*

T: *Do I have the right to be what I asked to be?*

C: *To be this relaxed? (Ferraro p. 53)*

II. CLEARING A SPACE IN OTHER CONTEXTS

1. Clearing a Space and Children

Yuba and Murayama (1988) reported case studies in which CAS with drawing was used in play therapy. The qualitative results indicate that CAS:

- Helps the child experience a sense of himself that is not involved in the problems
- Brings physical and mental relief
- Increases the child's capacity to attend to problems in a constructive way
- Positive behavioral changes in school were observed

Santen (2007) (reported the results of three case studies applying his model of Body Maps (a spatial model of Clearing a Space) for helping severely traumatized children to reconstitute their experiencing. Santon recognized that children and adolescents who score

high on dissociation-scales report experiencing dissociation-linked phenomena as located in fixed spatial positions. With this understanding, Santon developed a treatment model that helped children make the avoided places ‘exist’ in an out-there space (outside their body) as a doorway to access these places in the in-here space (inside their body). “My experience is that it can be very hard for dissociated children to connect with a feeling place; their bodies do not ‘talk back’ easily. It is difficult to reach and maintain the required quiet inner sensing” (Santon, p. 61).

His treatment approach begins with offering dissociated clients life-sized empty ‘bodies’, drawn on paper. These could be used as out-there containers that—used as reflectors—stirred up and clarified the current spatial positions of dissociation mechanisms in their body. In most of the cases this appeared to cease the grip of their anxiety and release the reconstitution of experiencing.

The case example of Raphael summarizes the results:

After 4½ months of treatment the landscape of a newly-made-second body map confirmed what Rafaël had told: the impact of shocks on his life had been minimized. His parents reported considerable change. Rafaël’s nightmares had almost gone. Symptoms like his vomiting and being “deadly frightened of death” had disappeared. He was coping better with unexpected events. School-results improved. He began to take more initiative. Therapy was cut back; we finished shortly after (p.67).

2. Clearing a Space and Education

Zimring, et. al. (1974, 1983, 1985, 1990), in a series of five studies demonstrated increased performance on complex mental tasks through CAS, especially tasks that require attention to internally generated stimuli. These results suggest that CAS, which trains a person to reflect inwardly and find a space free of problems, strengthens one’s ability to concentrate one’s attention.

However, it is not just younger students who need help to reduce their stress levels before settling down to learn; a complex and daunting series of stressors beset college and graduate students, as well. See Klagsbrun (2008).

III. CLEARING A SPACE AND PSYCHOTHERAPY

Successful psychotherapy requires a directly felt bodily process that is experienced both within the relationship between client and therapist and within the client’s inner relationship to his/her own subjective experiencing (Gendlin, 1984). CAS can be integrated within a Focusing-oriented psychotherapy in many ways. What impact does it have for a client to shift their relationship to an issue (too close or too distant) and what impact occurs when the cleared space itself becomes a direct referent? The potential contributions CAS may offer psychotherapy have just begun to be investigated, and the following studies give us more information about the value of this process as it is integrated into a psychotherapy relationship.

Leijssen (2007), differentiates ‘microprocesses’ that are aspects of the full Focusing experience and may be needed at different times and for different reasons during a therapeutic process. She describes how clients can feel overwhelmed or in a state of heightened anxiety when talking about a very sensitive issue. What is needed is to create a relationship between ‘me’ and the sensitive issue.

She offers many suggestions about how to help clients create some distance between themselves and the problem. For example, she describes how CAS allows concerns to surface spontaneously in response to an interested curiosity about ‘whatever is there’ and then giving each a place to be for a few minutes before a deeper exploration. Her case study results indicate that clients report “experiencing a deep feeling of peace, rest, life energy and being centered . . . which may come near to a spiritual/ religious/ transcendental experience” (p. 11). This sensing what it is like to be free of a problem creates room for an “influx of positive energy and lightness” (p.11). “This process is in itself a healing one; it creates the experience of a ‘new me’, untouched by difficulties but capable of finding a better way of relating to one’s problems from its position as observing self” (p. 11).

Rappaport (2009) introduces CAS with art as a fundamental approach in Focusing-Oriented Art Therapy. She reports that CAS can be used with individuals, couples, groups, and families. The client is invited to identify the issues that are in the way of feeling ‘all fine.’ Through the use of imagery and art supplies, issues are symbolized and placed at a comfortable distance (for example, in a basket). The ‘all fine place’ is also attended to with all the kinesthetic responses to the colors, textures, and shapes created. Rappaport discusses how CAS creates a connection to an aspect of the self that is separate from the concerns and also helps them to experience themselves as essentially whole (p. 122).

One question within the experiential psychotherapy field considers the difference between using “guiding techniques” vs. developing the kind of client-therapist relationship that furthers experiencing. Ikemi (2006) evaluated two cases over time, in which the combination of a self-regulation method (an Asian development of autogenic training incorporating aspects of Zen meditation) and CAS were introduced at the beginning of a therapy relationship. The results show a gradual decline in the use of this protocol over the course of the therapy. In the early phase this process was applied in each session. In the middle phase of the therapy it was applied in an average of 63% of the sessions. In the final phase it was used 16% of the time for case one, and not used at all for case 2. These results suggest that the introduction of these techniques served the function of teaching the client how to relate to his/her experience in a Focusing-oriented way, enabling the dropping of the techniques as the Focusing-oriented therapy process began to function on its own.

Ikemi discusses the significance of this progression.

The decline in the use of SRM/CAS procedure indicates that the use of the SRM/CS method was replaced by the developing relationship between the client and the therapist and within the clients themselves. It can be speculated that as clients learn to relate to their own feelings, the use of therapeutic methods become no longer necessary (p. 228).

Grindler Katonah (2010) conducted a thematic analysis of CAS experiences that occurred in the context of an ongoing change process and suggests that the direct engagement of the cleared space (applying all the Focusing steps to the felt sense of the cleared space) contributes to a spiritual development process that shifts a person's orientation to their life—from one of goals and problem-solving to a way of being that centers one's life in a larger purpose. The central focus is no longer on solving particular problems, but becomes instead the desire to live one's life in alignment with one's higher values and purpose.

The following process dimensions were differentiated: All of these dimensions articulated below are the qualitative results of the thematic analysis reported in Grindler Katonah (2010).

1. Each issue finds its 'right' place

Through allowing each 'issue' to generate its own image of where to place itself, a kind of mandala is created where "each issue places itself in relationship to the larger whole and the whole organisms' living is carried forward" (p.162).

2. Sense of wellbeing is increased

There is a noticeable physical experience of wellbeing when the cleared space is discovered.

"Often a breath occurs when an issue is placed at a comfortable distance. Energy is freer. One is no longer burdened by 'all of that.' Laughter may spontaneously emerge. One tastes *a way of living* unencumbered by a particular difficulty" (p. 162). This increased well-being helps one act differently. Once this experience of a different way of being is accessed through CAS, particular action steps become possible that otherwise felt 'stuck' or 'too difficult.' Action steps are crucial to experiential change (Gendlin, 1996, p. 228).

3. Direct experience of one's essence:

Without the practice of CAS the person may relate only to situational issues.

Through Focusing we can find what is true for us about any experience or concern—the exact symbolization that carries forward the *situation*. Yet, there is another experience of 'Me' that is more central, a directly felt connection to an essence of one's being that lives through all of one's situations. In touching the cleared space we experience wanting life more for its own sake. It may even come for someone who is terminally ill—even then, it is there . . . a kind of force or strength that 'rolls through all things' (Wordsworth, 1964, p. 92) and can never be destroyed. Over time, entering the cleared space stimulates a desire to center one's life in this wider self (Grindler Katonah, 2010, p. 163).

Example 1: (from a client of McDonald (1984)

T: *Is there a word or image that fits the quality of the Clear Space?*

C: *Clean . . . and . . . light.*

T: *Clean and light. Is that the quality that exactly fits?*

C: *Mmm . . . (head nods) . . . (Pause)*

C: *I just want to stay here. It's so free. I feel free.*

T: *You feel free . . . (Pause)*

C: *I never knew I could experience anything like this! (Eyes open wide.) (p. 125).*

Example 2: (from a client of Klagsbrun et al. (2005)

“What comes 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.” (p.132).

4. Increased confidence

Another development that occurs over time through practicing CAS is confidence.

This direct encounter with the cleared space releases fear and increases confidence that an answer will come, without trying to figure something out. With this connection to the “more” one realizes something larger is participating in one's healing. Confidence in life and life's process is strengthened (Grindler Katonah, 2010, p.163-164).

5. Awakening to the Significance of one's Life

Usually we see the significance of our life through evaluation. It is rare to experientially value our life for its own sake.

The experience of sitting with the cleared space often includes recognizing the unconditional significance of one's life. One realizes that one's value is not contingent upon outcomes. Rather, one's life is inherently significant. This felt insight begins to change one's sense of purpose—being becomes more important than doing. A way of life that expresses one's values becomes more central. Over time a greater commitment to self-care develops. Change steps emerge relating to exercise, diet, spiritual practices, attention to relationships, etc. (p. 164).

6. Not one quality but many: What emerges fits what is needed

Each time someone accesses the cleared space, it is experienced differently. Qualities that emerge in the cleared space resemble a kaleidoscope. Handles frequently described are: peaceful, still, comfort, clear, whole. Other

handles describe ‘something so big and significant that it can never be grasped; yet it is real’. The purpose of finding a handle is not to define the experience but rather to access more of what the cleared space offers for this moment. When the explication fits exactly, one’s relation to all the issues shifts towards a sense of greater unification (p. 165).

Grindler Katonah (2010) suggests that over time, when practicing CAS in such a way that the cleared space is focused upon directly, a different kind of growth process occurs which leads to a shift in the locus of the self to include a connection with a ‘higher source’ of meaning for one’s life.

IV. CLEARING A SPACE AND TRAUMA

Literature indicates that immersion in the affect of the trauma does not lead to recovery. (Van der Kolk, 1996). The Felt Sense, in contrast to emotions, forms a more complex differentiation of experience; however, for the felt sense to form there needs to be the ‘right distance’ between the ‘I’ and ‘the issue’. This inner relationship is created through CAS and generates an experiential process that moves beyond the patterning of the trauma.

Bhat (2010) taught CAS, over 6 weekly sessions, to two trauma survivors who were diagnosed with both Post-traumatic Stress Disorder and Substance Abuse and were currently residing in a residential treatment center for substance abuse. Participants were guided through CAS in each session. The protocol began with experiencing a positive memory; then each subject was guided to put aside their felt sense of life stressors until each experienced an inner space free of problems or concerns. Results showed a significant reduction in trauma symptoms as measured by the Trauma Symptom Check List, including less flashbacks, difficulty concentrating, and sleep disturbance.

Qualitative analysis of CAS sessions over time indicate the following changes:

- New sense of bodily awareness.
- Sense of interpersonal boundaries and safety through trust in their bodies.
- Acceptance of their humanity.
- Greater sense of vitality through taking action.
- Shift to positive thinking.
- Ability to be playful and laugh.
- Greater confidence in their own ability to maintain sobriety.
- Participants reported at their follow-up interviews that they had developed a commitment to living with a new purpose.

For research on CAS and trauma see: Coffeng (2003), Grindler Katonah (1984), Hendricks (1998), Hudek, C. Folio 2007, Klagsbrun (2007), Leijsson, (2007), McGuire (1984).

V. TWO MEASURES OF CLEARING A SPACE

The Clearing a Space Check List measures the number of Focusing steps the subject experienced during Clearing a Space (clearing a space, felt sense, handle, sitting with felt sense, background feeling, and a felt shift). This Scale is designed to include the guiding instruction to apply the steps of Focusing on the cleared space. The Check List is scored after each session and allows for calculating an overall mean score and the range of scores achieved over time. The trainers who administered the intervention were trained in scoring the Check List and achieved reliability amongst each other. The reliability coefficient obtained was .84. For anyone wanting to use this Scale a similar training process should be included for the raters as well as establishing reliability with the original ratings used in this study through rating the reliability tapes. A significant correlation (.7) was found between the CAS Check List and The Experiencing Scale, thus establishing validity.

The Clearing a Space Check List was developed for the purpose of measuring the experiential success of a Focusing intervention and to be able to correlate degree of Focusing success with other outcome measures. To obtain a copy of this measure go to: http://www.experiential-researchers.org/instruments/grindler/clearing_a_space_checklist.html

The Grindler Body Attitudes Scale was designed to investigate health-related attitudes toward the body after an illness. This measure rates the degree to which a person who has had an illness is maintaining positive attitudes towards his/her body and the extent to which the body is seen as capable of healing. The range of possible scores is 30-150 and the key for rating this scale is enclosed. Validity was obtained by correlating The GBAS with the Secord and Jourard Body Cathexis Scale. (Secord, P. and Jourard, S. (1953). The Appraisal of Body Cathexis: Body Cathexis and the Self. *Journal of Consulting Psychology*, 17, 343-347.) The two scales correlated significantly ($r = .62$, $p = .001$). We evaluated the reliability of the scale using a Spearman-Brown Split Half Reliability Test and found a reliability coefficient of .88, which showed the internal consistency of the questionnaire. To obtain a copy of this measure go to: <http://www.experiential-researchers.org/instruments.html#Grindler>

CONCLUSION

In conclusion, this article reports on the research developments regarding applications of CAS that contribute to many developments of the person: mind/body integration, empowerment in making decisions from a bodily wisdom, other applications in the fields of medicine, education, psychotherapy, spirituality, and trauma. These results suggest that CAS contributes to a furthering of integrated development (towards wholeness), empowerment of the person to carry forward in action, to a spiritually informed development that moves beyond problem-solving, and to ways of engaging in learning that bring the whole person more alive.

Further research investigating experiential processes continues to be important. A broad range of research methods now enable us to measure the kinds of changes that occur in order to differentiate the qualitative changes, and to illuminate what is happening during a particular process. Hendricks (2001) has analyzed a body of research within the experi-

ential Focusing field; however, the field still lacks large scale studies, replication of smaller yet promising studies, development of cross-cultural studies, and further investigations of applications to specific issues and populations. May this review stimulate further research in these areas.

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