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Change: An Integrative Focusing Model

By

Lynda Vorauer

A practicum presented to the Faculty of Graduate Studies
In Partial Fulfillment of the Requirements for the Degree

Master of Social Work

Faculty of Social Work
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Winnipeg, Manitoba

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of

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Abstract

This practicum report explores the use of an intervention called focusing with a population of university students at the University of Manitoba Counselling Service. Focusing is viewed primarily of interest to social work as a technique to access the body sense of the difficulties in person:environment transactions and thus create change in transactions. Since stress is an indicator of difficulty in the transaction, a stress-coping transactional model is used as a basis for integrating focusing into a social work framework. The intervention is used with a university student population because of the dual factors of the stress in being a student combined with the transitions required of the late adolescent life stage.

The integration of focusing is examined in three other areas: the strengths perspective, narrative metaphor, and brief therapy. The report examines how integrating perspectives and connecting to messages from the body can contribute to the development of client strengths and empowerment. The thoughts, images, and feelings which emerge from the body sense are like a story and through the shifts or changes in the story, new stories emerge. Therefore, the connection to narrative therapy as a way of opening space for new stories is explored. In this practicum, focusing is used in a brief therapy format, appropriate for this population. Focusing is used as a part of a complete social work intervention.

The report discusses the importance of focusing as an integrative model of social work theory and practice. The core of this integrative model is the information focusing can provide about the internal responses of the person in relationship to their environment.

CHAPTER ONE

Introduction

This practicum examines the use of an intervention called focusing as part of

social work practice with a university student population. Focusing is a series of steps

developed by Gendlin (1981) to access the whole-brain knowing the body contains.

The technique was developed as a result of research into how clients can be

successful in therapy. The identifying factor was the ability to access this body

knowing as a way to experience the problem and in so doing to create change. As

Ferguson (1981) writes: "Our brains and bodies know far more than is normally

available to us" (p. ix). Weick (1981) has criticized social work's preoccupation with

the mind and exclusion of the body, writing about the importance of re-establishing

"an equality in the relationship of body and mind" and that the body, or physical

environment, "can greatly extend the concept of environment" (p. 141). The

information obtained from the focusing process gives previously unavailable

information about person:environment transactions, which is the central concern of

social work. Focusing can be used therapeutically, or as a self-help technique by

people on their own, with a partner, or in a group.

My interest in this practicum arose from my own experience with focusing

and the awareness of the change it promoted. I am interested in discovering whether

the process of focusing can be utilized with a university student population and how

focusing can be integrated into social work practice. The practicum develops an

integrated model of practice theory in integrating a transactional model of

person:environment, the strengths perspective, narrative therapy, and brief therapy.

The evaluation of the use of this technique for the university student population is an important component.

Practicum Rationale

This practicum is relevant for social work in several ways. The most important is the way the body can be accessed as an internal resource. The connection with body resources in focusing[1] is important in changing the dichotomy between mind and body. Weick (1981) states that: "The profession's comfortable acceptance of the body-mind dichotomy is an unfortunate distortion. This dichotomy places the mind and its processes in a superordinate role and views the body as...the mind's embarrassing appendage" (p. 141). Instead, the body can become a source of wisdom, an ally. Social work is concerned with resources -- internal and external. The body can become a powerful internal resource. Focusing has the potential to develop the intuitive right side of the brain, an important resource. This development can lead to a more creative form of decision-making and coping (Lewarne, 1998). Contact with the body's internal wisdom can increase self-esteem and ego strength which can contribute to increased coping skills, an essential part of the stress-coping transaction. Ferguson (1981) writes that the use of focusing may encourage "whole-brain knowing" in that "the brain's analytical left hemisphere, dominant for language, names that which heretofore was inarticulate and diffuse, known only to the holistic, mute right brain." (p. xi). The learning and teaching of focusing by social workers would increase the ability to access this whole-brain knowing in problem-solving.

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[1] Focusing is referred to in this report with a small letter as Gendlin refers to it. The author of this report prefers this useage as it is more indicative of focusing as a natural process.

Lewarne (1998) declares that society is at a paradigm shift in moving away from an old mechanistic model which values economic activity as an end, toward one which is more oriented to a "healthy, sustainable community approach to living" (p. 1). She sees social workers being well-equipped to be at the forefront of this shift, if they develop in the area of "intuitive problem-solving and thinking...a function of the creative right-side of the brain is particularly useful in the area of decision-making and can revolutionize perception" (Lewarne, 1998, p. 8).

Another way focusing is relevant to social work is the information it provides about the person:environment relationship. Germain (1981) identifies this person-in-environment relationship as "the distinguishing and unifying characteristic of social work" (p. 323). The phrase *person:environment* is used "to repair the conceptually fractured relationship" indicated by *person-in-environment* (Germain & Gitterman, 1996, p. 1). In adopting a transactional model of person:environment, Germain identifies *stress* as being critical in understanding "what is going on in the transactional area when upsets occur in the relations between person and environment" (1981, p. 326). "The life stressor-stress coping paradigm covers an almost limitless variety of human plights, and provides a useful schema...(for) the helping process" (Germain & Gitterman, 1996, p. ix). University students have higher levels of stress than their peers (Hirsch & Ellis, 1996). Adolescence is a particularly stressful transitional period (Aneshensel & Gore, 1991). Therefore, focusing may be useful as a way to explore transactional areas with this population. Germain (1981) advocates the development of "new practice principles for

transactional interventions" (p. 326). Focusing is in itself a transactional *process* which can track the dynamic and changing interplay in the person:environment encounter (Klein, 1998).

Focusing has much to offer social work. Focusing develops communication skills and empathic listening skills central to any helping relationship. Facilitating self-determination and empowering people to make the changes they choose are central values of social work. The process in focusing of affirming the client's reality and own solutions is a process of increasing self-determination. It is a model related to the strengths perspective in social work: a model emphasizing strengths, not deficits (Saleebey, 1997). There is an opportunity to go beyond previous pathology-based models of practice. Saleebey (1997) in writing about "how we make clients from people" states that when people arrive with stories about themselves, their accounts are often turned into "an 'official' story of deficits" (p. 153). Focusing is a way to affirm client's stories and promote the growth of new stories, or "open space for new stories" (Freedman & Combs, 1996, p. 42). Opening space for new stories is the central feature of narrative therapy (Freedman & Combs, 1996, p. 42). The combination of the transactional model, brief therapy, the strengths perspective, and narrative approaches with focusing allow for a new integrative model which bridges several perspectives.

Focusing is a powerful change tool. Second-order change is promoted, change in which the system itself is changed, rather than first-order change in which only the symptom changes while the system itself remains unchanged (Watzlawick, Weakland & Fisch, 1974). Focusing can promote change quickly and therefore can

be used in a brief therapy format useful to social workers. The process can be inserted into a session, for a few minutes or for 20-30 minutes.

In summary, the use of focusing gives access to the body as a resource containing environmental information and intuitive information which can aid social workers in promoting client strengths and in developing new paradigms. New and integrative models can also be constructed as different theoretical perspectives are linked, providing new perspectives.

Learning Goals of the Practicum

There were five learning goals of the practicum: 1) to develop the skilled use of the steps of the focusing process; 2) to learn to apply and adapt focusing to social work practice, in particular, a university student population; 3) to develop counselling skills applicable to an academically focused and based counselling centre; 4) to develop a focusing model applicable to social work practice that integrates various frameworks; and 5) to learn how to evaluate the use of the focusing model by doing a content analysis of the data. These goals will be further elaborated.

The first goal concerns developing the skilled use of the steps of the focusing process. There are six steps of the focusing process and three phases: beginning, middle, and ending. The beginning phase steps are: Emotion or Issue and Felt Sense. The middle phase consists of the steps Explication, Checking, and Felt Shift; while the ending phase has the step of Global Application. These steps are explained in the literature review.

The second goal is to learn to apply and adapt focusing to social work practice, in particular, a university student population. This goal concerns learning

about the needs of the student population and how focusing could be used to meet those needs. This is a population in a transitional life stage from adolescence to adulthood which brings both stress and opportunities. These challenges are combined with the stress of being a university student.

The third goal is to develop social work counselling skills applicable to an academically focused and based counselling centre. This goal involves learning to work with academic problems which students encounter, as well as learning to advocate for clients and locate resources in the university context.

The fourth goal is to develop a focusing model applicable to social work practice that integrates various frameworks. This involves finding the links to the literature and creating an integrative model. The model was developed using the transactional stress model as the foundation.

The fifth goal is to learn how to evaluate the use of focusing by doing a content analysis of the data. This goal involves counting words, phrases and themes throughout the steps of focusing to aggregate the data.

CHAPTER TWO

Literature Review

Focusing and Change

Focusing developed from the client-centred therapy approach of Carl Rogers

(Gendlin, 1981, 1984, 1992, 1996; Harman, 1990; Leijssen, 1990; Rice & Greenberg,

1990). In the client-centred approach, the goal of successful therapy was for the

client to be open to feelings and thus move to awareness and change (Klein, Mathieu-

Coughlan, & Kiesler, 1986). The crucial factor in this movement concerned

"experiencing", or the "preverbal, preconceptual, bodily sense of being in interaction

with the environment, a guts-level sense of the felt meaning of things...Experiencing

is not a re-enactment of events, but includes their *personally felt significance* " [italics

added] (Klein, Mathieu-Coughlan, & Kiesler, 1986, p. 27). Research at the

University of Chicago into this experiencing led to the conclusion that access to this

factor contributed to successful therapy (Gendlin, 1984). Gendlin (1981) discovered

a way of teaching clients to access this inner experiencing by a series of steps which

he called focusing. The inner experiencing can then be "structured indefinitely,

carried forward, used as the basis for action, and provide feedback to produce an

experiential effect or shift...experiencing defines the basic and essential processes

that lead to change and health (i.e., the 'how' of change)" (Klein, Mathieu-Coughlan,

& Kiesler, 1986, p. 27). Rice and Greenberg (1991) define focusing as part of "the

experiential search" dimension of experiential therapy (p. 405). Essentially, focusing

is a process of bringing attention into your body to connect with the body's wisdom,

bringing insight and positive life change (Cornell, 1994). It can be practiced on one's own, with a partner, in a self-help group, or in various therapeutic contexts.

Gendlin (1984) cites the following research studies involving a variety of clients: from cancer patients (Grindler, 1982; Olson, 1981), to school children dealing with their most difficult subject (Murray, 1978). Focusing has been used in dance therapy (Alperson, 1974; Noel and Noel, 1981), and in relation to images (Olsen, 1975), dreams (Hendricks & Cartwright, 1978), and meditation (Weiss, 1978, Amodeo, 1981).

Recently, focusing has been researched with early traumatized children and adolescents (Santen, 1990), and with psychosomatic clients (Fuhrmann, 1990). While focusing can be used specifically with particular populations, it can also be successfully used by anyone who is feeling stuck (Ferguson, 1981). Gendlin (1996) states that "there is a distinct physical sensation of change...a body shift" (p. 15). "When practiced alone or in the company of another, focusing can lead to felt shifts in experiencing and thus, long-term changes in cognitions, emotions and behaviour." (McGuire, 1991, p. 237). In the following section, Gendlin's (1964) model for change is described.

The Change Model

McGuire (1991) outlines Gendlin's (1964) model for change which includes six steps: Emotion, Felt Sense, Explication, Checking, Felt Shift, and Global Application. These steps are illustrated in the following excerpt (Gendlin, 1990). For the purpose of explication, the author of this report has woven the steps (McGuire, 1991) into the excerpt (Gendlin, 1990). The steps are further categorized by the author

into a beginning, middle and ending phase, which are the general phases used in the

practicum. This example also illustrates the therapist's reflective listening.

Beginning phase.

The beginning phase consists of Step One and Two.

Step One: Emotion

At this stage, an image or emotion arises or the client chooses an issue for

focusing.

This session begins with the client having a felt sense of "like darts hitting my body"

and feeling uncomfortable living in the city "with the noise crowding in" (Gendlin,

1990, p. 217-218).

Step Two: Felt Sense

The client at this step attempts to get a broader sense of the body sense,

emotion, image, or issue.

C: "I can hardly touch it. There is something and it is right here on the edge.

I can hardly touch it; it is ... I cannot want my mother, I can hardly say it."

"And I reflect:"

T: "You cannot want her." (Silence.)

Middle phase.

The middle phase consists of steps three, four, and five.

Step Three: Explication

In order to convey the felt sense the client searches for symbols (gestures,

words, or images) that best describe the felt sense of the situation.

Step Four: Checking

By reflecting the symbolizations, the therapist encourages the client to check them against the felt sense, refining them until they are "just right" in capturing the felt sense. The explication and checking steps follow.

C: "That is where I feel the noise like darts." (More silence.)

C: "It is real early, real early." (Explication)

T: "It feels like a very early experience." (Checking)

C: "I cannot want anything." (Explication)

"Silence.

Here come the steps. Silence."

C: "This needs to rest and it cannot rest. If it lets down and rests, it will die. It needs to keep its guard up."

T: "There is such a big need and longing to rest and let down and ease; but somehow also this part of you cannot rest. It feels that it will die if it stops being on guard." (Checking)

Step Five: Felt Shift

The issue shifts and there is a release of body tension.

C: "Now, suddenly it feels like a house on stilts, that the stilts go into the earth. All of me on top where the noise is, that is the house. And it is on stilts. It got lifted off this sore place. Now this sore place is like a layer and it can breathe.

C: "Yes, now it is breathing." (More silence.)

C: "It is bathing in warm water."

Ending.

The ending phase consists of the global application, step six, and thanking the body, marking the place, and grounding the experience.

Step Six: Global Application

The bodily living has changed and with it the application to the person's life and environment.

"And then later, she said (these are not exactly her words):"

> C: "When I was little, I played a lot with stilts. I used to go between the power-wires on them. It was dangerous but it was play. I used to make taller and taller ones and go on them there. Stilts, I have not thought of those for years. Play and danger."
>
> "And she is realizing that the themes are related. There was this life and death place here, and stilts have something to do with that and the play is some kind of freeing dimension. So she says:"
>
> C: "How does this process do that? It uses all these things to..."
>
> "That is a good place to stop..." (Gendlin, 1990, p. 218-220).

This excerpt illustrates the focusing process in that a felt sense "like darts hitting the body" is developed through explication and checking. There are several shifts which occur, resulting in an altered understanding of the person:environment situation.

<u>Focusing and Second-Order Change</u>

Current theories about change have evolved from the work of cybernetic

theorists and in social work from the work of Watzlawick, Weakland and Fisch

(1974). The concept of first-order change and second-order change is proposed. First-

order change "occurs within a given system which itself remains unchanged" (p. 10).

Second-order change "changes the system itself" (p. 10). Second-order change could

be called "*change of change*". (p. 11). Nicholas (1984) states that: "Second-order

change requires a shift of frame of reference to a higher level of abstraction and an

operation on the class of things which exists at a lower logical level" (p. 14). This

author refers to first-order change as "symptom relief, while second-order change

involves change in frames of reference" (1984, p. 14). Nicholas (1984) cites other

theorists who have stressed the importance of change in terms of changing the frame

of reference: Bateson, 1972; Erickson, 1980; Grindler and Bandler, 1976; and Haley,

1963.

Some of the key concepts in cybernetic theory that are of concern to social

work are those of *stability, change,* and *feedback.* Freud (1988) states that: "Systems

change in order to maintain stability, and there must be some order so that change is

possible" and "the interaction of these two processes is a flowing equilibrium that

appears to be a steady state" (p. 367-368). Feedback processes can be of three kinds:

positive, negative, and evolutionary (Freud, 1988). Negative feedback loops operate

to maintain family stability (Nichols & Schwartz, 1995). They are an example of

first-order change (Freud, 1988). Positive feedback loops cause the situation to

become more problematic, having the advantage that "it focuses on interactions that

perpetuate problems, which can be changed" (Nichols & Schwartz, 1995, p. 175).

Freud (1988) writes that "to be effective, interventions need to introduce *second-order change*, in which the rules that govern the usual feedback systems get changed" (p. 370). This type of change can occur through evolutionary feedback which is change that is "a leap into the unknown" (Freud, 1988, p. 371). It is the hypothesis of this report that focusing can create changes in the frame of reference and a leap into the unknown which can lead to second-order change. In the section on narrative metaphor, another paradigm for understanding change beyond the systems metaphor is presented.

<u>Measuring Change</u>

Some of the ways to measure change in the focusing process are outlined. Don (1977) found the shift in the felt sense to have EEG correlates. Alpha and theta rhythm activity shifted just before the focusers signalled a felt shift (Ferguson, 1981, p. ix). Gendlin and Berlin (1961) researched responses to "felt experiencing" and found it "associated with linear increase in galvanic skin resistance", or "an organismic tension-reduction process" (p. 77).

Iberg (1990) has researched the different phases of focusing and analysed the part of the brain which is being used. He found both the non-dominant and dominant hemispheres of the brain being used at different stages. In the initial story-telling phase the dominant hemisphere was used in various cognitive functions: making interpretations, theorizing, and making comparisons. These functions correspond to processes of linguistic processing, logic and deduction, analysis and naming. During the second general phase, that of direct focusing with a body sense, the non-dominant

hemisphere was prevalent as more feelings and body changes were processed. These functions correspond to non-dominant brain functions of visualizing relationships, visuo-spatial construction, and identification of the essence of a person or object as a whole. The last phase, the relief/insight phase, was characterized by more *differentiation* between these two spheres. There was a disentanglement of one's own feelings and values and a *perspective* and equanimity that was not there before (Iberg, 1990, p. 173-180).

In terms of the change process, the preceding research has indicated that there are observable physical changes in the body which occur with focusing, and that a different perspective is attained when information from the non-dominant and dominant hemispheres of the brain are integrated. Some scales created for measuring this process include the EXP (Experiencing) scale (Klein, Mathieu-Coughlan, Kiesler, 1986). McGuire (1991) discusses the EXP scale which assesses whether clients have reached an experiential level in focusing. At the lowest end of the scale, "clients make no reference to their own inner experiencing and feelings but talk in completely externalized terms" (p. 246). Gradually, throughout the different levels, there are signs of "inner reflectivity", until at the highest levels, "more and more connections arise" (p. 247). As McGuire states, the scale can be used to "measure the difference between successful and unsuccessful attempts at focusing and even to predict which clients will be successful" (p. 247).

The Self Help Model

The focusing process can be used therapeutically or as a self-help tool. Gendlin (1984) developed a model for giving therapy away, building on the self-help

concept of Rogers. Allowing people to access techniques encourages self-determination and participation which are fundamentals of democracy; therefore giving therapy away is political action (Gendlin, 1984).

In order to facilitate this self-help process, Gendlin began a "Changes" group in the Chicago area, and since then Changes groups have begun in a variety of settings. McGuire-Boukydis describes groups with people being treated for schizophrenia [Hinterkopf & Brunswick, 1975]; Vietnam veterans [Engendorf, 1978]; and various groups in student mental health centres, senior citizen centres and oriented at parent support (McGuire-Boukydis, 1984).

In order to make it possible to give therapy away, Gendlin insists that we need to specify what the therapist does in order to make the training systematic. He lists a number of principles of his model:

1. If we don't give the training away, then we are not giving therapy away;

2. When we teach specifics, we can research and count whether these specifics are indeed being practiced; and

3. People can learn to recognize whether they are helped or not. (1984, p. 297-99).

As McGuire-Boukydis states: "the peer counselling, mutual-help model breaks down the distinction between helpers and helpees and gives individuals the responsibility and skills not only for coping with their own lives but for helping others as well" (1984, p. 306).

In summary, focusing developed from client-centered therapy in outlining a process based on observation of successful clients. This process can be used therapeutically or as a self-help tool. In utilizing the body's resources, valuable information arises and change results.

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<u>Student Stressors</u>

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The traditional age at which students are in university (18-22 years) is a time of major life transition between adolescence and adulthood (Grayson, 1989). Students who are full-time and residential may be in this stage regardless of age as developmental struggles are prolonged (Grayson, 1989). This time coincides with the stress of being a student. Fisher (1994) addressed the major transition from home that university involves as well as the academic and financial pressures that students face. This source notes that this life transition can be accompanied by separation anxiety, homesickness, and loss of control. The university environment contributes to the "timing, form, and intensity of students' problems" (Grayson, 1989, p. 15). The author lists concerns such as the changing semester, unstructured time, living with peers, and academic pressures as contributing to student stress.

Other findings indicated that low levels of stress were the strongest predictors of academic self-efficacy (Hackett et al., 1992) and that low GPA and the presence of young children predicted student strain (Novak & Thacker, 1991; Home 1997). Upon entering university, the most important personal stressors were concerns about the socialization process and the changes encountered (Roberts & White, 1989). As well, separation from parents is a significant issue for adolescents entering university (Kenny & Rice, 1995).

De Anda (1997) gives a social work perspective on adolescent stressors from a school study which might apply to younger adolescent students in university. Results indicated that economic hardship, illness, and family discord were significant stressors, but that "cumulative daily stressors have the greatest impact on the lives of adolescents ... academic problems, job-related stressors, schoolwork demands, and the threat of theft of personal belongings." (1997, p. 88). Peer relationships and relationships with the opposite sex were also frequent stressors. Gleason (1994) cites Gillespie's research which identifies adolescence in girls as a major crisis period in their lives during which an emphasis is placed on "actions which lead to greater acceptance by boys or men" (1994, p. 282). University can also be a crisis period as academic performance can be in conflict with popularity (Gleason, 1994).

Aneshensel and Gore (1991) discuss developmental issues as being important in examining stress in adolescents. Adolescence is a transitional period in terms of seeking identity and autonomy, and increasing responsibility. Role changes related to working, dating and parent-child relationships can make this a potentially stressful period (Aneshensel & Gore, 1991). Grayson (1989) identifies three developmental tasks of young adults: to separate from parents and home; to form an identity; and to achieve intimacy with peers. With regard to the first task, the author identifies separation as an ongoing and gradual process, which is necessary to "fully invest in undergraduate life" (p. 9). Grayson (1989) cites Erikson's (1950; 1968) recognition of identity formation as the "central adolescent developmental issue" (p. 10). The author states that problems with identity may manifest as being "unable to make or stand by critical decisions or...defend against uncertainty and self-doubt through

overidentification with (in effect, losing themselves in) another person, group, or cause" (p. 10). Problems with achieving intimacy with peers are observed in "patterns of isolation, non-commitment, and over-dependency" (Grayson, 1989, p. 10). Grayson (1989) identifies the romantic break-up as being the most stressful of intimacy problems, and serious in terms of the "academic paralysis and suicidal risk" (p. 10).

Grayson (1989) emphasizes that each year in university can be related to different developmental issues: the first year being mainly concerned with separation; the second and third years (in a four year program) chiefly with identity concerns; and then in the last year, with separation and identity as students prepare to leave. Intimacy concerns are continuously present throughout.

Golan (1981) cites Levinson's (1978) view that this developmental stage is an early adult transition stage between pre-adulthood and early adulthood. There are two major tasks: "(1) to terminate the adolescent life structure and leave the pre-adult world; and (2) to take a preliminary step into the adult world" (Golan, 1981, p. 50).

Developmental issues do not exist independently of the environment. Jessor (1993) argues for an ecological approach to adolescent development in which stages are seen in *context*. He defines this approach as a new paradigm in developmental psychology, one encompassing "the concerns that neighboring disciplines have with the social environment of human action" (p. 117). Jessor sees three environments as being central to the adolescent's immediate social context: the family, neighbourhood, and *school*. The social environment contains both risk and protective factors. Some of the protective factors in the school environment would include a

quality school environment with interested adults. The university context viewed in this way has the potential for positive influence. Levinson et al. (1974) emphasize the importance of adult mentors in adolescent development; counsellors and professors might be seen to be in that role. Levinson et al. also state that college or university may *intermediate* the phase of leaving home and entering the community as an adult, thus underscoring the combination of both protective factors or strengths in the university context, as well as risks or stresses.

From early adolescence, coping skills and problem-solving strategies do not seem to be learned in the school system. De Anda (1997) found a low frequency in the use of coping strategies in her middle school study. However, adaptive coping strategies like help seeking, relaxation and distraction were employed more frequently than problem-solving strategies. Maladaptive coping skills like denying feelings, overeating and using drugs also were used more frequently than problem-solving strategies. This lack of problem-solving strategies and use of maladaptive coping in the use of alcohol, drugs and cigarettes continues in university (McCormack, 1996). Gleason (1994) found that twice as many university women abused alcohol in 1992 as compared to 1977. Margolis (1989) lists the following consequences of the lack of coping responses: "wanting to withdraw from school or friends, blaming others ... studying obsessively and perfectionistically, numbing their feelings with food, using alcohol and/or other drugs, engaging in sexual activity, or thinking and acting suicidally" (p. 74).

Geller (1989) states that the challenge for therapists in a student centre is to utilize their theoretical orientation effectively within the context of a short-term

treatment model" (p. 118). The advantage of working with this transitional life stage

is the great "capacity for growth" according to Grayson (1989). Golan (1981) states

that she became interested in life transitions because of their relation to crisis theory:

both in the disequilibrium and stress present, and in the potential for change. Sheehy

(1976) writes that in the life cycle "people distinguish themselves by following very

different patterns, *depending on how they make the choices of their twenties*" (p. 250).

In summary, adolescent development in a university context can be a

potentially stressful time. Furthermore, this transitional period can be a crucial time

for completing developmental tasks and learning coping strategies for the rest of the

life cycle.

The Strengths Perspective

The strengths perspective promotes client strengths and explores the

person:environment relationship. A transactional model is presented which shows the

connection to stress as an indicator of difficulties in this relationship.

The strengths perspective is based on a renewed interest in enhancing client

strengths and in the renewed theoretical interest "in how environmental factors affect

practice" (Cowger, 1997, p. 67). Cowger's (1997) model examines client strengths in

terms of personal strengths in psychological and physiological factors on the one

hand, and environmental strengths on the other. It also examines psychological and

physiological obstacles as well as environmental obstacles. Psychological strengths

are further elaborated: they include cognition, emotion, motivation, coping, and

interpersonal strengths (Cowger, 1997, p. 69).

Weick's (1981) model deals with four environments: the external-physical, the internal-physical, the external-social, and the internal-social. The external-physical environment is concerned with "climate, air, noise, food, biological rhythms, and atmospheric conditions" (Weick, 1981, p. 142). The internal-physical environment concerns genetic traits, metabolism, organ functioning, and adaptive capacity (Weick, 1981, p. 141). Weick defines the internal-social environment as "personal history, intrapsychic processes, emotions, thoughts, aspirations, and beliefs" (p. 141). The external-social environment is concerned with "culture, social structure, technology, and economic and political arrangements" (Weick, 1981, p. 141). Weick argues that social work has been primarily concerned with the internal and external *social* environments and that these "have formed the basis of the person-in-environment paradigm", while ignoring the internal and external *physical* environments (p. 141).

These two strands of client strengths and environmental factors will be explored further.

Weick et al. (1989) trace social work's roots about client deficits beginning with the "moral deficiency" concepts found in the work of charity organizations in the nineteenth century. This became overlaid with the "language of pathology" with the interest in psychoanalytic theory in this century (p. 350). This historical perspective leads Goldstein (1992) to the conclusion that while pathology and strength are social constructions, they are in fact "*antithetical*" [italics added] (p. 30). Weick et al. (1989) credit the attention Hepworth and Larsen (1986), Germain and Gitterman (1980), and Shulman (1979) have drawn to "the danger of focusing narrowly on individual pathology while ignoring strengths" (p. 350). Saleebey (1996) in his

discussion of strengths emphasizes the problems elicited by approaches based on "pathology, deficits, problems, abnormality, victimization, and disorder" (p. 296). The focus on client deficits has not promoted self-determination, a core value of social work (Holmes, 1997; Saleebey, 1997). In fact, the deficits model has "reduced *clienthood* to a form of deviancy in which clients are viewed as globally weak and lacking capacity" (Holmes, 1997, p. 151). This is further demonstrated by the need to reduce client stories of the client's life into an "'official' story of deficits" (Holmes, 1997, p. 153). Saleebey (1996) writes that story or narrative approaches have "provided some interesting supports and challenges to the strengths perspective" (p. 296). He considers narratives as important sources of strength.

Some principles guiding a strengths perspective are outlined as follows: people have an "inner wisdom about what they need"; that "people do the best they can"; and that personal characteristics interact "with the political, economic, social, and natural forces in society" (Weick et al., 1989, p. 353). Elaborating further on these principles, Weick (1992) describes the inner wisdom as "life force, transformational capacity...that can guide personal and *social* transformation" [italics added] (p. 24). The practice complement is to affirm and support the belief that clients have the necessary ability for development. Social work practice needs to build on "people's talents, aspirations, wisdom, and courage" (Weick et al., 1989, p. 354). Holmes (1997) views social service practice as "*political action*", and there is the potential with the strengths approach "to transform this political action and power into practice methods that are consistently beneficial to clients" (p. 152).

The strengths perspective draws on the work of Germain and Gitterman

(1979) to integrate environmental factors. Germain's (1981) ecological model

defined two main features: that the environment is multi-dimensional, and that the

process of interaction can be considered transactional. The dimensions of the physical

environment include physical (natural and built worlds) and social environments,

which includes layers of the social network, organizations and institutions, and

finally, "value systems of the culture" (Germain, 1981, p. 325). These environments

are dynamic and interactive, and are layered by the dimensions of "social space and

social cycles of time" (Germain, 1981, p. 325).

The *transactional* nature of the person:environment relationship is important

in this report. Germain (1981) states that:

> the distinctive feature of social work is its location in the transactional
>
> area where the actual interchanges between people and environments
>
> occur, where qualities of the person intersect with qualities of the
>
> environment, with positive and negative consequences for both. If this
>
> is so, then it is imperative that social workers provide themselves and
>
> their students with concepts and tools for action in the transactional
>
> area (p. 325).

Transactional Model

Germain (1981) discusses five features of the transactional model: *adaptation,*

stress, cognitive appraisal of *imbalance* between perceived demand and perceived

capability, *consequences* of coping, and coping outcome in terms of *feedback*. The

concept of *stress* is important here in understanding "what is going on in the

transactional area when upsets occur in the relations between person and environment

that are damaging to either or both" (Germain, 1981, p. 326). The transactional model

also helps in understanding the cybernetic properties of stress and that it is a "cyclical

as well as a transactional and perceptual phenomenon" (Germain, 1981, p. 326). The

transactional model upon which Germain & Gitterman (1979; 1996) developed the

life model of social work practice is derived from the work of Holroyd and Lazarus

(1982). This model is becoming "the dominant conceptualization in the field"

(D'Zurilla & Sheedy, 1991, p. 841). In this approach, stress is not perceived as lying

in the situation or the person, but in a transaction occurring between the two and in

the person's cognitive interpretation of the stressful situation (Gadzella, 1994). The

transactional model seems to fit well with social work, because social work is

concerned with the person:environment and this model turns the attention to the

"ongoing relationship between the individual and the environment, including

continuous feedback and interplay" (Schafer, 1992, p. 57). The person, rather than

being viewed as a passive object strained by the environment, is seen as "dynamic

and as actively responding back, engaging in a continuous effort to adapt and restore

homeostasis" (Schafer, 1992, p. 56). The model will be discussed in the next section.

Transactional model of Folkman and Lazarus.

Folkman and Lazarus (1991, p. 214) outline a person-environment encounter,

the person's appraisal of the situation, the employment of some sort of coping and

finally, the reappraisal of the situation leads to a new person-environment encounter.

The excerpt below describes Lazarus's definition of 'stress' as a relational

definition between the person and the environment:

Psychological stress requires a judgment that environmental and/or

internal demands tax or exceed the individual's resources for

managing them. This judgment and the individual's efforts to manage

and shape the stress experience are conceptualized in terms of two

interacting processes: appraisal and coping (Holroyd & Lazarus, 1982,

p. 22).

Appraisal is "the evaluative process that imbues a situational encounter with

meaning for the person" (Holroyd & Lazarus, 1982, p. 22). It is a two-part process,

consisting of primary and secondary components. The primary appraisal is the initial

evaluation of the event as stressful. The secondary appraisal involves an evaluation

of coping resources and a determination whether one has effective strategies to deal

with the stress (Gadzella, 1994). Emotion-focused coping results in a change in

attention or meaning. Changing the actual terms of the person-environment encounter

occurs through problem-focused coping. This can occur in different ways.

Confrontation may be used [i.e. I stood my ground and fought for what I wanted], or

rational problem solving [i.e. I made a plan of action and followed it] (Folkman &

Lazarus, 1991). Folkman and Lazarus (and colleagues) frequently cited study

assessed 85 couples using the "Ways of Coping" instrument and found eight distinct

coping styles: confrontive coping, seeking social support, planful problem-solving,

distancing, positive reappraisal, accepting responsibility, self-control, and

escape/avoidance (Taylor & Aspinwall, 1996).

Reappraisal is a feedback process which can change primary and secondary

appraisals. Vingerhoets (1985) defines the effect of reappraisal: "As the person

reacts, the environment counteracts...(which) leads to a correction in the appraisal of the person-environment encounter" (p. 14-15).

Stress and the emotions.

Lazarus developed his stress theory over several decades. In the early 1960s, his emphasis was on the appraisal concept, and in the 1970s, the focus seemed to shift to coping (Vingerhoets, 1985, p. 15). Recently, Lazarus has focused on the role that emotions play, and indeed his 1991 model is called "Coping as a mediator of emotion." (Folkman & Lazarus, 1991). Lazarus argues that "psychological stress should be considered part of a larger topic, the emotions" (1998, p. 353). Stress could be considered as a subset of emotion: "anger, guilt, shame, sadness, envy, jealousy, and disgust...are referred to as the *stress emotions...* (and) are a much richer source of information about how people are faring than the uni-dimensional concept of stress." (Lazarus, 1998, p. 386)

Lazarus claims that there has been lately an "explosion of interest in the emotions...in all the relevant scientific disciplines" (1998, p. 354). He also discusses the importance of the *relational meaning* that the encounter has: "The relational meaning of an encounter is a person's sense of the harms and benefits in a particular person:environment relationship." (1998, p. 357) He emphasizes that the "inclusion of emotion in the study of coping provides a much richer perspective...thus if one expresses anger where anger is rejected by the community, the emotion itself must be coped with e.g. by inhibition or denial" (1998, p. 361).

<u>Advantages of the transactional model.</u>

Schafer (1992) emphasizes some important advantages to the transactional model. The first is that rather than the person being a passive object strained by the environment, "the dynamic view...sees the human body as actively responding back, engaging in a continuous effort to adapt and restore homeostasis." (p. 56). Further advantages of this dynamic view are the process of coping and the resources available, which would be ignored in the passive model. The dynamic model also turns the attention "to the ongoing relationship between the individual and the environment, including continuous feedback and interplay" (1992, p. 57). An important implication of the model for social work is that "attention is directed to intervening with the environment as a method of managing stress...and involvement in social issues" (Schafer, 1992, p. 57).

<u>Factors in psychosocial stress.</u>

Taylor and Aspinwall (1996) list some of the moderating factors in psychosocial stress: 1) genetic and early family influences (of which social support is a big factor; 2) personality characteristics such as hardiness and optimism, a sense of control, as well as high self-esteem, ego strength, a sense of meaning and humor; 3) individual differences in the appraisal of stressors: "favorable appraisal of stressors...may serve to keep negative emotional arousal at manageable levels... (while) initial appraisals of threat and harm may lead to mental disengagement from the stressful situation" causing the problem to worsen (p. 81). Qualities of optimism, self-control, hardiness, internal locus of control and self esteem are "linked to decreased appraisals of the threat value of events" (Taylor & Aspinwall, 1996, p. 79-

80). The authors cite Jerusalem's 1993 study which found that higher levels of

personal resources predicted decreased appraisals of stress. As well as these internal

factors in coping, external resources are important. Elder, George and Shanahan

(1996) emphasize the importance of social context and its moderating effect on stress

and health outcomes. They list the effects of socio-economic status, social support,

and social-psychological resources. Social support can be viewed as coping

assistance (Thoits, 1986). Elder, George and Shanahan have also examined the links

between stressors and sex, race, and class differences. While results are not

conclusive, they emphasize that "social location is related to both exposure and

vulnerability to stress" (1996, p. 259).

Factors in stress treatment.

Cotton (1990) identifies relaxation therapy as an important part of a stress

management program. However, Holroyd and Lazarus (1982) conclude that the

transactional perspective requires cognitive and behavioral changes as well. Focusing

is related to the relaxation methods as well as having a cognitive component.

Behavioral components need to be addressed. In addition, a holistic stress reduction

program would also include body awareness in the form of diet and exercise (Girdano

& Everly, 1987).

Clinical precautions and undesirable side effects.

Girdano and Everly (1987) discuss some clinical precautions to the use of

relaxation methods. There are five major areas of concern: 1) loss or reality contact,

2) drug reactions, 3) panic states, 4) premature freeing of repressed ideation, and 5)

excessive trophotropic states. Loss of reality states is a concern for clients who suffer

from affective or thought-disturbance psychoses. Drug reactions sometimes are intensified by relaxation, of particular concern are insulin, sedatives/hypnotics, and cardiovascular medications. Panic states may be intensified with relaxation, although more structured methods have more success. Repressed thoughts can arise in relaxation, therefore, Girdano and Everly (1987) state: "the clinician must be prepared to render support should such thoughts emerge" (p. 168). Excessive trophotropic states concern a "lowered state of psycho-physiological functioning", as with hypertensive or hypoglycemic states (p. 168). These reactions may occur in up to 3% to 4% of cases in some studies, while about 0.7% in other studies (p. 167). Except for possible drug reactions and history of psychoses, health, and panic states, the clinician cannot be pre-informed for reactions which may arise, but can be aware and provide support should they occur.

In summary, holistic stress reduction programs are advocated currently which address cognitive, behavioral, physical, and relaxation components. The strengths perspective deals with client strengths and an ecological perspective which advocates a transactional model of the person:environment relationship. The transactional model developed by Lazarus and his colleagues is important to understanding the person:environment situation in terms of the stress-coping process. Psychosocial stress is viewed as complex, influenced by many internal and external factors.

Focusing in relation to the transactional model.

Gendlin (1992b) writes that the body can be reconceived as being environmental information and interaction, which fits with the transactional model. The body is:

inherently interaction, as consisting of ongoing living interaction,

when such a body senses itself, of course it contains (it *is*) a lot of

information about its situation. Our experiential knowing is not a

mysterious reception of something from outside. We know the world

not mainly through the five external senses, but much more basically

through the body's self-sensing, because the body is interaction with

its environment. (1992b, p. 450).

Again, Gendlin states:

Your situation and you are not two things, as if the external things

were a situation without you. Nor is your bodily sense separate from

the situation and merely internal. It is certainly not just an emotional

reaction to the danger...The body-sense *is* the situation, inherently an

interaction, not a mix of two things (Gendlin, 1992c, p. 347).

Gendlin also stated: "If we think of the living body -- not as a piece of merely

perceiv*ed* machinery, nor as perceiv*ing*, but as interaction, the body is environmental

information" (1992c, p. 347). As such, focusing fits well with the

person:environment model and allows the person to adjust her/his interaction. Safran

and Greenberg write about Winnicott's belief that the "individual who becomes over-

compliant with perceived demands from the environment develops a split between the

real self and a false self." (1991, p. viii). Focusing allows for contact with the real

self and thus less compliance with environmental demands. Since identity formation

is the central developmental task of young adulthood, focusing should help to

increase strength of identity. Grayson (1989) views identity concerns such as

uncertainty and self-doubt over decisions and choices as contributing to overidentification or, "in effect losing themselves in another person, group or cause" (p. 10). Focusing can also help reduce compliance with gender roles, which is a source of stress. A strong sense of support is provided by the validation of one's inner sense of rightness by oneself and by the listener. It allows for reappraisals to be made that were previously unknown; information from the right brain can lead to different appraisals and increased coping, both emotion-focused and problem-focused.

As far as Lazarus' theory of the emotions is concerned, Lazarus approached the emotions from the theory of examining the core relational theme to each emotion, for example, that anger arises because of some threat to self or self-esteem. Gendlin's theory of emotion is that the felt sense allows a *transactional* interpretation of the feeling for the individual to form, for example, that "the anger has with it a sense of hurry, of wanting to stay mad, then the feeling that you yourself acted stupidly and how you never handle this situation well" (Gendlin, 1992a, p. 204). This is the *process* of the feeling and gives a wider sense of it. As McGuire states, the purpose of moving beyond just emotion is for the purpose of going forward or change: "Can you get a broader sense of that anger in your body?" (McGuire, 1991, p. 229). The transactional area where the actual interchanges between person and environment occur is the information which Germain (1981) considered important.

Safran and Greenberg (1991a) express focusing as being able to have a "more explicit understanding of the personal meanings, values, beliefs and personal experiences that underlie the current emotional experience" (p. 348). McGuire states:

"While sheer emotion is a narrow, primitive, repetitive response, felt experiencing is a broader bodily sensing of the personal context, past, present, and future intending, as it is functioning in the present moment." (McGuire, 1991, p. 228). As such, the emphasis is on the whole situation (Gendlin, 1991).

In summary, focusing can provide information in the transactional area between person and environment which is useful to social work. As well, integrating the body as a source of wisdom can be a powerful internal resource. Taylor and Aspinwall (1996) state that internal resources might in fact operate earlier in the causal chain and have a direct effect on coping and appraisal. The integration of focusing with the transactional model is presented later in this review.

Focusing and Narrative Metaphor

"People are born into stories; their social and historical contexts constantly invite them to tell and remember the stories of certain events and leave others unstoried." (Freedman & Combs, 1996, p. 45)

The main purpose of a narrative approach is "opening space for new stories" (Freedman and Combs, 1996, p. 42). White and Epston (1990) define the outcome of therapy as being the "generation of alternative stories that incorporate previously neglected aspects of lived experience" (p. 31). Allowing space for this process is viewed as the "central focus of the therapeutic endeavor" (White & Epston, 1990, p. 31). Parry (1991) emphasizes that "changing beliefs is central to the therapeutic endeavor" (p. 42). By opening space for new stories, the story is changed and "old beliefs are shattered" (p. 43). Opening space for unclear feelings or "neglected aspects" to emerge is the purpose of focusing and here are stories waiting to emerge.

In this section, focusing will be discussed in relation to narrative therapy. There are some basic similarities between focusing and narrative approaches, as well as a few differences. The focus of the comparison will be on opening space for new stories; however, a brief mention of the post-modern, social constructionist view of reality which defines the framework of narrative, will be made.

Freedman and Combs (1996) list four aspects to this post-modern worldview: "1) realities are socially constructed; 2) realities are constituted through language; 3) realities are organized and maintained through narrative; 4) there are no essential truths" (p. 22). In this framework, the importance of alternative narratives can be seen as a way to alter reality, or promote change.

In narrative therapy, ways to encourage new stories are: deconstructive listening, an attitude of not-knowing, interpretation, and perception of problems as separate from people. There are commonalties with focusing in these four areas.

In terms of deconstructive listening, the basic idea of listening is understanding the meaning of the stories for the client. Deconstructive listening is defined as "understanding people's stories without reifying or intensifying the powerless, painful, and pathological aspects of those stories" (Freedman & Combs, 1996, p. 46). The therapeutic advantage in doing this is that: "connecting with people's experience from their perspective orients us to the specific realities that shape, and are shaped by, their personal narratives" (Freedman & Combs, 1996, p. 44). This listening gives the opportunity to create an alternative story for these aspects (Epston, White, & Murray, 1992). In focusing, listening from the client's point of view is called reflective listening (Cornell, 1993, p. 7). The similarity with narrative

therapy is that this listening gives the opportunity for shifts to occur in the client's story, but with focusing new stories emerge from being with the felt sense in the body. In narrative therapy, alternative stories are "co-created" by therapist and client (Epston, White, & Murray, 1992, p. 101). Epston's account of the re-authoring of one client's story takes the form of his writing the alternative story to her in a letter. (Epston, White, & Murray, 1992). The focusing process is more oriented towards the client as author and owner of the story, with the kind of listening from the therapist that will facilitate the emergence of a new story.

An attitude of "not-knowing" is viewed as an important position for therapists in the narrative philosophy. Freedman and Combs (1996) cite Anderson and Goolishian (1990, p. 159) as viewing the therapeutic process as "moving toward what is *not yet known*". They also cite Anderson and Goolishian (1988) in that the goal of therapy is "to participate in a conversation that continually loosens and opens up, rather than constricts and closes down" (p. 159). Gendlin's approach in focusing is also one of not-knowing: "Of course I don't know. We won't know till you find how it is from inside" (Gendlin, 1996, p. 105). In this way, new narrative can evolve and the "'not-yet-said' stories are mutually created (Anderson & Goolishian, 1992, p. 29).

Interpretation involves understanding that while it is impossible not to interpret the stories, therapists can still decide not to be the expert on client stories. As Freedman and Combs (1996) describe it: "we eschew the belief that we know more about a person's lived experience than the person does" (p. 45). In focusing the focuser is in charge of the experience.

The idea of externalization of the problem, or "the person is not the problem, but the problem is the problem" was introduced by White (Freedman & Combs, 1996, p. 47). White (1988) defines externalizing as "an approach to therapy that encourages the person to objectify, and at times, to personify, the problems that they experience as oppressive" (p. 3). Externalization of the problem allows the problem to become "a separate entity, and thus external to the person" (White, 1988, p. 3). New interpretations can then occur. This is especially necessary in dealing with the effects of abuse and trauma as these events become internalized and "colour the interpretation of subsequent events" (Freedman & Combs, 1996, p. 48). Adams-Westcott, Daffom, and Sterne (1993) stress that the value of separation from oppressive stories lies in developing an experience of empowerment or "agency" (p. 264). In focusing, feelings that arise are externalized by referring to them as "something" or 'it" which gives a distance to them: they are seen as "parts" of the person, but not the whole person. This is developed in the language: "I'm saying 'hello' to *it*", or "Can I be with the *part* of me that doesn't feel friendly to this?" [italics added] (Cornell, 1994, p. 25). In this way, a more distant relationship can be formed with feelings that does not feel so overwhelming but rather can be more objective and curious, allowing shifts to occur.

In summary, there are some basic similarities between narrative therapy and focusing in the ways that they allow for opening space for new stories. These stories arise through the similar attitudes of listening, not-knowing, interpretation, and externalization of the problem. Focusing is different from narrative therapy in that it proceeds from the exploration of a body sense which allows the story to emerge and

shift, rather than with the use of therapeutic conversations alone. In this way, stories

are *re-authored* by the client, but not *co-authored* by client and therapist.

<div align="center">Brief Therapy</div>

Brief therapy is discussed in terms of its features, advantages, and relation to

focusing. Even though brief therapy is considered to be a current trend, Fisch (1994)

argues that therapy has always been brief until the psychoanalytic model became

dominant. He states that psychoanalysis shifted the emphasis from a "*doing*

modality...to an insight or *understanding* modality" which required more time (1994,

p. 126). Hepworth and Larsen (1993) write that the movement in social work since

the 1960s has been to short-term interventions rather than open-ended long-term

interventions. Part of the reason for this is that the social work field is shifting away

from "searching for the cause of problems to empowering people to improve their

lives" (Nichols & Schwartz, 1995, p. 450). It is a movement away from just

understanding to understanding and *doing*. The major contributions to the

development of brief therapy are cited by Furman and Ahola (1994): the Mental

Research Institute, strategic therapy, the Milan approach, Ericksonian hypnosis and

brief therapy, solution-focused brief therapy, and the narrative approaches of Epston

and White. An important social work contribution to the brief therapy approach was

developed in the task-centered approach. Tolson, Reid, and Garvin (1994) credit

Reid and Epstein (1972) for the development of this approach, and also recognize the

earlier contribution of Perlman (1957) and later, Compton and Gallaway (1989), to

brief, problem-solving approaches.

A practical reason for the shift to brief therapy is due to "increasing pressure from managed care companies and mental health administrators for therapy to be brief" (Nichols & Schwartz, 1995, p. 450). An important factor is also that brief therapy is effective. Research showed that brief therapies were as effective or more effective than long-term therapies (Hepworth & Larsen, 1993).

Brief therapy has some other advantages besides cost-effectiveness and overall effectiveness. An additional advantage to short-term therapy is that because of the "fixed, limited number of sessions ..(it).. has a lower dropout rate than long-term treatment ..(and)..gains an advantage by holding some clients longer, as well as profiting from goal-gradient (deadline) effects" (Reid, 1988, p. 215). An advantage of brief therapy for a student population is that it supports the developmental task of autonomy. Grayson (1989) cites the following literature regarding brief therapy as supporting autonomy for "normal" students: Blos 1946; Bragan 1980; Haggerty, Baldwin & Liptzin 1980; and Pinkerton & Rockwell, 1982 (p. 20). The brief format also fits with the student calendar and time pressure concerns of students.

Kopp (1995) writes that many models of brief therapy exist, but they have in common the following features: range of 1-20 sessions, rapid assessment of problem, clear goals, focused sessions, and a directive role on the part of the therapist (p. 18). With regard to the number of sessions, Reid (1988) found the average number of sessions for brief therapy to be actually 5 to 8 sessions. In reference to student needs, Grayson (1989) states students find three or fewer sessions are satisfactory.

Fisch (1994) reaffirms that there are some generic factors in brief therapy which "cut across lines of different models" (p. 138). These are: "narrowing the data

base", including asking for "descriptive rather than explanatory data"; looking at interactional factors rather than intrapsychic; "task orientation versus insight orientation"; and "goal orientation", or "knowing when to stop" (p. 127-131). Reid (1977) gives these main features of the task-centered approach: focus, contracts, structure, action emphasis, and empirical orientation.

In these models, the focus is on defining the problem. Approaches based on strengths and solutions rather than problems outline a different therapist-client relationship. In Germain and Gitterman's (1996) approach, the life model approach, the characteristics of planned short-term services are: "assuming a very active role in the initial interview, specifying one or two stressors, demonstrating empathic understanding, creating a sense of hope, developing agreement to work on a specific life stressor, and setting clear short-term time limit" (p. 99). Similar qualities are apparent in narrative and constructivist approaches. Friedman (1994) writes that approaches should exemplify a "collaborative, respectful, and strength-oriented therapy" listening to "the family's problem-saturated story...(and)...developing new and more empowering narratives" (p. 248). Shulman (1992) also stresses the importance of empathy in beginning work with clients. He calls this "tuning in" and "putting the clients' feelings into words" (p. 56).

Focusing lends itself to short-term therapy. Focusing can be done in a few sessions. The quality of having an active role in the session is present in introducing focusing and guiding clients through the steps. It fits with the brief format because connecting to the issue in the body is a quick way to access the core issue. The process does involve spending some time with the problem situation, but this also

allows for a shift to happen and a change of reference to occur. Because of the therapist's reflective feedback and respect for clients' internal processes, empathy and trust in the relationship are built quickly.

Focusing has an additional advantage in terms of the self-help component. The series of process steps can be taught and practiced by anyone on their own, with a partner, or in a group. This allows the process to continue independently.

In summary, the brief therapy model is now prevalent in social work and is as effective or more effective than longer term therapies. Certain qualities of this model include setting clear goals and focusing on a specific life stressor, as well as developing empathic understanding.

Content Analysis

Content Analysis is a data analysis method "particularly well suited to the study of communications" (Rubin & Babbie, 1993, p. 407). It is particularly suited to the analysis of communication in focusing as some of the seminal studies in content analysis were conducted by Rogers, Gendlin, and their colleagues (Marsden, 1971). Rogers et al. "developed a content-analysis system, known as the Process Scale, for measuring the degree of change during treatment" (Marsden, 1971, p. 348). The Process Scale was later developed into the EXP or Experiencing Scale discussed in the literature (Klein et al., 1986).

Patton (1987) defines content analysis as "identifying coherent and important examples, themes, and patterns in the data. The analyst looks for quotations or observations that go together, that are examples of the same underlying idea, issue, or concept" (p. 149). The process is one of "coding and tabulating the occurrences of

certain forms of content that are being communicated" (Rubin & Babbie, 1993, p.
406). Organizing the data into words, phrases, and themes, allows the data to be
counted and thus quantified. Content analysis can therefore be used qualitatively and
quantitatively in the use of numbers or frequencies (Padgett, 1998). Its purpose, as
Patton (1987) writes, is "organizing and simplifying the complexity of data into some
meaningful and manageable themes or categories" (p. 150). The purpose of content
analysis in this practicum is to identify whether clients experienced the steps of
focusing so as to evaluate the effectiveness of the focusing model.

The Integrative Model

Advantages of an Integrative Model

Integrative models imply "some form of theoretical or conceptual integration"
(Wolfe & Goldfried, 1988, p. 448). There are several advantages to an integrative
approach. Coonerty (1993) states that an integrative approach gives a "wider array of
tools" to the therapist (p. 413). Another advantage is that the "limitations of
traditional theories can be addressed" (Coonerty, 1993, p. 414). The most important
advantage is related to the transactional model of focusing proposed here. As
opposed to linear models, Coonerty (1993) argues that integrative models allow for an
"interweaving of various aspects of experience...Such interweaving implies circularity
as well as multiple relationships between cognitive, dynamic, interpersonal, and
behavioral aspects of the individual" (p. 415). The circularity is apparent in the
feedback loops which occur between "individual, family and the socio-economic and
political context" (Gold, 1992, p. 21). Because of the possibility of multiple
relationships and circularity, it would seem that a model which integrates other

theoretical frameworks into the transactional model of person:environment would

enhance the model. Two focusing models are presented on the following pages

(Figure 1 and Figure 2).

Features of the Models

Figure 1 shows the links between focusing and the literature. Focusing is

shown as a change model involving six steps. Two literature reviews, the

transactional stress literature and the student stress literature, formed the original

foundation of the model, linked by the information focusing provides about

person:environment. Links were originally made to relaxation methods in terms of

stress reduction, and to the self-help model in terms of teaching focusing as a skill.

These areas took a lesser role as other links emerged in practice (the lesser role is

indicated by smaller circles). Practice links evolved through the strengths

perspective, narrative therapy, and brief therapy. The strengths perspective is placed

in the centre because of its focus on the person:environment relationship and therefore

to focusing, and because it links the other approaches. The link of focusing to the

transactional stress model is enhanced by the fact that Germain & Gitterman (1979;

1996) adopted this model. Two other strands of the strengths approach, client

strengths and narrative, link it to students and to narrative. Student developmental

issues, especially autonomy, are seen as enhanced by these approaches. Narrative

approaches are linked to focusing by its emphasis on opening space for new stories.

Brief therapy is linked to students, strengths, narrative, and to focusing. The

connection of these approaches to focusing and to each other is indicated by arrows.

Figure 1
Conceptual Model of Focusing
Developed by L. Vorauer (1999)

Self-Help

Focusing

Change: 6 5 4 3 2 1

Relaxation

Information

Person: Environment

Transactional
Stress Model

Person: Environment

Person: Environment

Students
Life transition and
university stress

Strengths
1. Strengths
2. Person:environment
3. Narrative

Brief Therapy

Narrative
Open space
for
new stories
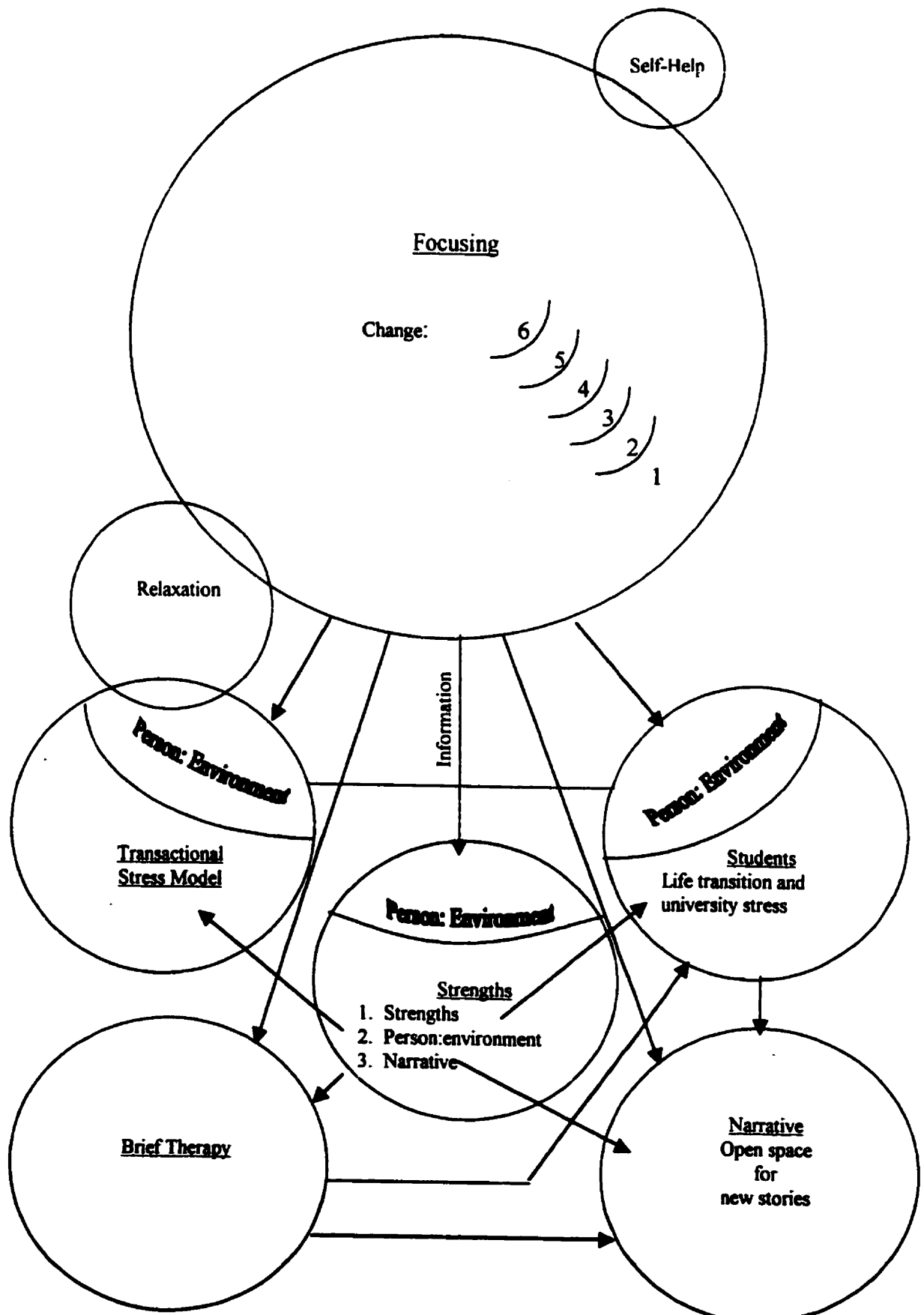
Figure 2

This model integrates several particular theoretical frameworks to illustrate how change takes place. The first framework is derived from the strengths perspective and based on concepts from the work of Cowger (1997) and Weick (1981). The appraisal/coping concepts are derived from Folkman and Lazarus' (1991) model. Cowger's (1997) model outlines environmental and internal obstacles and strengths which are shown on the four quadrant points of the diagram. The diagram shows both the external physical and social environments as being in the broadest arc. The next arc contains the internal-physical environment. The internal-social environment is the sphere of emotions, thoughts, and beliefs.

Integrating the *body* into this framework allows a more complete interaction to take place. The body is placed at the interface of the person:environment. Focusing is shown as a movement inward with the information provided by the body about person: environment and a cutting through the layers of the internal physical environment and internal social environment to an issue at the core. The felt sense is at the boundary of the core issue. The connection with this issue brings a shift or change. This change is illustrated as moving back out to the environment in several forms. There is a change in reappraisal of the issue, which leads to changes in coping (emotion-focused and problem-solving). There are changes in the story (narrative) about the issue, and possibly a feeling of strength (strengths perspective). The change is experienced in the environment and a new opportunity for interaction begins which is illustrated by a loop. The shaded area shows focusing as having reverberations in all areas and back again, reflecting the dynamic interplay. The body at the interface

of person:environment provides information about the entire process: a broader sense of emotions, thoughts and beliefs, as well as the appraisal/coping process. Information is received from the transactional area which Germain (1981) identified as important to discover. The importance of this environmental information is indicated by its position as the root of the model.

A hypothetical example to illustrate these concepts follows. A student may encounter an *obstacle* in the *external social environment* of the university, perhaps with a professor. Using the *body as an interface* of the transaction allows access to the *internal physical* and *social environments*. *Emotions, thoughts, and beliefs* will arise in the *appraisal/coping* process, but it is the connection to the *felt sense* in the body that will give more information, a deeper sense of the issue. At the *core* of this encounter is perhaps some previous experience with a parent or other authority figure. From the connection to the previous experience, some new insight appears, a new *story*, a *reappraisal*, a new *strength* in approaching the next encounter. With this *information*, the encounter can be different.

Figure 2
An Integrative Model of Change
Developed by L. Vorauer (1999)
Based on Cowger (1997), Folkman and Lazarus (1991),
And Weick (1981)
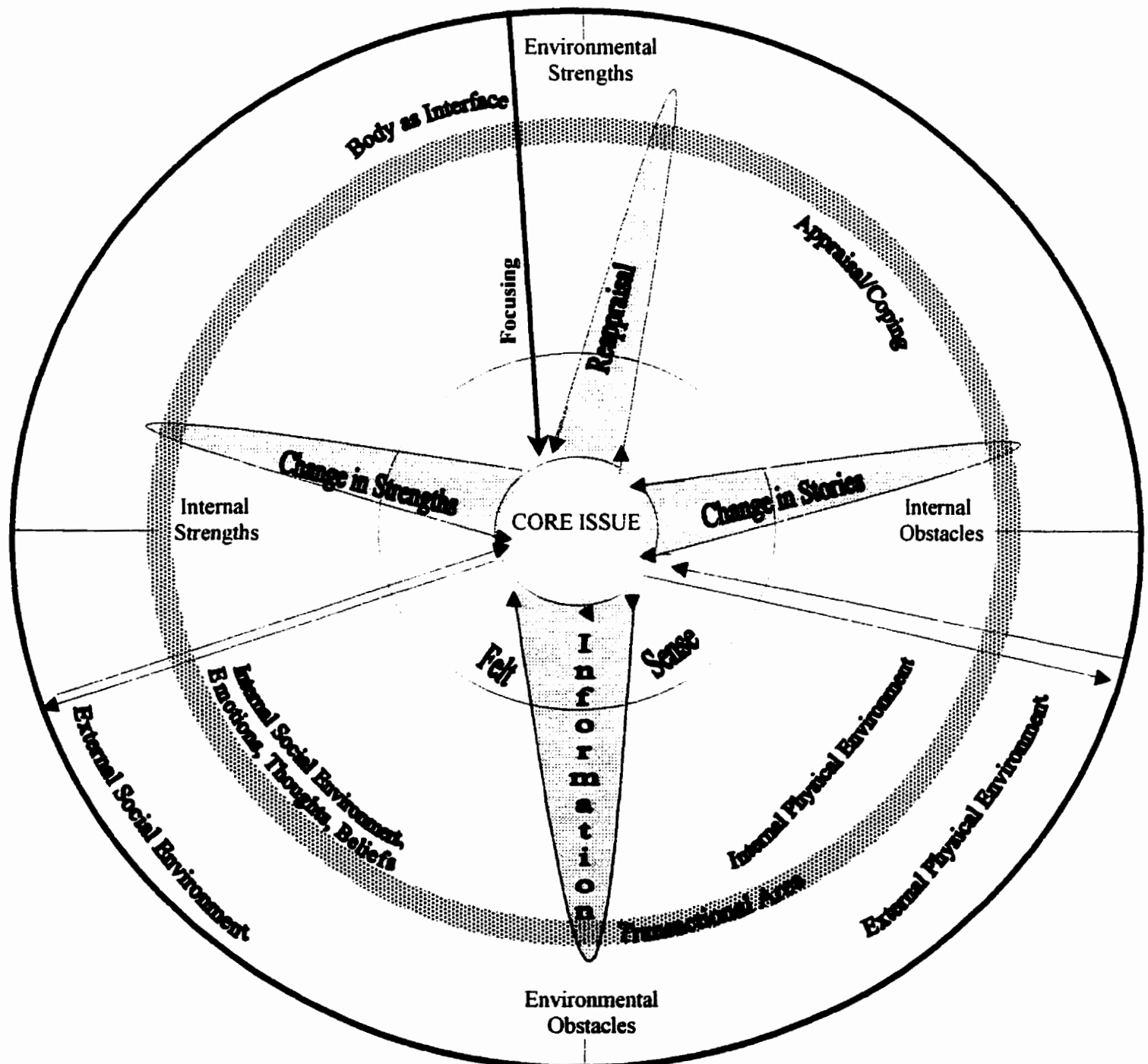
CHAPTER THREE

Practicum Process and Supervision

<u>Pre-Practicum Training</u>

The student spent about 150 hours before the practicum began in training with

Christel Kraft, Gabi Kraft, and Lea Boutin, all of whom are certified in focusing from

The Focusing Institute in New York. Training included taking Level One of the

focusing training, one-to-one sessions, co-facilitating an Introductory Level One

group, and attending two retreats of four days each. Central to the student's training

was a regular practice of focusing with a partner over the last four years.

Some training components necessary for social workers interested in learning

focusing involve: a base of experience in focusing oneself; beginning, intermediate,

and advanced skills in listening and guiding with others; and learning skills to teach

others.

<u>Practicum Setting</u>

The practicum took place at the University of Manitoba Counselling Service,

in Winnipeg, Manitoba from September 1998 to May, 1999. The Counselling Service

provides counselling to the student population of the University of Manitoba. The

student population is culturally diverse.

<u>Structure of the Site</u>

The site was ideally set up for practicum students. Practicum experience

included training in a wide variety of topics, such as anxiety disorder, sexual abuse,

and multicultural issues, at seminars from various disciplines which the seven

students doing training at the Counselling Service all attended. The training provided an academic component to the practice elements of the practicum. The student group became a helpful support group.

Site Procedures

A two day orientation was provided in September to orient students to site procedures and forms. At this time, intake procedures were role-played. Intake observations were available for students to observe a variety of counsellors in intake procedure. During the September to December period, the student was oriented to the site and completed the practicum proposal and a focusing manual. The manual was prepared for group use and was not used after practice changed to individuals. The student began taking clients in January after the approval of the proposal by the Counselling Service Training Committee and the Ethics Committee.

Ethics

On December 11, 1998 the proposal and the manual were presented to the Counselling Service Training Committee. Those present at the meeting included: D. Stewart (Chair), P. Morgan, D. Ness, L. Seymour, M. Tobin, L. Walker, M. Robinson, and J. Kallio. The student presented the key concepts of the proposal and answered questions. Submission of an Ethics Review Form was requested in order to have approval for the project. The form was submitted. On December 22, a request was made by D. Stewart, Chair of the Ethics Review Committee, for the student to clarify three issues: 1) screening and referring; 2) explicitly stating that all tapes would only be used in the Counselling Service; and 3) obtaining written consent from

the Director of the Counselling Service, M. Robinson. The student responded to these concerns, and on January 5, 1999 a further request was made for clarification on referral options for clients not selected for the project. The student responded to these concerns. Approval was granted to begin recruiting clients, although not screening them. M. Robinson gave written consent on January 18. The proposal was accepted by the Ethics Committee Chair on January 20; the requirements had been met. The acceptance included ethical consent for group and individual work and approval of consent forms for the practicum (Appendices 2 and 3).

Referral Process and Screening

The student designed and distributed posters around the campus in preparation for having a group start at the end of January. Unfortunately, there were not enough members for a group, so the student shifted the focus to working with individuals. The student then began doing intake and asking for client referrals.

At first, clients were referred because they were interested in focusing, but there were too few clients. The student then requested referrals for clients who met certain conditions so that they would find focusing useful. These criteria were established by Everly (1989) for the use of methods involving a relaxation component. These were: not in immediate crisis (these clients need more cognitive interventions), not medicated to the extent that medication would react negatively with the relaxation process (this occurs in 3% of cases), and not so anxious that relaxation could create more anxiety. The student used these criteria at intake in assessment, and particularly explored the use of medication and mental health history.

The student accepted any referrals appropriate for brief intervention while assessing for any counterindications. When the student worked with clients in crisis and clients having anxiety attacks the intervention was adjusted accordingly. Making these adjustments allowed the student to work with a broader base of clients. Clients were referred by other counsellors or accepted by the student at intake.

Consent

Information about the project was given to clients at the first session. The student's consent form (Appendix 2) and the Counselling Service's own consent form (Appendix 3) were explained and signed by the clients and witnessed by a receptionist of the Counselling Service.

Duration and Frequency of Contact

Clients were seen for one hour sessions scheduled on a weekly basis. However, due to the high number of no-shows and cancellations, contact was often sporadic and dependent on the demands of university life. Contact was brief, with three being the average number of sessions. Focusing would take 5 – 20 minutes of the session. There were nine clients who agreed to be in the project, seven of whom experienced focusing. Other clients were seen at intake.

Methodology

Methodology involved using the steps of focusing outlined in the literature review: Emotion, Felt Sense, Explication, Checking, Felt Sense, and Global Application (also Appendix 1). Focusing was used as much as possible where applicable; the student used other interventions as necessary.

Initially, the student introduced focusing by the use of some preliminary exercises: The Felt Sense Exercise and Clearing a Space (Boutin, 1997). The Felt Sense Exercise involved experiencing two different people through trying to have a sense of each in the body and to notice the difference. Clearing a Space involved reviewing different issues and then clearing them so that the issue which is most relevant would surface. After some preliminary exploration, the student found a different way of working. She listened attentively to clients to have a sense of which issue was prevalent, and then asked the client to try to feel that in the body (the issue and "felt sense", or beginning phase of focusing). She then continued to follow through with the middle and ending phases.

In order to assess her own success in using focusing, the student referred to a check-list, The Post-Focusing Check-List, developed by Alemany (1985, Appendix 4) to determine whether successful focusing had taken place. The instrument contains items that are useful in examining whether there was a shift. The student intended to use the check-list as a self-report with clients, but it did not fit with the brief therapy format and a de-emphasis on making focusing a separate technique instead of an integral part of the session. It is meant to be completed by the client; however, it is useful to look at some of the items as indicators of a shift. Of the thirteen items, eight deal with being able to see things differently than before like: "The words or pictures had old or familiar elements, put together in a new way" (Alemany, 1985, p. 93). Three items deal with the interrelation of the different elements: "the interrelation of the things making up the feeling". The last two items deal with having worked

through an issue or getting deeper into the process. The student used these criteria to

assess the success of focusing (Table 1).

Table 1: Experiencing of Focusing Steps and Outcome

FOCUSING STEPS
N = 7

Focusing Experience (1. Issue or Emotion) — Beginning	2. Felt Sense (Beginning)	3. Explication (Middle)	4. Checking (Middle)	5. Felt Shift (Middle)	6. Global Application (Ending)	Outcome
1. Relationship difficulty	✓	✓	✓	✓	Discovers what is needed to proceed in the relationship issues	Resolves relationship issues
2. Being stuck	✓	✓	✓	✓	Discovers what is needed to move forward in life	Finds the part that wants to live and makes plans for life
3. Relationship difficulty	Not in session – comes later	✓	✓	✓	Becomes more assertive in relationship	Resolves relationship issues
4. No issue	✓	No	No	No	Some realizations	Realizations about process
5. Anxiety	✓	✓	✓	✓	Anxiety can be controlled	Anxiety under control
6. Fear	✓	✓	✓	✓	Can care for self	Fear of dying dissipates
7. Relationship difficulty	✓	✓	✓	✓	Care for self	Resolves relationship problem
8. Relationship difficulty	No	✓	✓	✓	Begins to value self	Views relationship issues differently
9. Relationship problems	✓	✓	✓	✓	Becomes more assertive in relationship	Resolves relationship issue
10. Fear	✓	✓	✓	✓	Finds safe place	Knows how to find safety
11. Not belonging	No	✓	✓	✓	Knows what this is about	Still not belonging
12. lost	✓	✓	✓	✓	Becomes clear on what she wants	Clarifies what she wants

Since the transactional model of stress was a focus of the practicum, the student designed a stress log so that clients could track their patterns of stress. Other measures were designed to obtain feedback on focusing. Recording and returning such measures was problematic for several reasons. Because this was a student population, students viewed the measures as another assignment, another pressure. The practicum student did not want to add further stress. As well, in the brief therapy format, completing measures took time away from process. Therefore, the use of measures was discontinued. The student utilized observation and content analysis of case notes to evaluate the project (Table 1). In terms of the content analysis of the data, data in the report is cited by client number, focusing session number, and page of transcript. For example, 7, 1.1 refers to client 7, session 1, page 1.

Supervision Arrangements

Supervision for the practicum was provided by Professor Margaret Tobin, MSW, University of Manitoba Counselling Service; Dr. Laura Taylor, Faculty of Social Work, advisor; and Dr. Lea Boutin, MA in Pastoral Studies (individual counselling) and Doctor of Ministry . Dr. Boutin is a certified focusing teacher and works as a counsellor with the Aulneau Renewal Centre. Dr. Tuula Heinonen, who provided input on the literature review and evaluation, Dr. Laura Taylor and Professor Margaret Tobin are members of the practicum committee.

Supervision arrangements were for weekly supervision with Professor Margaret Tobin and Dr. Lea Boutin. Professor Tobin's particular input, as well as the overall supervision, was in student issues and issues about the practicum student's

liaison with the Counselling Service. Dr. Boutin's particular input was in supervision of the focusing aspects, as well as contributing to the general supervision. Meetings with Dr. Laura Taylor were scheduled bi-weekly and covered all aspects of supervision.

Due to the "open door" policy of counsellors at the Service, informal consultation was always available and was used by the student.

CHAPTER 4
Emerging Themes

<u>The Population</u>

<u>General Characteristics</u>

The nine clients ranged in age from 19 to 66. There were five who were from

19 to the mid 20s; two from late 20s to 30; and two from 45 to 66. One client was not

a student. Three clients were men, but for the purpose of confidentiality, all clients

are written about in this report as one gender. Six of the nine had significant

childhood issues including: mental illness in the family, loss of a parent at an early

age, unable to be with a parent and leaving the home, alcohol abuse in the family, and

violence.

<u>Context</u>

In terms of the person:environment approach, the context is viewed as a

university student environment with the hypothesis that this is a stressful

environment. This context not only contains academic pressures, but also the stress

of student living and working environments. All eight of the students experienced the

stress of being a student. Seven clients had concerns about whether they would be

able to complete their work. The pressure of exams and papers, time pressures, and

lack of time for self-care were evident. Five students were not eating well or sleeping

enough. In stress and coping theory, social support is viewed as coping assistance

(Thoits, 1986). Only two of the clients were in supportive relationships, only four of

the nine clients had the support of close friends. Four of the clients were working and

experienced stress in their work as well as the difficulty of balancing work and

school. Three of the students were experiencing stress in their living situation. The students' other issues were operating against this backdrop of student stress.

One feature of having a relatively young student population was that the students had little time for counselling. This was perhaps due to their age and stage of life and to time pressures of student life. Since the time pressures were so great that some were not even getting enough sleep or eating properly, counselling sessions took second place to the primary need of getting assignments done on time and the need to work and meet personal needs. These factors necessitated having brief therapy, which will be discussed further in the report. These factors also contributed to a high rate of cancellations and no-shows which is typical of the student centre.

Issues

In terms of developmental issues, there are three developmental tasks of young adults: to separate from parents and home, to form an identity, and to achieve intimacy with peers (Grayson, 1989). Of the five students who were from 19 to the mid 20's, four had developmental issues: identity issues being primary, as well as intimacy with peers. Two had difficulty with separation from parents.

As far as presenting issues were concerned, four of the clients reported depression and three were taking anti-depressants; three reported anxiety, two having panic attacks; one reported Post-Traumatic Stress Disorder; one had drug and alcohol abuse problems; two reported the need for anger management; and two were in crisis. These issues would be common in any population seeking counselling; but for students the issues are complicated by the stress of being a student. Interestingly, the most common issue was relationship problems, with seven of the nine reporting

problems in this area. Four of the nine clients had relationship issues with parents; seven of the nine experienced difficulty in romantic relationships.

The practice learning in this area was to learn to work with a broad age range of clients with diverse and complicated issues, which was different than the original premise of working only with young students with primarily student issues. A major part of the practice learning was also to learn to adapt to a brief therapy format with a high percentage of missed appointments.

Focusing Themes:

The Focusing Process and Learning

Beginnings

Focusing helps to get in touch with the vulnerable, scared, hurting places inside and by being present to them to get in touch with one's strengths. In order to go into the hurting places, some things need to happen first. Safety needs need to be addressed: including establishing trust, and explaining the option to come out of the process at any time. A rapport with the listener/therapist needs to be established. The student created an environment of safety and established a rapport by having openness to clients' experiences. Safety is also concerned with being aware of the clinical precautions in using relaxation methods which were discussed in the literature review. The therapist assessed for any possible extreme reactions.

Secondly, the therapist needs to help the client build a vehicle for this exploration. This involves developing a caring presence towards one's feelings in an attitude of friendship and acceptance. One of the first steps in focusing is to "say hello" to the feeling which comes. Learning to listen to feelings is like a good

friendship, where listening to the friend takes place in a caring accepting way. Some examples of this are imagining holding one's feelings like a pet or small child and communicating to one's body the feeling of caring. These are places within that have been denied, so there is a need to both acknowledge and care for them.

Thirdly, for clients who do not have a sense of their strengths, there can be a preliminary visualization to connect with a strong part within, or with a time when the client felt good about themselves. This is better if it comes on its own out of the vulnerability, but more direction can be given to clients who are not aware of any of their strengths.

Part of the preliminaries to a full focusing session may be having a brief experience of focusing to experience what it is like. The exercise mentioned below is one way to do this. Other ways may involve simply bringing awareness into the body and noticing how different parts of the body feel.

Focusing preliminary: felt sense exercise.

The purpose of this exercise is to experience two very different felt senses so that one can understand what a felt sense is. It involves relaxing and trying to "feel" each of two people in the body. One person is someone who the client loves or is loved by; the other someone with whom she feels uncomfortable.

This exercise was undertaken with three clients early in the practice. They were all specifically interested in focusing and the student at this stage explained about focusing before doing it with clients. Later, she took a different approach and simply introduced focusing into the session without this teaching mode. The first client who experienced this exercise had a tightness in the stomach with feeling of

loss when asked to imagine someone she loved (1,1.1). This continued to be a theme during this and subsequent sessions, so this exercise was powerful in helping the client quickly reach a core issue. The client also experienced anger as a ball in the chest when asked to imagine someone with whom she felt uncomfortable. Having anger at a number of people also was a main theme. The client had two distinct felt senses and a clear experience of what focusing was like.

The second client could not think of a person who had loved her or whom she had loved: "I was having trouble picking someone that I loved, but the negative one hit me right away...fear and anger...it felt deep...the negative feeling increased, it got more and more (points to lower abdomen)" (4, 1.1).

Client 5 (1.1) had a very positive experience of a warm feeling in sensing the person she loved. The student suggested that in future she might want to go into this feeling whenever she needed reassurance. She had a tightness in the chest when she thought of the other person.

Practicum learning in this area was to become aware that trying to sense someone you love can be a difficult issue so some de-briefing might be needed. All three clients were able to have at least one strong felt sense as a way of introducing focusing.

Focusing preliminary: clearing a space.

Clearing a space was used with two clients as another preliminary exercise of focusing to help clients develop a sense of an issue. It involves deep breathing, relaxation, and imagining issues coming forward one at a time and then putting these issues aside. At the end of this process there is usually one issue that is harder to put

aside -- a prevalent issue -- which is explored. Again, the counsellor used this early in the practice when she was in a psycho-educational mode. With one client, clearing a space was used for the purpose of trying to get a sense of what was important right now. With the other client, clearing a space helped the client experience putting aside her issues to demonstrate that she was not her issues. This is a technique of externalizing the problem, as opposed to problem-focused work.

The practicum learning here is to guide clients in clearing a space and to realise that there could be other benefits than just clearing the way. This exercise gives clients the opportunity to separate from their issues.

Beginning: getting a felt sense and issue.

To promote the felt sense, the practitioner experienced a progression in using this technique. At first, attempts were made to introduce and teach focusing as a series of steps. However, there were few clients interested in solely learning focusing; most presented with multiple issues for which focusing would be useful as a part of the intervention. Therapy was brief and there was little time for teaching and explaining. As well, the teaching style was too much like lectures for this student population. Moreover, this didactic style was getting in the way of client process, as Gendlin (1996) states: "the therapist is active and the client...is...passive" (p. 104). Clients were more interested in telling their story to the counsellor. The counsellor then found that the most effective way to approach the use of focusing was simply to use it in the session as a way to go deeper into the client's story. She did this by listening attentively for themes in the client's story and then asking the client to connect this to her own body. The clients' talking became the way the clients cleared

space for themselves to reveal what was the most crucial issue at the moment. The type of question which seemed to elicit a felt sense was: "You're talking about_____(theme). Where do you feel this in your body?"

All of the seven clients who focused experienced a felt sense. The clients experienced feelings in the chest and stomach , but not the throat. These three areas are common in focusing as the torso area from the throat to the stomach or lower abdomen usually contains core feelings. However, felt senses can occur in any part of the body.

Feelings in the chest were the most common among these clients. In listening to Client 1, the therapist asked where she experienced the anger. She experienced a tightness in her chest along with an angry feeling (1,1.1). Client 2 had talked about a number of issues in which she felt pressured. The student stopped her and said it seemed she was feeling a lot of pressure from people. Could she close her eyes and see where she felt that in her body? The client had a sense of "a fist in the chest" which came with a feeling of suffocation (2, 1.1). Client 5 had some feelings of anxiety about breathing. When asked where she felt that, she also had a sensation of a ball in the chest with the feeling of choking: "I can't breathe" (5, 1.1). On another occasion, she had a "tightness around the ribs" that came with the fear of "not being able to stop from harming herself" (5, 2.2). Client 4 had cleared a space to arrive at her issue. She had a tightness in the chest which felt like a green ball of pain (4, 2.2). Client 6 (2.1) had a heavy feeling in the chest connected to sadness. Client 7 had some fears about being vulnerable in focusing. When asked where the scared part was in her body, she had a tightness in the chest with a feeling of being" scared, sad,

and lonely" (7, 1.1). Client 9 experienced a shift in felt senses; this is common. The student explored the theme of "not belonging " with her. It was first a felt sense as a pressure in the temples, then shifted to the chest where it was a heavy, sad, lonely, feeling. On another occasion, she had a tightness in the chest and a feeling of something "trapped" (9, 2.1).

Feelings in the lower abdomen were also common. Client 1 also had a feeling of tightness in the "guts" which was connected to "feeling robbed in life" (1, 1.1). In another session, this client experienced a tightness in the lower abdomen which was a feeling of emptiness. On a third occasion, client 1 experienced felt senses for two parts: a strong feeling in the "gut" was connected to "hope", and a tightness in the chest to "doubting" (1, 3.1). Client 4 had fear and anger in the "gut" (4, 1.1). Client 6 (2.1), when exploring her feeling of having wasted her life, had a knot in her stomach connected to being mad at herself. At another session, she had a knot again with a feeling of having been wronged.

For the most part, except for clients who experienced shifts in felt senses from one area of the body to another, clients tended to experience a felt sense in the same part of the body in each of their sessions. However, while this might indicate a pattern, there are too few sessions to state a conclusion.

The practicum learning in this area concerned being able to use focusing as a simple and direct way of seeing how a client felt about a problem. Without using all the steps, and without educating the client about the process, the student counsellor was able to insert focusing quite naturally into the sessions. Moving away from a didactic style gave the opportunity to attend more to client process. The practicum

learning also involved seeing how easy it was for clients to experience a felt sense and how naturally focusing could be used. The counsellor learned to develop a personal style to work with focusing with clients.

The Middle: Being With It

After finding a felt sense and description of how that feels, the next step is to be with "it", the felt sense. This involves getting to know that place inside, the "it", this particular part of oneself. The client searches for symbols (gestures, words, or images) that best describe the felt sense of the situation (the Explication step) and the therapist/listener reflects these symbolizations (the Checking step). There is usually a shift during this process. Phrases such as "Just take some time with this" and "Ask it if there's a sense of 'more' there" are helpful to get in touch with the felt sense (Cornell, 1994, p. 18). Having the client place her hand on the area can help to make more of a connection. A significant part of being with the felt sense for the listener can also be listening and asking questions.

Listening and responding.

"Experiential-listening-with compassion-and-empathy or *healing listening* is one of the most powerful tools we have for healing and self-actualisation" (Klein, 1998, p. 107). Combs and Freedman (1990) take the approach that giving feedback to the client is an essential of cybernetic theory about the change process. Change takes place as clients make adjustments in their course based on the new information they have received. They claim that it is "the therapist's job to be an experienced guide for clients, attending closely to feedback from them and from the larger context" (Combs & Freedman, 1990, p. 38).

The student began the use of healing listening from the first session by listening attentively to the client's history empathically from the client's point of view to build the foundation for focusing.

Listening in focusing is based on reflecting to the focuser the essence of what they have said; this might be reflecting the feeling, body feeling, important words, and all the mixed feelings that might be there (Cornell, 1994). Some examples are:

Client 1:   "It feels empty waiting for something to happen".

Therapist: "Waiting for something to happen feels empty".

Client 1:   "Waiting for something to happen so I won't have to make a decision" (1,2.1)

The client responded with this reflection of feeling and went on to the crux of the situation.

Client 9:   "It feels like something trapped in there".

Therapist: "Something feels trapped" (9, 2.1)

In this example, the essence of the body feeling is reflected, along with an emphasis on the "something", which helps to explore this "something".

Responding to the client can also take the form of asking questions in order to explore the "something" or the "it", the felt sense, more. There are generally three categories of questions. The first type are general questions such as: "What's this?" or "What more is here?". The second type are crux questions such as: "What's the worst of this?" or "What gets me the most about this?". The third type are forward

direction questions such as: "What does this need?" or "Which way is fresh air?"

(Cornell, 1993, p. 41).

With client 9 in the example above, the questions proceeded as following:

Therapist: "Notice if it feels right to ask the trapped place, 'Is there more here?'

Client 9:   "It feels all alone, hopeless".

Therapist: "See if you can ask it, 'What's the worst of this?'"

Client 9:   "It's scared it can never get out".

Therapist: (After some time spent caring for this feeling) "Which way is fresh

air?"

Client 9:   "I can't get a sense of that."

Therapist: "What would feel like a small step?" (9, 2.1–2.2).

The practicum learning in this area involved empathic listening skills:

following the client process in learning when to pause and when to ask. It involved

experimenting with different questions to see what worked. The student found that

the first type of general question seemed not to work as well. The second type,

especially "what's the worst of this?" seemed to get to the crux of the feeling. With

the third type of question, sometimes some additional coaching was needed. The

question "what would feel like a small step?" seemed to work. By clarifying and re-

working the question, the student was able to help the focuser expand the experience

of the felt sense.

Being with it: having a complete experience.

The process of listening and responding continues throughout the session.

Continued questioning involves encouraging as complete experience as possible: one

which usually contains, as well as the felt sense and emotion, imagery and life connection (Cornell, 1993).

Imagery.

All clients were able to connect with the felt sense enough to have images. These were encouraged by suggesting: "You might want to notice if there's an image connected with that" (Cornell, 1993, p. 71). The images were both kinaesthetic and visual. Kinaesthetic images are images felt in the body (Cornell, 1993). The following represent kinaesthetic examples of getting in touch with the pain and having various images of something getting in the way, of blocking, or trapping, occur. Client 2 (1.1) had an image of a fist in her chest that was suffocating her and this gave her a real sense of how she was allowing people to cut off her life. Client 4 (2.2) had a green ball that she knew held all the pain. Client 5 (1.1) had a ball that kept her from breathing and Client 1 (2.1) had an image of a clear ball that symbolized her empty feeling at the lack of love in her life and clarified this issue. Client 6 (1.1) had a knot in her stomach and Client 9 (2.1) had an image of something trapped. The other type of image is a visual image that "seems to appear in the visual field, as if on a screen in front of the eye" (Cornell, 1993, p. 33). Client 4's image of two rattles was not connected to the body feeling (2.2). Nevertheless, any image that arises has significance and so the counsellor explored this image with her after focusing. Cornell suggests asking the client to "notice how it feels in the body as you show that image to it" to make the body connection (1993, p. 33). With kinaesthetic images already in the body this extra guiding is unnecessary (Cornell, 1993).

Some of the images giving strength were images of having a big, loving heart, and an image of being a runner or walker, someone who was moving forward in her life (6, 2.2; 3.2).

Sometimes images came later. Client 1 did not have an experience of something at the end of the session that might help to remember her experience. The therapist suggested perhaps drawing a picture, which did not work for the client. Asking if the client could think of an image that might represent her feeling of wanting to go forward resulted in an image of a red horse moving quickly forward (1, 2.3).

Client 7 (1.2) had an image of safety, a log cabin in which she could be safe. This was an image to recall when she is not feeling safe. Imagery, then, can continue to have an effect.

The practicum learning in this area was to learn to use the images in therapy. For example, the therapist used the powerful image of client 2 (the choking feeling) in subsequent sessions to help her take charge of her life (2, 1.1).

Life connection.

All clients except one knew the connection the felt sense, feeling and images had in their lives. The one client who did not experience a clear life connection had some difficulty in being connected to the felt sense. Questions to encourage this life connection include: "Would it feel right to ask it, 'What in your life brings this right now?'; or 'What in your life feels this way?'"; or "See if you have a sense that this is connected to your life somehow, even if you don't know how" (Cornell, 1993, p. 71).

Completeness of Experiencing and Change

As complete an experience in focusing as possible is desirable. Cornell (1993) writes about the completeness of a focusing experience as a "Full Felt Sense" (p. 69). The Full Felt Sense has four aspects:" body sensation, emotional quality, imagery or symbolism, and life connection or story" (Cornell, 1993, p. 69). The presence of only one or two of these aspects indicates perhaps that the experience is not as complete. However, people may have one or two aspects and still have a meaningful experience. The idea here is not to judge others' experiences, but for the counsellor to learn to encourage as complete an experience as possible and to examine the reasons why it is not complete. With some clients, there may regularly be a certain missing part which could be developed.

Nine out of twelve focusing experiences (not including the preliminary exercise) had all four aspects. The three clients who did not have as complete an experience had some difficulty connecting in the body. Client 4 (2.1-2.2) experienced a strong body sensation ("tightness in the chest") and an image ("green ball"), but this was without emotional quality or life content. She experienced the two parts of herself, the "pushing away part" and the "wandering part", that wanted to get away from this ball (4, 2.2). This was helpful information about her process and with more experience in focusing these missing parts would appear. Using questions to invite emotional quality, such as "you might also just wonder if it has some emotional quality" (Cornell, 1993, p. 71) were asked, but the wandering part would take her away. Cornell suggests questions to invite the life content might include "would it feel right to ask it, what in your life brings this right now?" (Cornell, 1993, p. 71).

The student was not able to ask this question at the time. This would be helpful had there been further sessions.

Client 6 had what seemed to be a complete focusing experience, but it did not lead to a real shift the first time. It was difficult to assess whether she perhaps was not so completely in her body or whether as this was her first experience, she needed more help to have a shift (1.1). The therapist guided her in some affirmations so that she might connect with the positive side of herself. In her other two experiences, guidance was again needed, but she did experience a body shift (2.2; 3.2). Similarly, client 9 had three aspects: a body sensation ("heavy chest"), an emotional quality ("sad, lonely"), and a life connection ("not belonging") (9, 1.1). A shift did not occur so the therapist asked if there was a time when she felt she belonged and to connect to that feeling. She connected, but when she came out of the session a shift was not obvious. The therapist might have guided her to spend a longer time with the not belonging and to care for that feeling, and then perhaps a shift might have occurred (Boutin, 1997). Since this was the client's first experience, the counsellor wanted the client to experience the part of her that belonged. This was a good intention since this client needed a sense of the other part of herself.

Another way of looking at whether the experience was complete is to examine whether there was some shift or change in how the client views the situation. In the above examples, there was not a shift, indicating that the completeness of the experience is connected to having a shift.

Client 4 (2.2-2.3) received different information about her process concerning the parts that wanted to push away or get away from the pain. The emotional

connection needed to be deeper so that shifts could take place. The reason the other two clients did not experience a shift may have similarly been for a lack of a deep enough emotional connection.

The practicum learning in this area is the realization that for some clients focusing may come quite naturally with some guidance and that shifts will happen quickly; for others, it make take a longer period of time. In this practicum, brief therapy was the format, so there was not enough time to guide these clients to a deeper experience. Although some experiences were somewhat incomplete, the learning was to work with what appeared in focusing and use it to promote change. The learning included being appreciative of the effort made by clients to engage with themselves. This is the essence of self-discovery and change (Gendlin, 1981).

Endings

Endings included thanking the body, marking the place for future exploration, grounding and de-briefing the experience, as well as termination.

De-Briefing.

De-briefing focusing with clients is concerned with finding a way to bring the experience into reality; sometimes being in the relaxed space of focusing is like a dream. This is done by providing a comparative sense of the experience. For example, the client can draw, write about, or discuss the experience, which helps to consolidate the experience. The connection to life experience helps to generalize the learning. The counsellor's feedback is important, especially in asking the client to recall how the issue felt in the beginning, compared to *now*. The purpose of these techniques is to encourage change and to emphasize the change that has occurred.

Sometimes clients do not immediately realize how significant a change has taken place. Some examples follow. Client 1 did not have an image during the focusing experience, so the counsellor asked afterwards if any image came to mind for the "go ahead" feeling. The image of a horse moving forward helped to make that movement concrete (2.3). Client 5 had a sense of what some steps were to reduce anxiety. Helping to define the steps more concretely made them more realizable (1.1). Client 4 was disappointed not to have a shift; de-briefing helped her to realize that her process is never wrong and that valuable information was obtained (2.3). Client 6 had a sense of wanting to be more assertive in a relationship; role-playing a dialogue aided this process (3.4). In these ways, the experience of change is encouraged and amplified.

Termination.

Endings also included terminating with the client. Clients usually terminated once they received some resolution with the presenting issue; otherwise, various unknown factors contributed to termination. There was a formal termination with two clients and semi-termination with three others who were pleased with their progress. Four others no longer attended. These were called on the phone for termination.

Practicum learning in this area was to become more practiced at de-briefing. Client 9, in particular, needed to discuss the experience more to integrate it into her life (9, 1.3).

Summary of process themes.

In terms of the beginning exercises, it was found that it was easy for clients to experience a felt sense and that this was a quick and effective way to get to the core

issues. Being with it, the felt sense, took more practice. Questions that seemed to work well were "what's the worst of this?" and "what would feel like a small step?". In terms of endings, de-briefing became important to help clients integrate their experiences.

In summary, the practicum learning was a rich experience. The learning involved developing a personal style: moving away from the didactic style and attending more to client process. The student learned to integrate focusing naturally in the session.

Focusing Integration Themes

Adaptability of Focusing to a Student Population

In this section, several themes relating to the student population specifically are grouped under the category of the adaptability of focusing for use with this university student population. These themes include focusing as brief therapy and focusing used with other interventions.

Focusing as brief therapy.

The range of number of sessions was from two sessions to six, with three sessions being the average. The literature supports the fact that students find three or fewer sessions satisfactory (Grayson, 1989). The rate of sessions missed (by cancellation and no-shows) was sixty-four percent, not unusual for the university counselling centre. The way the student developed to work in this brief therapy format was to use the first session as a time to join with the client, to take history, to explore the presenting problem and client goals, and to obtain consent. By the second session, focusing began for all clients except the two who did not focus. Of the seven

clients who focused, five focused more than once; three clients had three experiences of focusing, and two had two experiences. By the third session, if the clients continued, there would be more focusing; otherwise, there would be a completion. Due to the brief format and to students' perception of measures as another academic assignment, there were not enough results from measures to use for evaluation. Evaluation was done by content analysis of case notes.

Student learning in this area involved learning to work with a brief therapy format in which there were high rates of missed sessions. This was challenging and different from the longer term type of therapy which the student had anticipated. The advantage was that the student learned to adapt and be flexible and to work quickly. The clients wanted a brief format as they had little time and interest in longer term counselling. They worked well with this format, putting their issues out quickly and being very open with the student. The student learned to take any opportunity for clients to go more deeply into their issues and to use focusing as a brief technique. Sometimes focusing was only for a few minutes, and other times, for perhaps 15-20 minutes of the session. In the shortest session, the client stayed in focusing only for a few minutes and experienced a powerful felt sense which gave her a way to feel the impact of her issues. The student experienced that this brief use of focusing could still be effective.

Focusing used with other interventions.

The main theme here was that focusing was a part of the intervention and could be integrated with other interventions. Focusing was seen as the heart of the intervention, linked by the use of systems which connected in and out of it. The

counsellor attempted to provide as balanced a social work intervention as possible: using various interventions, connecting students to resources, and advocating for clients.

Relaxed breathing techniques were used as an intervention to help anxious clients. With anxious clients, relaxed breathing is difficult at first because it increases anxiety. But with practice, it provides a way to control the anxiety, which gives a feeling of control necessary in the beginning of treatment. Affirmations were used to increase strengths. Some clients had no sense of their own inner strength; this was a way to have them build it. Cognitive restructuring techniques were used to examine distorted beliefs. One client had a distorted view of her marks on exams, comparing herself to others who were more experienced in this field. A technique was employed of making a list of her negative beliefs on one side of a paper, and then listing more accurate statements on the other. Affirmations were stated which could affirm the client's positive qualities in this area.

The therapist also employed the use of focusing a client's thinking. With one client (not a student) who had difficulty in concentrating and taking action on a few things in her life, the student repeated themes back to her. They made a list of things to be done: make a doctor's appointment, put a reminder on the refrigerator to take medication, do shopping for nutritious food, etc. The counsellor asked the client to set specific goals for these items: when, where, and what she would do about them.

Given the stressful context in which the students operated, features of a holistic stress management approach were employed as needed (Girdano & Everly, 1987). In addition to addressing core issues through the use of focusing and to using

different ways to solve the problems creating stress, other elements such as learning to act more assertively, and getting adequate sleep, food, exercise, and time for self-care, were addressed. The counsellor emphasized the sessions as a way of making time for oneself, getting to know oneself, and having appreciation and caring for oneself. She encouraged this process of making time and space for oneself to continue in the clients' busy lives even if this were just taking short breaks during the day to walk or to sit and reflect. Suggestions included getting regular exercise, for its stress-reducing qualities and for increasing endorphins to the brain which helps depression.

Practice included connecting clients with various resources, including the Learning Assistance Centre and other academic and university resources; as well as referring students to various groups offered by the Counselling Service. Student advocacy took the form of letter writing in support of students, contacting medical services, and finding information on housing.

There were two clients who did not do focusing. One was in a crisis situation and needed to stabilize this situation first, then time ran out as she was writing exams. Another choose not to explore the issue further as she had received benefits from doing relaxed breathing for exam anxiety.

Student learning in this area involved learning to balance focusing with a number of other interventions; learning about university resources; and learning how to advocate for clients within this university environment.

<u>Difficulty With The Self-Help Model</u>

In the section on process themes, the difficulty of teaching focusing within a session were addressed; it was found that teaching and explaining interfered with client process. There was one experience in which there was an attempt to do this, and it did detract from the process. Therefore, this didactic style was abandoned in favour of following client process with the integration of focusing in the session. The consequence was that students did not have the experience of being able to learn how to do focusing and to practice it on their own or with a partner. However, a list was compiled of focusing resources giving information on group opportunities for learning focusing and opportunities to practice with others. The list was left with the Counselling Service where several of the clients were continuing their work with other counsellors.

Practicum learning in this area was to develop a style which would work in this brief format. The didactic style took too much time and took emphasis away from client process and was unsuitable for this university student population. The learning was in being adaptable to making changes in approach. The teaching of focusing would work in a longer term format, *after* the client has had enough experiences of focusing to be interested in finding out more. The process is the most important thing, explication can wait.

Focusing as a Strengths Perspective:

Vulnerability and Strength

In this section, vulnerabilities and strengths are examined. The strengths

perspective emphasizes ways to encourage client strengths. Strengths emerged in this

practicum by focusing and by connecting to vulnerability.

The universality of vulnerabilities is presented here: fears such as fear of

death, fear of being alone, fear of having wasted one's life, fear for one's safety, fear

of not being able to care for oneself, fear of not being able to make decisions about

one's life, and finally, fear that one's pain was too much to bear.

With one client, the vulnerable place was feeling cheated out of life and the

loss of love. From connecting to this place, the client felt a sense of hope in

continuing to try to bring connectedness and love into life (1, 3.1). One client

connected to the fear of illness and subsequent loss of control. The final loss of

control was death. By acknowledging this fear, she became more able to realize that

she had a certain of amount of control in her situation and could make different

choices (5, 1.5). Another fear was of the pain just being too much. In this case, the

client discovered the parts of herself that were protecting her from pain (4, 2.2).

With another client, the vulnerable part was the scared child who feared being

hurt by people: "she likes to be alone, no one can hurt her" (7, 1.1). A strength was in

finding a safe place where she could feel protected.

Sometimes, the therapist needed to be more directive in encouraging strengths

to emerge. One client had a fear of being alone and being unlovable. She connected

to the part in her that did not like to be alone with herself. She found strength in

finding that she liked being alone when she was running and used this feeling to strengthen herself generally. With this client, the suggestion "Is there a time when you like being alone?" helped to connect with this part (6, 3.2). A vulnerability of "I don't belong anywhere" (9, 1.1) and that loneliness was an issue. This client found strength in contacting a time when she belonged with the help of the question "Is there a time when you felt you belonged?" Another issue was the fear of not knowing what to do with decisions in her life. She was able to do this by the suggestion to imagine walking up to different situations in her life and seeing how they felt in her body (9, 2.3).

Clients were encouraged to spend some time in the strong place so they could have a real sense of how it feels. Imagery was used to anchor and recall the strong place: "Is there an image that can help you remember that place?".

A client discovered strengths through cognitive restructuring. Vulnerability arose in the original feeling of failure and the shame; strength came in re-examination and the realization that there are other areas of competency (3, 1.1).

Practicum learning in this area was to develop ways to encourage client strengths. With some clients, this meant being more directive since strengths were hidden and needed more suggestion to emerge.

Focusing As Narrative Therapy

As discussed in the literature review, there are four similarities between focusing and narrative therapy. An attitude of not-knowing and the element of interpretation are implicit in focusing. The other two similarities that will be

addressed here are focusing as story-telling and the focusing technique of externalization of the problem.

<u>Focusing as story-telling.</u>

The central idea in narrative therapy is that clients tell and reconstruct their stories in order to promote change. Focusing is a way to discover the "more" of the story about encounters in the environment so that the story can be known and can be reinterpreted. These stories are "environmental information" (Gendlin, 1992c, p. 347); stories which tell the whole story about the encounter. The encounter leaves an impression, but this is like the tip of the iceberg. Underneath, there is more of the story to be found; often, these are connections to previous, perhaps even childhood, feelings which the encounter evokes. For example, one client had a feeling of emptiness about a relationship; these were connected to childhood feelings of loss. The impression left by the encounter is a beginning. The focusing process itself is like a story unfolding: there are hesitant beginnings when exploration is taking place; then the middle section in exploring a felt sense and perhaps images, words, and life connections that go with this sense, the "more" of the story; and then endings in which loose ends are tied into a whole and there is gratitude and completion. In this way, the process is like a classical story style in which in the beginning, characters are introduced; in the middle, a problem is presented and explored; and in the end, something is resolved, and it's time to say good-bye. This is also rather like life. Like any good story, there are surprises and twists and turns.

In exploring the themes of the stories, two themes were prevalent. The themes centered around "finding": they all included finding out about something and some

included finding something that was lost. Some of the themes of finding out about something included: finding out about emptiness; about wandering away; about suffocation; about losing control; and about feeling trapped. The themes of finding something lost included: "finding the lost heart"; "finding hope"; "finding safety"; "finding the go-ahead"; "finding strength"; and "finding the right path".

Beginnings in the story were the felt senses like the fist in the chest or knot in the stomach discussed in detail earlier in the chapter. These were the signals that there was something more about this issue that needed exploration. The middle of the story was going more deeply into the sense by spending time with it to see what it had to tell. This often involved making a physical connection to the empty or scared feeling by putting a hand on the chest or stomach; as well as asking questions to see what it is all about. Endings were often a time to really enjoy having found what was lost by appreciating and thanking the body for the information. Clients in the end had new stories of their experiences: stories in which lost parts could be known and could be found again.

Imagery in stories is an important aspect and can help promote change. The use of images was encouraged by suggestions. Images are a type of metaphor. Nicholas (1984) describes the value of metaphor in promoting change: "Making the metaphor linguistically equivalent to the 'thing' or 'event' or 'relationship' it describes is necessarily a paradoxical event and generates frame or reference shifts" (p. 16). An example is client 2's "fist in the chest" which helped her to see the pressures in her life differently (2, 1.1). Generally, the images were powerful and gave clients momentum, a shift, whether it was because of feeling the pain and

wanting to make a change, or because it gave them a positive image to move toward. Images are a way the story comes alive.

Focusing as externalizing the problem.

Externalizing the problem or "the person is not the problem, but the problem is the problem" is a basic idea in narrative therapy (Freedman & Combs, 1996, p. 45). In focusing, there is an attempt to have the person see the problem as one of her parts: "there's a part of you that's anxious", as a way to have distance from or externalize the problem. Questions such as: "Ask *it* if it would feel OK...", help to create distance. This was very useful for some clients. Some examples follow.

The most striking example was for client 5. She said that seeing her problem as a "thing" meant that she could "move it or remove it" which she actually did in subsequent situations (5, 1.5). This gave her a sense of control of the problem and that it was not all of her. The therapist reinforced this by pointing out her other parts that were not this problem. Another client who felt cynicism about whether her life could change experienced the doubting part and the hopeful part. She saw how the hopeful part kept on even though the doubting part tried to negate it (1, 3.1).

The student missed an opportunity with one client. It is helpful in focusing to follow the part that has energy. Client 7 felt her scared little girl place and the therapist asked her if she could care for it. She said: "No, I can't care for it!" (7, 1.1). Instead of trying to explore this part of her that could not care for herself, the therapist asked if she could just acknowledge the scared girl, which the client was able to do. The session might have been more productive for the client if she had been guided to explore the part that could not care for herself.

Practicum learning in this area was to have the attitude of not-knowing and reflective listening so that new stories could emerge. There was a delight in watching this process unfold. Learning occurred in the area of emphasizing the parts, especially where clients were stuck in their problem, and to encourage the growth of other parts which gave clients strength. A major learning was to connect with the part that is saying "no" to anything, because that is the part that has the energy.

Focusing As Giving Information

In the literature review, focusing was presented as a means of obtaining "environmental information" (Gendlin, 1992c, p. 349). The following section examines information about client process, as well as information made available in the transactional area.

Focusing as information about process.

This theme is related to the theme of brief therapy: focusing was very effective in revealing client process quickly and clearly to therapist and to the client. With most clients it revealed the defences clients had to avoid pain. With one client who found it difficult to be vulnerable, the very possibility of focusing raised this issue. She recognized her process is to try to avoid being vulnerable (7, 1.1). Another client discovered her wandering part which wants to get away from the pain (4, 2.2-2.3). Feeling hopeless was a process which was revealed (9, 2.1). Talking very quickly and talking all around an issue were other ways clients dealt with pain. The simple act of going into the body revealed these processes.

Focusing as transactional information.

This theme is related to the category of student themes as it is concerned with the person:environment issue important right now. There were some surprising results. The stress of student life was the context in which the students operated and entered the discussions. However, although all the students expressed concerns about stress, only one student (who did not experience focusing) had student stress as the issue that was at the *forefront*. The transactional information was that stress was the backdrop. The real concerns were in the area of relationships, in the social environment. With six of the nine clients, there were concerns in the area of romantic relationships and four of those had a combination of family and romantic relationship concerns. This is consistent with the literature in identifying intimacy with peers as a significant issue and the romantic break-up as being the most stressful of intimacy problems (Grayson, 1989). With the other three clients, one had exam stress and no relationship issues, and the other two had issues about traumatic events in relationships, family or otherwise.

As the counsellor listened to clients, the theme of relationships was at the forefront. Of the seven clients who focused, five identified relationships as the presenting issue. Yet in focusing, in working with *unclear* feelings, another layer was revealed. Two clients who had concerns in their romantic relationships discovered something different when focusing. One discovered that the main issue was in a family relationship in which she felt abused. She felt like she was being "suffocated" in her life (2, 1.1). The other student, in exploring the loss of a relationship, discovered that the issue was more about her fear of being alone and not feeling

comfortable with herself. Two other clients, while expressing concern with depression

and relationships, discovered family situations were at the root of the problem. They

felt "trapped" (9, 2.1), or "cheated of life" (1, 1.1). Of the two clients who did not

identify relationships as the presenting issue, one experienced difficulty with anxiety.

In focusing, the root of the anxiety became clear, the source was a traumatic

relationship in childhood.[2] The other client presented with post-traumatic stress. The

transactional information obtained was about the difficulties in exploring the pain.

In the above examples, the transactional information about

person:environment can be seen as a dynamic, *ever-deepening*, process. It appears

that there is a stressful response to an environmental situation and that underneath

there is a link to a previous situation, affecting the appraisal of the new situation. The

transactional area could be viewed as *many-layered* in time, and focusing viewed as a

process which cuts through the layers to the *core* of the situation. Previous

psychosocial factors of stress are included. The process begins with unclear feelings,

which become clarified in this *movement* through the layers. During this movement,

there are some parts which do not seem to make sense with one another, but in the

end everything becomes inter related and forms a whole, a *kaleidoscopic* process.

The movement is facilitated by *feedback* from the listener/therapist contributing to the

feedback loop:

C: "It feels like something trapped in there."

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[2] In this practicum report, the following referencing procedure has been used. If there is a concern that clients might be identified, specific interview numbers are not given.

T: "Something feels trapped." (pause)

T: "Would it be OK to take some time to care for that trapped feeling?"

(does this)

T: "Notice if it feels right to ask the trapped place, 'Is there more here?'"

C: "It feels all alone, hopeless."

T: "See if you can ask it, 'What's the worst of this?'"

C: "It's scared it can never get out." (9, 2.1-2.2)

After this, some steps appeared to find the way "out". The information was put together in a new way, a different appraisal or reappraisal of the situation having been made.

The process is accompanied and aided by a *multi-modal* type of experiencing where images, thoughts, words, feelings, and felt senses in the body arise. This process is helped as well by a changed environmental *context*: the person-in-stressful-university-environment-experiencing-a-problem becomes person-in-quiet-relaxed-inner-process-exploring-problem. The change in context of the problem seems to facilitate seeing the problem differently. For students with no previous experience with relaxation techniques, closing their eyes and discovering a world within was an altered context. Perhaps this different context of being with the problem is also incorporated into the reappraisal of the situation.

In summary, valuable information about the transactional area between person:environment can be obtained through focusing. Some of the features of the transaction are that it begins with something unclear, that it is layered through time, that there is an ever-deepening experience leading to the core of the encounter, that it

is kaleidoscopic in rearranging different parts into a new pattern, that it is complex, and that there is movement. The process is aided by changing the context, by providing feedback, and by the multi-modal nature of the experience.

In the next section on focusing and change, change in meaning of the encounter and the changed relationship with the environment will be explored.

Focusing and Change

In this section, focusing is examined as a change tool. In the literature review, factors contributing to second-order change were discussed. The concept of change is that "if the content of our internal representations...associated with a certain event in our minds and memory banks, is altered, our subsequent internal representations are different in response" (Nicholas, 1984, p. 18-19).

Change in meaning and change in the environment.

There are some different ways to examine whether change took place.

In Alemany's (1985, Appendix 4) check-list the three main components of having a shift have to do with seeing something differently, having a depth of experience, and having an experience where elements were interrelated. In the twelve focusing experiences, nine had these qualities. Of the three which did not have these qualities, there was a lack of depth of emotional connection.

The transactional model proposes that there is a continual interaction between person:environment in which the person seeks to cope by changing the meaning of the encounter (emotion-focused coping) or by trying to solve the problem (problem-focused coping). Focusing helps to clarify just which environmental situation is most important right now. With the information obtained from the session, there may be

steps taken inside which result in a different appraisal and have impact on the person's environment. For some clients the change in attention or how the problem is perceived is sufficient; this is not to be under-estimated, as change in attention can result in subtle shifts that are not observable, but are nevertheless change. Nicholas (1984) writes: "Change for human beings has to do with *shifts in attention* more than with *actual changes*, which are always happening, whether or not we notice them. If we are paying attention to something, we then have the capacity at any time to *shift our perspective*" (p. 8-9). Even for the three experiences which were not as complete in terms of change on Allemay's scale, there could be shifts in perspective. Change for some clients may have been in simply "being with" their feelings, which might have been a new experience; others may have had more observable changes. There was not an opportunity to examine the more subtle shifts further from the clients' perspective.

There were four clients who responded differently in their environments; they had a problem-solving strategy. Two clients with relationship problems acted more assertively with the people involved. They were more aware of their own needs and that they had the right to ask for these needs to be met. Two clients became clear about which situations they choose to decline because they were not life-affirming, and those which they would pursue because they were worthwhile.

With the other three clients, there was not enough time to know if there was an environmental impact. Evaluation of client's progress is illustrated in Table 1.

Practicum learning in this area involved being patient and valuing the inner steps. When it seemed that the client was needing to make changes in the

environment, help in making strategies was offered. There was a process of continually examining the client's environment to see how this new information would fit. One client (1, 2.1), for example, had a strong feeling to go ahead in a situation. The process was to examine this in the context of the other people involved. Techniques such as the use of behaviour rehearsal, setting priorities, helping the client access resources, and educating and advocating for the client, were part of helping the client make the desired changes in the environment.

In summary, focusing was integrated into a social work framework in a variety of ways. It was integrated into the university context by being adapted to a brief therapy format and used with other interventions applicable to the student population. In terms of the strengths perspective, focusing helped to develop client strengths by a connection to the strong place within. As far as the person:environment relationship important to the strengths perspective, focusing provided a depth of information about the transaction. In the use of focusing to open space for new stories, it was used as narrative metaphor. Generally, focusing could be viewed as a very adaptable tool which can be integrated within a social work framework. An integrative model was developed from theory and practice.

CHAPTER FIVE

Practicum Learning and Evaluation

This chapter is concerned with a broader view of the practicum learning as related to the learning goals of the practicum and an evaluation of client outcome.

The five broad learning goals were: to develop a skilled use of the focusing process; to learn to apply and adapt the use of focusing to social work practice, in particular, a university student population; to develop counselling skills applicable to an academically focused and based counselling centre; to discover how focusing could be integrated into a social work framework; and to learn how to evaluate the use of focusing by content analysis.

The first goal of developing a skilled use of the steps of the focusing process had three sub-goals: to develop skills in the beginning, middle, and ending parts of the process.

Part of the beginning skills involved the student testing out some preliminary exercises to see how they worked. While this experience revealed that clients could get in touch with a felt sense quite easily, the usefulness of this information was later employed in integrating focusing into the session, rather than having preliminary exercises. These exercises were then abandoned, along with the teaching approach, in favor of a more integrative approach. The actual beginning phase of focusing was concerned with having an issue and a felt sense. It was in this area that the practicum student developed her own style of working: to listen attentively for the main issue for clients, and then to ask where they felt that in the body. The discovery was that

clients could access a felt sense quite easily. The felt sense alone gave them a powerful connection to how this issue felt.

The middle of the process involved the steps of explication, checking, and a felt shift. In this part of the process there is an exchange back and forth between client and therapist/listener in terms of both reflective listening and questioning. In this area the student developed empathic listening skills in both listening for the main issue and tuning in with the clients' process. Reflective listening skills were developed by paying attention to the essence of the feeling and reflecting it. The student experimented with different questions and found which worked well. In terms of having a shift, the student found that some additional coaching was required; sometimes the student suggested that the client find a place of strength, and this created a shift. This directive style was needed because, as the student discovered, it takes time to become familiar with the process. Since the work with students required a brief therapy format a more directive style was necessary. The practicum learning involved developing and extending the use of imagery, and asking questions which encouraged the development of a complete focusing experience, including imagery, felt sense, emotion, and life connection.

The ending phase involved the global application of the experience, as well as de-briefing. Questions were developed to promote this life connection. The importance of de-briefing was realized to encourage and amplify the change.

In summary, the practicum learning concerning this goal was very rewarding. The student learned the skills of each step of the process. The learning involved being able to adapt to the population and to be flexible and creative in developing a

personal style that would work in this context. The student learned to attend to client process and to integrate focusing into the session.

The second goal, learning to apply and adapt focusing to social work practice, in particular a student population, was concerned with meeting the needs of this population. The practicum learning involved working with a brief therapy format. The student adapted to this challenge and worked quickly. The practicum student discovered an openness in the students which allowed this to happen. There was a realization that even a few minutes of focusing could be very effective, and that there might not always be the opportunity to go through all the steps. The learning involved using whatever could help in the process of change, which also concerns the third goal. The student learned to work with a variety of issues including exam and study issues, relationship problems, anxiety, depression, post-traumatic stress disorder and suicidality.

Practicum learning also involved developing a complete social work intervention for a student population. This involved using other interventions such as relaxed breathing, affirmations, cognitive restructuring, focusing thinking, and various features of a holistic stress management program. Practice also included connecting students with various resources in the university context, referrals, and advocacy. The goal of applying focusing to this population was therefore met, as well as the goal of developing counselling skills for an academically based counselling centre.

The limitations of working with a brief format were in the inability to include teaching about focusing so that clients might continue this practice on their own.

Some other limitations of working in this setting included both the discontinuance of the teaching style and the use of measures, as students already had enough lectures and assignments to complete. A further adaptation could have been made to adapt the measures to a more enjoyable format, but working in the brief model made time a priority, so the student choose to use the time for client process.

The fourth goal, to develop a focusing model applicable to social work practice that integrates various frameworks, proved to be very interesting. The student did not set out with the intention of developing a strengths or narrative approach, but rather was interested in the stress-coping transactional model in terms of focusing as giving environmental information. However, as the student worked with clients, it seemed natural to develop areas of strength, especially when clients were only experiencing their vulnerability. The student was quite directive here, seeking out the times when clients had felt strong and building on that strength. The student by following a natural *process* discovered the link of focusing to the strengths perspective, and since this also included the transactional model, focusing could be integrated into this framework. In terms of the transactional model, the information available from focusing about the person:environment relationship proved the usefulness of focusing.

The development of the use of a narrative metaphor was a similar discovery. The student found that the use of focusing fit well with the central idea of opening space for new stories. This emergence of alternative stories took place in the shifts which occurred in the old story as the body provided new insights. Learning involved having the attitude of not-knowing and reflective listening so that new stories could

emerge. The recognition of different "parts" of the self helped to promote some distance from the problem.

In addition, focusing was adapted to a brief therapy format, prevalent in social work practice. With regard to the fifth goal, learning to evaluate the use of the focusing model by content analysis, this will be discussed in the following section.

<u>Evaluation of the Focusing Model</u>

Evaluation of the focusing model is illustrated in Table 1. The success of clients in experiencing the six steps of focusing (Issue or Emotion, Felt Sense, Explication, Checking, Felt Shift, and Global Application) are indicated by check marks. The final outcome in relation to the presenting problem is also indicated. The listing is by client experiences of focusing, rather than client numbers, to further ensure confidentiality. This analysis was obtained by a content analysis of the case notes.

As Table 2 illustrates, eleven of twelve sessions had an experience of step 1. All experienced step 2, eleven experienced steps 3 and 4, nine step 5, and all twelve had global application to life. Ten had some definite positive outcome, while two of twelve had realizations about their situation. These outcomes included: resolving relationship issues, finding the will to live, having realizations about process, controlling anxiety, dealing with the fear of dying, finding safety, and becoming clear about needs.

In reference to earlier discussions in Chapter 4, <u>Change in Meaning and Change in the Environment</u>, nine of the twelve focusing experiences had all four aspects of a complete experience: body sensation, emotional quality, imagery, and life

connection or story. Environmental change was shown by four clients using problem-solving to respond differently in their environments; two became more assertive, and two became clear about environmental situations.

In conclusion, all clients achieved some level of experiencing focusing. The student succeeded in engaging all seven of the nine clients in focusing as an intervention. The three practicum supervisors evaluated the learning goals as being met and the practicum as successful.

In summary, the learning goals set for the practicum were met. As well, the practicum experience provided opportunities to develop a personal style of working with clients, and provided some discoveries that had not been anticipated. Overall, the student's experience was rich and rewarding. As well, through the practicum experience, the student made some important contributions. The student made a contribution to social work in developing an integrative model of focusing and introducing focusing into the social work literature. The student's contribution to the Counselling Service consisted of the introduction of focusing to the centre, the work with clients, and being the representative of the MSW program as the first MSW student to do a practicum there. The student compiled a list of focusing resources in the community for the Counselling Service's use.

CHAPTER SIX

Conclusions and Recommendations

Conclusions

This practicum report concludes with a discussion of the findings obtained as a result of this project. These findings are reviewed in relation to implications for future social work practice.

The five goals of the project generally concerned learning about the focusing process and how to evaluate it, as well as learning how it could be both applied to practice and integrated as part of an integrative model.

In terms of the process, it is clear in that this process is quite natural, and that with some guidance, can be practiced by most clients. The process can be brief and easily inserted into a session. Given the strong connection clients can make to core issues, and the amount of information that can be obtained, this process is valuable to social work.

With regard to the application to practice, focusing proved to be highly adaptable, and could be used in any practice. As far as the student population was concerned, it seemed to fit with their developmental phase in terms of wanting fairly quick and direct referencing to their situation.

Evaluation occurred through content analysis of case notes and the construction of a table evaluating client process.

In examining the integrative model, some interesting conclusions can be reached.

Perhaps the most interesting is that focusing, although "discovered" in 1964 through work with client-centered, humanistic approaches originating in the 1960s and perhaps considered "old" as a technique, is very much in tune with the current post-modern view of reality. Freedman & Combs (1996) essentially defined this point of view as seeing reality not as an essential truth, but reality as socially constructed through language and maintained through narrative. The process of focusing essentially reveals a natural human process which is in itself ageless and can be accommodated within "new" frames of reference.

Although focusing can be integrated within this point of view, it is in itself an internal process which is complete. However, in order to be useful to social work, an examination of the theoretical connection of focusing to various approaches has been undertaken. What have been the results of this exploration?

The first is that focusing has essential *theoretical* features in common with the strengths perspective which attempts to emphasize client strengths, the importance of person:environment and the power of narrative. However, there are differences between a strengths or narrative approach in *practice*. The process of story-making, of *meaning-making*, is internal and client-led, *supported* by reflective listening and guiding, but not *directed* by another. Client strengths emerge from within. As such, it is a revolutionary act: it allows for the "client" to take control of themselves, the power to discover themselves and their own narratives. The paradox that arose out of the work with client strengths and vulnerabilities, was that strength was found in vulnerability, a way to have the "counter" stories emerge. (Saleebey, 1994, p. 356).

There is power in the counter stories, the stories that tell of strengths, rather than victimhood. What is the power in people finding their own "counter" story within?

The most complete integration of focusing in terms of the integrative model is in relation to the transactional model of person:environment. As Gendlin wrote, "the body is environmental information" (1992c, p. 347). The evidence in this practicum was that focusing has a great deal to offer in terms of information in the transactional area between person:environment. The student population was a good test population as the stressful environment gives clues as to the transactions which occur. As the person:environment relationship is central to all social work perspectives, focusing can be seen as naturally integrated into the core of the social work framework and the strengths, narrative, and brief therapy perspectives as adjunctive. What of the reverse, the integration of social work frameworks into focusing? It would seem that focusing has been articulated in a new way, opening possibilities for more exploration.

<u>Recommendations</u>

There are several recommendations for future practice. The first of these recommendations concerns clients. Since there was a small, specific population, recommendations would include the use of this technique with a variety of populations. One difficulty which arose in the practicum was the difficulty with teaching focusing as a self-help technique, especially in the brief therapy format. Future possibilities could include group sessions and longer term sessions. For clients participating in a self-help group, assessments could be made concerning any changes which occurred as a result. This information would be helpful to assess the value of the self-help group. Longer term sessions could be useful to observe the

effect of changes over a longer time. This would also be a way of examining the transactional information over a period of time to see what patterns emerge.

There are some recommendations regarding the use of focusing by social workers. Although focusing is a technique which can be learned, it does require training. Focusing can add to social work, so this technique would be useful to include in social work curricula. In a profession where burnout is an occupational hazard, focusing is recommended as a useful self-help tool for social workers. It can provide information about workers' person:environment situation and what needs changing. In this way, it can be a method of self-care in which social workers model taking care of *themselves* as an example for clients. Focusing has advantages for professional use and personal health and well-being.

In terms of the integrative model, recommendations include studying the use of these models to discover how they might provide a more interactive way of working.

Concluding Remarks

To conclude, this practicum demonstrated the relevance of focusing for social work practice. This population responded well to the use of focusing, although there were some challenges. The environment had an impact on the use of focusing as the teaching style of focusing and use of measures was abandoned, and contact was very brief and sporadic resulting in less continuity of experience. The environment also necessitated developing interventions and resources suitable to a university population. Many adaptations were made, illustrating the adaptability of the focusing intervention and perhaps that adaptation is always a necessity of social work practice.

In terms of the integrative model, an integration was achieved on many levels. There was integration on the theoretical as well as the practice levels. However, the most important was the integration of the student's personal and professional selves.

The student's rationale for the practicum included the belief that a paradigm shift is taking place and the hope that focusing could have a role to play. Dr. Boutin (1999, personal interview) summarized the student's work in the practicum in this comment:

> What the student taught to clients was how to listen to the body
>
> and not to judge these experiences, that's where the shift is; this is
>
> the paradigm shift.

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Personal Interviews

Boutin, L. (April 6, 1999). Personal Interview.

APPENDICES

Appendix 1: Glossary of Focusing Terms

Clearing a Space: To allow several issues to arise and be put aside or be cleared

so that the main issue will prevail.

Felt Sense: A body sensation like a pain or tenseness, or emotions, or

images or issues.

Explication: The focuser looks for the best symbols (gestures, words, or

images) to describe the felt sense.

Checking: A process engaged in by the listener of reflecting back

symbolizations until they reflect the felt sense perfectly.

Felt Shift: A feeling of movement or release of tension: a physical sense

of something having shifted.

Externalization: A process of creating distance from the problem by making the

problem a part of the person: an "it".

Appendix 2: Practicum Consent Form

The purpose of this project is to explore the use of a process called Focusing for managing stress in a university setting. The goal is to discover if it is a useful tool for university students.

The project is being conducted by Lynda Vorauer, a Master's student in social work as part of the requirements for a practicum. Supervision of the project will be by Dr. Laura Taylor, professor in social work; Professor Margaret Tobin, MSW, a counsellor at the University of Manitoba Counselling Service; and Lea Boutin, M. A. in Pastoral Studies (individual counselling) and Doctor of Ministry, counsellor at the Aulneau Renewal Centre.

Supervision will be conducted by: 1) live supervision through a two-way mirror during group sessions; 2) supervision through viewing video and audio tapes; 3) supervision through the discussion of case notes. All supervision will be conducted in a respectful and confidential manner. Tapes will not leave the counselling service. Tapes will be stored securely and erased after the project is completed. All information will be strictly confidential.

In the final practicum report, results will be reported anonymously. Common themes which arise from the sessions will be summarized and direct quotations may be used; however, comments will be altered to protect your confidentiality. Comments will never be reported if there is a chance of your identity being revealed. Your name will not be used. The report will be part of the collection of the University of Manitoba.

Your participation in this project is completely voluntary. You can choose not to participate in any activity or choose not to give certain information. You are free to withdraw from the project at any time. Your decision about whether or not to participate will not affect your access to other services at the Counselling Service.

Limits to confidentiality involve any information where there is risk or harm to yourself or others. In this case, a third party may become involved. If participation in the project is causing undue risk to you, resources will be made available.

You will be able to obtain a summary of the results of the project by contacting Lynda Vorauer.

I agree to participate in the project.

Signature_____   Date_____

Witness_____

THE UNIVERSITY OF MANITOBA

Appendix 3: Agency Consent Form

COUNSELLING SERVICE

474 University Centre
Winnipeg, Manitoba
Canada R3T 2N2

Tel.: (204) 474-8592
FAX: (204) 275-5250

CONSENT FOR TAPING

I hereby give the Counselling Service of the University of Manitoba permission to tape my

consultations with _____.

_____   _____
date   signature

                                                          _____
                                                          witness

Any specific tapes will be used only for Counselling Service supervision of trainees. All
tapes will be erased within ten weeks of the date of taping.

Appendix 4: Post-Focusing Check List: Short Version

(Alemany, 1985)

		YES	NO
Item 1:	Everything is exactly as it was before.		X
Item 2:	The words or pictures had old or familiar elements, put together in a new way.	X	
Item 3:	Had you seen these words or pictures in the same light before?		X
Item 4:	The words I use to describe the feeling are the same but mean something different now.	X	
Item 5:	I began to see how I could make things different.	X	
Item 6:	Did you see now something you hadn't thought of before?	X	
Item 7:	Was there a sense of having worked something through?	X	
Item 8:	Words or pictures seemed to come from the feeling.	X	
Item 9:	The feelings began to make sense and fit in with other things.	X	
Item 10:	Focusing put things into a new perspective.	X	
Item 11:	The process seemed to get deeper and more engaging.	X	
Item 12:	Did you have a sense of "I've thought all this before and it's stale?"		X
Item 13:	Were you eventually able to see more clearly the interrelation of the things making up the feeling you had?	X	

X Check marks reveal the appropriate responses of a successful focuser.