
A Case Study on Focusing-Oriented Psychotherapy: A Middle Aged Man Finding Himself through Focusing*

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Abstract: The research presents an introduction to the experiential psychotherapy method of Focusing and illustrates its implementation through a successful case study of a 54 year old Korean male client. The client, through the therapy sessions and personal practice of Focusing was able to find his core issue, gain insight, and achieve change in being and behavior. The 20 Focusing sessions with the client are further analyzed using the Consensual Qualitative Research (CQR) method (Hill, Thompson & Williams, 1994). The results that emerged were grouped into three domains and six themes. In the core issue/problem domain, themes of “choking experience” and “finding a safe place” were drawn. In the insight domain, “rebirth of a new person” and “mind body as one” were the key themes. The third domain of practice revealed themes of “high motivation with psychological mind” and “rigorous practice.” Finally, the application of Focusing-oriented psychotherapy and counseling implications in Korea are discussed.

Key words: Focusing-oriented psychotherapy, single case study, Korean client

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Experiential psychotherapy generally include several approaches including Client-Centered Therapy (Rogers, 1951), Gestalt Therapy (Perls, Hefferline & Goodman, 1951), Emotionally Focused Expressive (Janov, 1970; Pierce, Nichols & DuBrin, 1983), and the experiential approaches of Gendlin (1981) and Mahrer (1983). Given the dispersion of experiential psychotherapy, both in terms of theory and practice, and as counselors strive to integrate in incremental fashion what appears to be separate ideas and uncoordinated methods, a synthesizing of various approaches began to be developed. Most representative of these efforts are those of Gendlin (1981) and Perls (1969) who attempt to synthesize views of psychotherapy and counseling. Both Gendlin and Perls attempt to integrate a wide range of psychological ideas, research findings and methods into a broad and consistent point of view (Brammer & Shostrom, 1982). In terms of Gendlin's Focusing, he supports the goal of bringing together thinking, feeling and bodily responses in therapy. He is of the belief that all therapeutic interactions are part of the loosening process that leads to freedom of expression and greater capacity to solve problems.

Focusing is a body-oriented process of self-awareness and emotional healing. It can be as simple as noticing how one feels and having a conversation with that feeling in which you do most of the listening. The theory of Focusing was developed in the early 1960s when Professor Gendlin at the University of Chicago began research into the question: "Why is psychotherapy helpful for some people, but not others?" To answer this question, he and his colleagues studied hundreds of taped therapy sessions. What Gendlin and his colleagues found, to their surprise, was that they could predict success in therapy by just listening to the first two therapy sessions. What they heard was that at some point in the initial sessions, the clients in successful cases would slow down their speech, become less articulate and begin to grope for some-

thing that they were feeling at the moment. Expressions such as, “Hmmm ... how would I describe this? It’s right here ... It’s, uh ... it’s not exactly anger ... hmm,” would appear. Often clients would mention that they experienced feelings or sensations in their bodies which they would pin-point to a specific area of their bodies such as, “It’s right here in my chest.” or “I have this funny feeling in my stomach.”

From the research into the therapy sessions, Gendlin (1981) developed an experiential method of psychotherapy treatment, which is centered on identifying physical nuances in the body and trying to communicate with one-self starting from that bodily sensation. Gendlin called this process “Experiential Focusing.” His theory is based on the idea that words come from feelings and that feelings lead to freshly sensing one’s bodily sensations. Focusing is based on the experience of a person and thus de-pathologizes conflict. Instead, it defines pathology as a blocked process and thus offers a powerful method for accessing inner experiences of conflict and facilitates their movement towards change. It enhances what people do naturally — although mostly unconsciously or with varying degrees of awareness — that is, to turn attention inwards with the intent to understand and express what initially bothers or disturbs them. Through this practice, individuals can gain a sense of relief, along with an internal source of information that opens up pathways toward tangible change and beneficial outcomes. The following simple example, taken from Brammer & Shostrom (1982), gives an illustration of how a focusing on feeling experience is achieved:

Client: I don’t care about getting close to anyone. It makes me uncomfortable (Intellectualizing).

Therapists: What is “It”?

Client: I’m afraid when I get too close to anybody (Feeling).

Therapists: What do you mean, can you elaborate further?

Client: I get really scared of closeness! (Deeper feeling)
Therapists: What makes that happen?
Client: I've been hurt too many times (Whole problem). My body becomes tight and freezes up in any intimate relationship (Bodily response).

In implementing Focusing, the therapist helps clients imagine an internal psychological space in which they experience, explore, and symbolize feelings that are either unclear or painful. The full Focusing procedure consists of six steps, each with its own markers, and involves a particular task-relevant micro process (Leijsen, 1990). The most common initial market is the immediate presence of an unclear internal feeling, or felt sense. The six steps are: (1) Clearing space, (2) Felt sense, (3) Handle, (4) Resonating, (5) Asking, and (6) Receiving. Table 1 provides guidelines in detail of how to proceed in each step.

Table 1. Guidelines of the six steps in Focusing <source from www.focusing.org>

Step 1. Clearing a space
<p>What I will ask you to do will be silent, just to yourself. Take a moment just to relax ...All right - now, inside you, I would like you to pay attention inwardly, in your body, perhaps in your stomach or chest. Now see what comes <i>there</i> when you ask, "How is my life going? What is the main thing for me right now?" Sense within your body. Let the answers come slowly from this sensing. When some concern comes, DO NOT GO INSIDE IT. Stand back, say "Yes, that' s there. I can feel that, there." Let there be a little space between you and that. Then ask what else you feel. Wait again, and sense. Usually there are several things.</p>
Step 2. Felt Sense
<p>From among what came, select one personal problem to focus on. DO NOT GO INSIDE IT. Stand back from it. Of course, there are many parts to that one thing you are thinking about - too many to think of each one alone. But you can <i>feel</i> all of these things together. Pay attention there where you usually feel things, and in there you can get a sense of what <i>all of the problem</i> feels like. Let yourself feel the unclear sense of <i>all of that</i>.</p>

Step 3. Handle

What is the quality of this unclear felt sense? Let a word, a phrase, or an image come up from the felt sense itself. It might be a quality-word, like *tight*, *sticky*, *scary*, *stuck*, *heavy*, *jumpy* or a phrase, or an image. Stay with the quality of the felt sense till something fits it just right.

Step 4. Resonating

Go back and forth between the felt sense and the word (phrase, or image). Check how they resonate with each other. See if there is a little bodily signal that lets you know there is a fit. To do it, you have to have the felt sense there again, as well as the word. Let the felt sense change, if it does, and also the word or picture, until they feel just right in capturing the quality of the felt sense.

Step 5. Asking

Now ask: what is it, about this whole problem, which makes this quality (which you have just named or pictured)? Make sure the quality is sensed again, freshly, vividly (not just remembered from before). When it is here again, tap it, touch it, be with it, asking, "What makes the whole problem so _____?" Or you ask, "What is in *this* sense?"

If you get a quick answer without a shift in the felt sense, just let that kind of answer go by. Return your attention to your body and freshly find the felt sense again. Then ask it again.

Be with the felt sense till something comes along with a shift, a slight "give" or release.

Step 6. Receiving

Receive whatever comes with a shift in a friendly way. Stay with it a while, even if it is only a slight release. Whatever comes, this is only one shift; there will be others. You will probably continue after a little while, but stay here for a few moments.

IF DURING THESE INSTRUCTIONS SOMEWHERE YOU HAVE SPENT A LITTLE WHILE SENSING AND TOUCHING AN UNCLEAR HOLISTIC BODY SENSE OF THIS PROBLEM, THEN YOU HAVE FOCUSED. It doesn't matter whether the body-shift came or not. It comes on its own. We don't control that.

Research on experiential psychology, as compared to cognitive-behavioral treatment, is scarce and there is little systematic research on outcomes of experiential therapies. As regards to Focusing, there is also a lack of research, despite its growing popularity and its significant contributions in practice (Joo, 2002). This situation has led some adherents of the cognitive-behavioral approach to dismiss experiential therapies, arguing that there is a lack of evidence to support their effectiveness. Also, much of the existing literature involves the use of supportive or non-directive therapies, such as placebo controls, for cognitive-behavioral treatment (Lerner & Clum, 1990), while researches on experiential therapy to date have not employed such control methods. In response, experiential therapy research have proposed a new approach to studying how change occurs in psychotherapy, the major form of this approach being the task analytic and significant events paradigms (Elliot, 1983; Gendlin, 1986; Greenberg, 1986; Greenberg & Pinsof, 1986; Mahrer, 1988; Rice & Greenberg, 1984; Stiles, Shapiro & Elliot, 1986).

The change process in therapy should be studied in a discovery oriented manner empathizing on specific types of therapy process, especially task interventions. Due to the difficulties of quantification of factors and setting control groups, alternative methods, specifically qualitative methods are necessitated in research of experiential therapy. A qualitative methodology is especially effective in the exploratory or discovery phase of investigation (Hoshmand, 1989; McLeod, 1996; Patton, 1990). This type of research is recommended when there are limited materials to understand the research question. At the fundamental level, the aim of qualitative research is to illuminate and clarify the meaning of social actions and situations (Denzin & Lincoln, 1994). Contrary to popular perception, qualitative research can provide vast amounts of data. These may include verbatim notes or transcribed recordings of interviews of focus groups, jotted

notes and more detailed field notes of observational research. One of the classic books in counseling and psychotherapy is, "Case Studies in Counseling and Psychotherapy." edited by Burton (1959). It covers case studies of various approaches such as psychoanalysis, counseling, hypnotherapy and so on.

A frequent criticism of the case study method is that it is dependent on a limited number of samples, a single case in some instances, which renders it incapable of providing generalized conclusions. Yin (1993) makes such an argument, presenting Giddens's view, that the case study methodology is "microscopic" because it "lacks a sufficient number." Hamel (Hamel et al., 1983) and Yin (1984, 1994) also argue that the relative size of the sample, whether 2, 10 or 100 cases, does not translate into a "macroscopic study because they often do not meet established objectives. For example, construct validity is often problematic in case study research, and it has been a source of criticism of case studies due to potential investigator subjectivity. Yin (1994) proposes three remedies to counteract this: (1) using multiple sources of evidence, (2) establishing a chain of evidence, (3) having a draft case study report reviewed by key informants. In terms of the validity in case studies a triangulated research strategy is recommended. The need for triangulation arises from the ethical need to confirm the validity of the process.

Often times in experiential therapy research single cases are used to confirm or challenge a theory, or to represent a unique or extreme case (Yin, 1994). Single-case studies are also ideal for revelatory cases where an observer may have access to a phenomenon that was previously inaccessible. Single-case designs require careful investigation to avoid misinterpretation and to maximize the investigator's access to evidence.

In this research, the author attempts through the investigation and qualitative analysis of a single-case study the process implementation and outcome efficacy of a Focusing therapy

session. The case, based on a 20 session Focusing therapy treatment of a 54 year old Korean male client, along with qualitative analysis using the Consensual Qualitative Research (CQR) are presented. The main research question of the study are firstly, "What did the client gain from the Focusing oriented psychotherapy?" and secondly, "How did the client participate in the Focusing oriented psychotherapy?" The next section presents the research methodology and process in detail.

I . Methodology

The case analysis is based on multiple materials of 20 Focusing therapy sessions with a client which we will call Mike (pseudonym). Session transcripts, client's journal notes, therapist's progress report along with transcripts of a 60 minute follow-up interview were all used in the analysis. Transcripts of relevant documented materials were done by a professional transcriber, with the real names of people, places and other details that would identify the client to be omitted. The client gave written consent for these materials to be used in research.

Primary Researcher

The primary investigator, the author is a Ph.D. in clinical and counseling psychology and a professor in the department of psychology at a university in Korea. She is a clinical member of the Korean Psychological Association and an approved supervisor with over 15 years experience as a psychotherapist. She became interested in Focusing during her Ph.D. studies at the University of Chicago working with Professor Gendlin and has a Focusing Trainer Certification, U.S.A. The author also has received personal therapy in Focusing. While practicing psychotherapy in Korea, she has found that many Korean clients report to have psychosomatic symptoms and have difficulty expressing their feelings,

which naturally led to the thought of applying Focusing to help these clients. This also has led to the motivation of introducing Focusing to a broader audience who would be interested in applying the therapy approach as well.

Participant

The client of the case study, Mike, is a 54 year old Korean male, married with a daughter. His socioeconomic status is middle class and works as a part-time English tutor. When Mike came to seek therapy he explained that he had been suffering from psychological difficulties from an early age and has been trying personally to recover psychological well-being. He also expressed extreme difficulties in social relationships as well as his marriage life. He married his wife twenty years ago, a former student of his while he was an English teacher at high school. He believed that his wife used and betrayed him. He says that he is afraid of his wife and that she is the one in charge of everything in their relationship. In terms of family dynamics, Mike feels that his wife holds the power position and that she has established an alliance with his daughter against him and as a result he feels isolated at home as well as in society.

In terms of his childhood, Mike's grandfather took him away from his parents soon after he was born because his father's violent nature fearing that he would be abusive to his child as well. Mike's grandparents were affluent and well respected in his community, and while as a child Mike lived in a good neighborhood in Korea. His grandmother was very caring, almost smothering of him. However, whenever Mike would visit his parent, though infrequent, his father would hit him and swear at him, while his mother would try to protect him. He mentioned that he could not understand why his mother kept staying with his father given his abusive nature. Initially, he was angry at his father, but slowly he also began to develop anger towards his mother as well

for not leaving such a situation, thinking that she was choosing his father over him. He could not accept that his mother, by continuing to stay with his father, was choosing to make life miserable both for herself and Mike. Ultimately, Mike placed the blame on his mother for ruining his life.

Because of his difficulties, Mike naturally found a personal interest in psychology and has been studying neuro-linguistic program (NLP) and art therapy on his own. He explained also that he has been doing various “mind studies” such as psychoanalysis, cognitive-behavioral psychotherapy, humanistic psychology as well as various religions for over 30 year in order to resolve his inner conflicts. He has also been in therapy for many years, but always felt that something was missing. He came into therapy to find out the missing aspect.

Investigators

The primary qualitative analysis was conducted by the main researcher, the author, while consulting regularly with a 36 year old university professor who is an expert in qualitative research. Both the researcher and consultant professor viewed the session materials thoroughly based on grounded theory. Throughout the period of analysis the researcher kept a progressive subjective journal (Guba & Lincoln, 1989), which included personal reactions to the case and research, along with evolving formulations of the case and major themes. A 50 year old professor in psychology served as an auditor who reviewed transcripts and other materials. These three members constituted the judges of the research. Subsequently, the case materials were reviewed by a 53 year old male private practitioner and 45 year old female adjunct professor in psychology, who were both familiar with Focusing, and their understanding were incorporated into the interpretations presented. Differences in interpretations were discussed among investigators until a consensus was achieved.

Procedure

The case is based on 20 Focusing oriented therapy sessions conducted between July and December 2007. The sessions were operated as follows: 1st session was an intake session; 2nd session the therapist educated the client on orientation and information on Focusing; 3rd and 4th session were clearing space and homework assignment of keeping a Focusing journal; 5th and 6th sessions was achieving felt sense; 7th to 15th sessions were progressive implementation of the 6 steps of Focusing; 16th session full experience of the 6 steps; 17th session was achieving insight from Focusing; 18th and 19th sessions were client led Focusing process; 20th session was termination.

Upon finalization of the sessions, the various materials were qualitatively analyzed by the researcher and investigators. Grounded theory was used to describe the inductive process of analytical domains as they emerged from the data, developing hypothesis from the ground rather than defining them a priori. Initially, the data were read and reread to identify and index themes and domains – these may be centered on a particular phrase, incidence or types of behavior. All the data relevant to each domain were identified and examined using a constant comparison process in which each item is established in an analytical domain.

Analysis

For the qualitative research methodology Consensual Qualitative Research (CQR) developed by Hill, Thompson and Williams (1997) was chosen because it uses multiple judges as well as the research, thereby lessening the likelihood that any single perspective will unduly influence the data analysis process. With the CQR, a small number of cases are examined extensively to gain an in-depth understanding of a phenomenon. Data analysis is conducted using a consensual group process and conclusions

emerge inductively from the data. The inductive analysis process is based on the method of Patton (1990), a process that starts with specific observations and builds towards general patterns. The data analysis involves organizing the smallest units of data or concepts into meaningful and progressively broader themes and domains.

Coding of Domains: Initially, the research team developed a list of domains by grouping the questions from all the sessions related to transcript materials. The domains were altered after reviewing the first few transcripts and then further refined by going through additional transcripts. Further changes were made throughout the process to reflect the emerging data. Once the domains were set, the materials that had been initially coded were re-examined and the coding was modified to be consistent with the domain list. Using the transcripts, the three judges independently assigned each meaning unit (e.g. a complete thought ranging in length from one phrase to several sentences) in each transcript into one or more domains. Afterwards, the three judges together discussed how to assign meaning units into domains until a consensus was reached.

Coding of Ideas: Each of the three judges independently read all the data within each domain for a specific material and wrote what they considered to be the core ideas, such as the coincide description of the general concepts of the data. The judges discussed with each other the core ideas until a consensus about the content and wording was reached. A consensus version was then developed for each material, which included the core ideas and corresponding interview data for each of the domains. The auditor examined the consensus version of each material and checked the accuracy of both the domain coding and wording of the core ideas, then made comments and suggestions for changes. The judges then discussed the auditor's feedback and again made re-

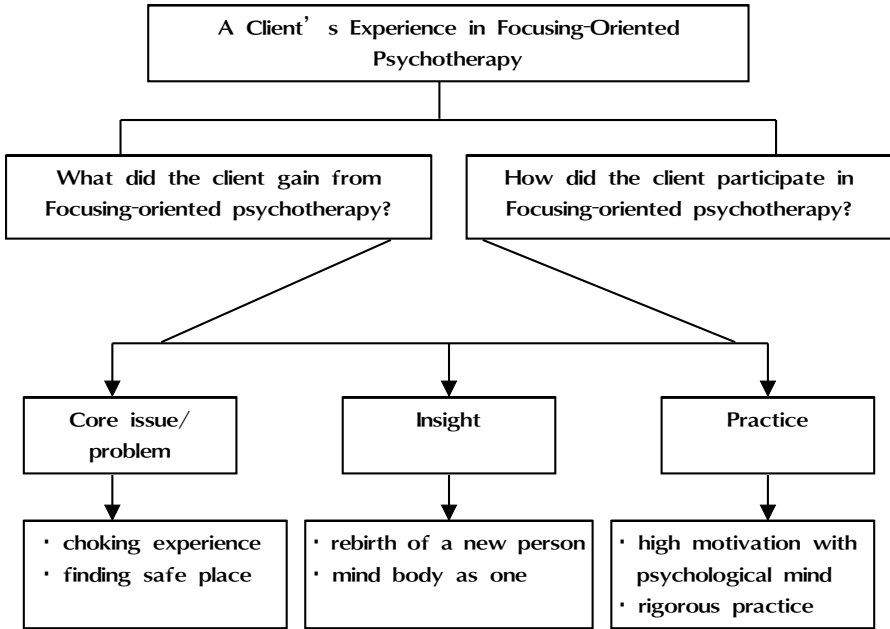
visions and formed a new consensus.

Translation of Quotations: In order to ensure the accuracy in translation into English of the consensus findings, of the three domains and six themes along with supporting quotations, four bilingual translators were employed. First, two of the bilingual translators translated the select Korean quotations to English and later the other two translators back-translated the materials to Korean to insure the accuracy of the initial translation. The final translated quotations, along with a form to check the accuracy of the translations, were distributed to all the translators. They rated the translations at an average score of 4 points on a 0 to 5 scale, with 0 being the poor and 5 being excellent.

II . Results

Following three remedies recommended by Yin (1994) in conducting a single case study, first, multiple sources of evidences such as session transcripts, client's journal notes, therapist's progress report along with transcripts of a 60 minute follow-up interview were used. Secondly, the above four evidences are examined in order as a chain and finally, a draft of the study was reviewed by the client with satisfactory feedback. Figure 1 presents the domains and themes that emerged from the analysis. Three domains that surfaced were: (1) Issue/problem, (2) Insight, and (3) Practice. Corresponding to each domain, two themes were identified. The major domains and themes under each domain are presented below with representative quotations from materials to illustrate each.

Figure 1. Summary of Domains and Themes



(1) Domain 1. Core Issue/Problem

Theme 1. Chocking Experience in Throat

During the sessions Mike identified the felt sense, a choking sensation in his throat, when discussions of his problems commenced. In deeply probing this sensation through the method of Focusing, Mike was able to identify the feeling and idea that was associated with this bodily discomfort. Through dialogue with the therapist, and Mike’s own listening and probing into himself regarding this sensation, Mike was able to discover the core issue which was “unwillingness.” In particular, the feeling of constriction in his throat was referred to his childhood experiences, where his grandmother and mother would often try to force feed him when Mike would refuse to eat something. Thus, the physical sensation was a reference back to his relationship with his

grandmother and mother, which was one of being helpless in unhappy situation in which Mike felt he could not do anything to change the situation.

You know that I told you that I have been having this choking experience in my throat for sometime, right? Well, I know what it is now. That felt sense is strongly related to the memory ... memory of my grandmother and mother trying to feed me when I was little. "One more spoonful, one more ..." They kept feeding me and though I was really, really full and couldn't eat anymore. I allowed them to keep feeding me. And later I realized that the reason I didn't stop them was that I wanted to make them feel happy. I had to hide my true feelings I had inside. I wanted to be loved. The choking experience I found through Focusing is "Unwillingness" <from session 17>

Mike expressed that he often felt this choking sensation even in situations where he was not directly involved. It would appear in cases where he felt like taking action internally, but did not in fact take any actions. Instead the feeling just festered inside and manifested itself in physical form through the uncomfortable sense in his throat. This experience shows how important the client's external world is in enabling change to occur (Hill, 2004).

I was driving in my car and came to a crossroad. I was watching the car in front of me. The policeman was telling the driver to pull over to the side of the road but the driver did not listen to the policeman. I wished that he would just pull over so I could go on my way, but I don't do anything. I feel like honking my horn to get the driver to see there are people behind him, but I don't do it. I begin experiencing tension and choking in my throat. Why am I feeling this? It is

his problem. I wish the driver would just listen ... I will do anything to relieve this tension in my throat ... There is a pattern, I feel like I am choking when I am not allowed to express my emotions, or when I cannot reveal my true emotions <from the client's journal notes>

Picture 1. Mike's drawing of his choking sensation in throat



<from Mike's journal notes>

Journal writings can be therapeutic (Joo, 2001). As part of the Focusing treatment Mike kept a journal. His journal notes included scribbles, stories, memories and some drawings. The following picture, digitally scanned from the journal illustrates what Mike sees as his choking experience in his throat. He describes it as feeling as if there are two buttons in his throat which are blocking the passage. Fortunately, he says, there are some holes in the buttons so he is able to breathe and live with it. But he

desperately would like to get rid of them by washing them down or something.

Theme 2. Finding a Safe Place of His Own

One of the important aspects of Focusing is being able to find a “safe place” of one’s own. Through the Focusing session, Mike was able to find such a safe place and he termed this space the “Neutral Zone.” When he began to feel “unwillingness” Mike would decide to only do things that he was “willing” to do. Thus, when a conflict situation arose, Mike would look for things that would counter that, things where he could do things that he was in control of. However, even in these situations Mike felt not all was well, or he could not find a way out of the predicament. Though the therapy sessions and practicing of Focusing his own what Mike was able to do was find a balance between feeling helpless and going to hedonistic extremes. Thus, through Focusing Mike’s state evolved from avoidance to acceptance to management.

Through a series of Focusing sessions I am now able to find a “*choong rhip chi dae* (neutral zone).” It is a place where I can be in control, not being pulled in this direction or the other. When I found that my main issue was doing thing unwillingly, I started to only do things I wanted to do, like all the pleasure seeking activities I could think of. It’s like saying since my grandmother and mother fed me stuff I didn’t like I was eating only sweets. I like candies! But that didn’t work either. It was not right to seek just the opposite direction of unwillingness. <from session 19>

From the Focusing sessions I was able to develop a neutral zone. And when I am in that place I am totally aware of every little thing that I need and want at that moment. Then I can be myself, natural, not really in any extreme position,

just to follow what my awareness tells me to do. <from session 19>

(2) Domain 2. Insight

Theme 1. Rebirth of a New Person

Focusing is a process in which the practitioner discovers and applies to themselves what is naturally in their inner selves, through a continual discussion with oneself. It is a process of looking at what one feels and does when one is changing successfully. It is also a natural and powerful way to change since the change itself is brought about from within, is consistent with one's nature, and not being imposed by the therapist or external forces. When successful, Focusing can result in the total rebirth of a person, even though in reality it was in them all along. Mike was able to make such a transformation and it displayed itself in how he felt both physically as well as how he perceived himself in terms of gained confidence.

Mike came into the session and I was so shocked to see him. He looked so different, in a good way. He used to wear plain shirts and pants when he came to counseling, but today he was wearing a suit and tie. He said that he decided to dress up in order to celebrate his new birthday. He mentioned that he found a new self and feels like a totally new person after the therapy sessions and practicing Focusing. <from the therapist's progress report of session 20>

It is really funny, I don't think I have changed much in terms of how I look, but I think I am taller now. Even my shoulders are broader. I feel that I am a big person now with broad and wide shoulders. I now walk with great strides! <from follow-up interview>

Theme 2. Mind-Body as One

Our mind and body carries knowledge about how we are living our lives. It carries knowledge about what we need to do to be more fully ourselves, about what we value and believe, about what has hurt us emotionally and also about how to heal it. Our minds can remember the past, repeat what others have told us and invent any number of possible futures to be either wishful or anxious about. Focusing lets you form a trusting relationship with your bodies so that you can begin to hear the wisdom of this vast part of yourself that is accessible through body awareness. Mike expressed how know is different from feelings. He already realized how important the body is before the Focusing experience, however, through Focusing he was able to feel his body and gain a holistic experience of mind and body as one.

I now know the true meaning of what people mean when they say mind and body as one. I didn't fully understand this even when I lost 18kgs five years ago. Well, at the time I felt great physically! Much lighter, I felt really, really good about myself. But I didn't realize how that physical condition affected my psyche, my mentality. I now know the real connection! Now I know for sure what the true meaning of "*shim sin tong hap* (mind and body integration)" is. <from follow-up interview>

I am now keenly aware of my body. I can even experience the little hair on my body. I can experience what it is like to have those hairs all stand up! I feel like I can even feel my body cells! Strange, huh? They are all alive and I experience their presence. I didn't know that before, well I guess I knew in theory, but I never experienced it <from session 18>

(3) Domain 3. Practice

Theme 1. High Motivation with a Psychological Mind

Clients are at various stages of readiness for change when they come into therapy. Some are reluctant to participate actively in counseling, others are eager to learn more about themselves, and yet others are ready to make changes in their behaviors. According to Prochaska, Norcross and DiClemente (1994), there are six stages of change: Pre-contemplation, preparation, action, maintenance, and termination. When the Focusing sessions began Mike could be placed in the preparation stage and was ready to begin the change process. He mentioned that this time he really wanted to find out what his core issue was and was willing to work hard for it.

I have been doing what you would call “mind study” for more than 30 years personally ··· I suffered so much since childhood ··· so I studied various psychological and mental health theories such as psychoanalysis, humanistic, existential, cognitive, behavioral, and so on. Recently, I have been involved in studying NLP (neuro-linguistic program) and also currently am into art therapy. But there is always a missing part inside which I am not able to fill. I don’t know what it is, I wish to know <from session 2>

Mike knew about felt sense when I explained it to him for the first time. He didn’t understand it conceptually, but he certainly had experience of felt sense before. As soon as I have a short orientation on Focusing, he told me that he experienced a feeling like he had a marble statue on his right leg, some heaviness in his right side, and he sensed it was somewhat related to his father. He said that “I can’t get rid of my father even though he is now dead. I just can’t get over him. I have been angry at him all my life. He has always put me down ··· Is this heaviness what you would call

felt sense?" <from therapist's progress report of session 3>

Theme 2. Rigorous Practice

Mike was diligent in doing his assignment of keeping a Focusing journal and even decided to stay in a *ki do won* (retreat) in order to be fully involved in his Focusing experience. He especially worked hard on felt sense and tried to follow the feelings and ideas that flowed from it. His development and gained awareness is similar to what Whang (2007) describes as "Think Hard" in which a new perspective can be achieved through total involvement. A large part of the success of Mike's therapy sessions was his willingness to change as the sessions began, but also his commitment to achieve change during the sessions. The advantage of Focusing is that it is client-oriented, client driven process in which the healing is less dependent on the sessions themselves and more on applying the Focusing steps by the clients themselves outside of the therapy sessions.

As you suggested, I am keeping a journal. I try to write down how my mind is working and how I experience Focusing, what is going on inside me. It is definitely helpful. Yesterday, I did feel something while I was driving, you know a felt sense ... but I wasn't able to grasp it clearly. I had to stop driving and pull over to try and get it back, but I failed. I felt so frustrated! <from session 5>

(On noting that Mike seemed to have lost some weight) Well, knowing that I have only three more sessions left, I felt pressured. I know this is the right time for me to finally understand my core issues. After continuously experiencing this choking feeling inside my throat, I want to get to the bottom of this felt sense. So I decided to stay at the prayer house (*ki do won*). I didn't follow any of the religious proceedings, but I just needed to get away from everything else and focus on

my issues. I had to get away from the mundane, everyday experiences. <from session 17>

IV. Discussion

In this study, the author presents a successful case study of Focusing oriented therapy in order to provide an illustration of what can be gained through the Focusing approach and how it is implemented. The client, Mike, received 20 therapy sessions reported that he found his core issue of “unwillingness.” His sufferings resulted from consciously or unconsciously doing things he did not want to do, based on his experiences from childhood. He was afraid that he would not be accepted if he said “no” or do things he really desired. Through Focusing, Mike was able to attain a safe place, a “neutral zone,” where he could make decisions based on total awareness. Furthermore, he gained emotional insight which led to behavioral change. And these things were partly possible because the client had a psychological mind with high motivation and practiced Focusing rigorously. Based on the results of this study, three points can be discussed.

Firstly, Focusing helped the client to discover the core issue through body awareness. Also, he was able to find a safe place. The finding of the core issue by Mike was similar to that of Clark’s (1990) study. In the study, Clark used a comprehensive process analysis (Elliot, 1989) in an intensive examination of significant events involving Focusing. Initially, the clients tended to be unassertive, self-critical and to have problems in interpersonal relationships, but showed a general ability to connect with their inner experiences spontaneously. In the course of the events, clients became more aware of the nature of their difficulties. This is very similar to how Mike approached his main problem in that in the beginning he was self-critical and pessimistic. However, near the termination session he was able to get in touch with his diffi-

culties and furthermore became aware of the nature of his problems.

Secondly, in terms of gaining insight through Focusing, Mike's revelation is close to what can be described as "emotional insight" (Hill, 2004). According to Hill, it is important for clients to become aware of three essential aspects in human beings: cognition (thinking), emotion (feeling), and action (behavior). Of this emotional awareness is the most challenging one. Many people are not in touch with their feelings or their wants. This is even more so among men who are trained to ignore or set aside feelings, especially those sensitive feelings like fear and sadness. As a consequence, we often don't even know what we feel or want. We are cut off from our bodies, from the source of knowing how we feel. Focusing brings us back into our bodies and back into contact with what is real for us, our feelings, wants and needs.

Usually in therapy, clients become aware of their thoughts and behaviors previously unaware. People have lived with themselves for so long and developed defenses to protect themselves from interpersonal relationship wounds that they are often unaware of thoughts and behaviors that are not adaptive. Awareness often lead to a desire for insight, in other words, once a person becomes aware of inner emotions, thought or behaviors, they often want to seek deeper understanding of the root causes. Frank and Frank (1991) view insight as a reworking of the past that leads to the discovery of new facts, as well as recognition of new relationships between previously known facts and a re-evaluation of their significance. When clients achieve insight they see things from a new perspective and are able to make the connections between experiences in their lives, to understand why things happen as they do (Elliott et al., 1991). From some gaining insight is like a light bulb going off, a sudden feeling of "aha." What the client Mike experienced in Focusing is close to this emotional insight and this attainment is what led to behav-

ioral change, as explained by Ferenczi & Rank (1925, 1956).

In addition to cognition, emotion and behavior, our physical body is important in that it works as a vessel of those three aspects. According to Kim, Atkinson & Umemoto (2001), many Asian clients report their psychological problems in terms of physiological symptoms. Studies suggest that among 71% of patients who are hospitalized in internal medicine units, the physiological disorder is actually caused by psychological stress factors (Paek, 2002; Ko, 1988). The researcher's interpretation of the findings is that clients are still reluctant to receive psychotherapy, or even if they have received therapy are unsatisfied with them. Focusing is a treatment approach that was discovered, rather than invented, by looking at what people do when they successfully change, and thus is a natural way for people to heal. According to Cornell (1996) "Focusing is the birthright of every person. We are all born with the ability to know how we feel from moment to moment. But for most of us, the experiences of hurt and alienation in our childhood have caused us to lose trust in our bodies and feelings. We need to re-learn Focusing."

Thirdly, the importance of practice cannot be overstated. Mike's success was in large part due to his high motivation and dedication to the practice of Focusing. This success variable applies not just to Focusing but most forms of therapy and experiential research shows that it is typically easier for clients to attain insight when they are fully active and involved in the therapy process. Also, in terms of motivation, a patient's expectation that therapy will create change and that they will receive help is an important factor of success as well. The influence of patient expectations on positive therapeutic outcomes has been widely recognized as documented (Koss & Shiang, 1994). Furthermore, Grawe et al. (1990) found that clients with higher pre-therapy levels of general social skills, assertiveness, and affiliation did best in client-centered therapy. Also, the level of the client's gen-

eral openness and interest in inner experience may be a useful predictor of success in experiential therapy (Dahl & Waal, 1983; Grawe et al. 1990). A key factor for Mike's success through Focusing thus can be due to his readiness and willingness to try a new approach, despite many previous unsuccessful experiences. However, it is also important to note that therapists need to play a role of facilitator for clients to actively participate in therapy. Further studies of therapists' variables in clients' positive participation in therapy are suggested

Also, it is noteworthy to mention Mike's rigorous practice. He worked hard to figure out his felt sense, which ultimately led to success in therapy. Cornell (1996) states how important the felt sense is, "You can trust the felt sense to lead you to the center of the maze. It knows which way to go. All you have to do is follow and it will lead you to the center. It wants to go there; it wants you to come too. But only it knows the way, only it can take you there." The extent to which a client actively engages in the relevant tasks of treatment can be viewed as a component of therapeutic alliance or as a process variable in its own right. The client process variable that best predicts outcome are often grouped under the heading "depth or involvement in experiential work." Tamura (Tamura, 1987, 1990; Tamura & Murayama, 1988) found that for those practicing Focusing the ease in maintaining continual reference to the felt sense predicted the degree of success in Focusing. In the beginning of therapy, Mike struggled and had a hard time trying to figure out his felt sense. However, as he practiced more, he became more and more comfortable with his felt sense and it began to provide him with the answers to his problems.

The results of this study are consistent with findings from meta-analysis of conducting all outcome studies of experiential from 1978 to 1992 (Greenberg, Elliot & Leitaer, 1994). The finding of the study show that helpful factors among clients with

change impact can be summarized into a thematic analysis, of which there are four themes: (1) "Awareness/experience," which means that the client becomes more fully aware of immediate experiences and feelings, (2) "Understanding/insight," which refers to the client's better understanding of self, problems and others, (3) "Positive feelings," the aspect of the client experiencing hope, progress, relief, and (4) "Expressions or Experiences of Changed Self," in which clients manifests or undertakes new ways of being or acting and comes to own the value aspect of self (Greenberg et al., 1988; Mahrer, Dessaulles et al., 1987). These themes are strikingly similar to Mike's experiences in Focusing. First, he was able to gain a greater awareness which lead to his core issue of "unwillingness." Second, he found a safe place where he was not at any extremes and was capable of making decisions based on awareness. Thirdly, insight was attained, which consisted of understanding the mind-body as one concept and resulted in a rebirth. During this process of achieving insight, Mike expressed positive feelings about therapy and of the changed self.

Focusing is new to many practitioners as well as clients and it is not easy to obtain Felt sense. However, it is in fact a very natural way to understand oneself. As a tool, it is also a very broad-purpose skill. The wonderful thing about Focusing is that you can learn it and use it whenever you need it for the rest of your life, and is not therapist dependent once you learn it. Often people who are in therapy, but feel stuck decide to learn Focusing in order to get out of therapy and move on (Cornell, 1996). Some therapists incorporate Focusing techniques in their therapy and teach clients to practice between sessions. Also, Focusing can be a useful tool for those who act the counseling role, but are not actually professionally trained or have a heavy theoretical background. Typically in school settings teachers act the role of counselors. Also, in some areas the "coach" as counselor model is generally accepted readily by sports psychologists and other high

performing counselors. The “pastor” plays a role as a counselor in the psychological helping activities in churches and synagogues (Tharp, 1999). This is particularly true in Korea where lack of professionally trained counselors, limited access to counseling and financial constraints make traditional counseling unavailable to many. The learning and teaching of Focusing, therefore, can be highly appropriate in the Korean setting and it is the author’s recommendation that more interest and attention be given to Focusing.

Several limitations are found in the present study. Primarily, due to the limitation of a single-case study, additional qualitative methods of analysis, such as assimilation analysis is recommended to strengthen the robustness of the study. Assimilation analysis involves four steps: cataloguing, finding insight, excerpting and assimilation of problematic experiencing scale (Webb, Stiles, Greenberg & Goodman, 1998). Also, a comparative study of successful cases with unsuccessful cases can be conducted. For future research, use of a wide range of types of outcomes, analysis (qualitative and quantitative), process-outcome associations, helpful factors, and task events (discovery oriented, sequential analysis, verification oriented) can be used. A pluralistic approach to research methodology is essential for advancing our knowledge of Focusing oriented psychotherapy.

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