Psychotherapy Guidebook

Feeling Therapy

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DEFINITION

The aim of Feeling Therapy is to help each patient feel better and live more effectively. Most psychological disorders are literally emotional disorders — that is, the emotionally disturbed person mixes up meanings, feelings, and expressions and fails to complete feeling impulses. In Feeling Therapy, patients are helped to shift from incomplete, disordered feelings to complete and realistic feelings.

Tension is caused by unexpressed or incompletely expressed feelings, and tension is sustained by the substitution of thoughts for expressions. When therapy is effective there will be measurable physiological signs of decreased tension and measurable psychological signs of direct responding instead of substitute responding. Enhanced functioning — social, psychological, and physiological — must be demonstrated before therapeutic effectiveness can be claimed.

HISTORY

The Center for Feeling Therapy was founded in Los Angeles in 1971 by seven professionals (five psychologists, one psychiatrist, and one marriage and family counselor). The founding therapists were: Jerry Binder, Ph.D., Dominic Cirincione, M.A., Richard Corriere, Ph.D., Steve Gold, Ph.D., Joseph Hart, Ph.D., Werner Karle, Ph.D., and Lee Woldenberg, M.D. Six years later the Center had become one of the largest private psychotherapy clinics on the West Coast. In the beginning the therapy was strictly a long-term, community-based, intensive psychotherapy. The basic emphases were: 1) all therapists should continue to receive weekly individual and group therapy sessions for themselves and 2) all patients should be trained within one year to do co-therapy sessions with one another. These dual practical emphases on therapy for therapists and patients as co-therapists have continued and have led to important discoveries in theory and method.

Much of the research related to Feeling Therapy was conducted under the sponsorship of The Center Foundation (a nonprofit research, educational, and service organization), which was established in 1973.

The first widely published reports about the techniques and theory of Feeling Therapy were published in a book entitled Going Sane: An Introduction to Feeling Therapy. The first major research reports that showed important physiological and psychological changes in patients were reported in 1976 (Woldenberg, et al., 1976; Karle, et al., 1976). In 1977 the

reports of highly significant dream changes in Feeling Therapy patients were first reported (Corriere, et al., 1977).

Since 1975, the theory of Feeling Therapy has been broadened to connect it to the general functional approach to psychotherapy, which can be traced historically to Pierre Janet, Trigant Burrow, and William James. The Clinic for Functional Counseling and Psychotherapy was established in 1977 to provide short-term help for clients who could not afford or who did not need the long-term intensive program offered at the Center for Feeling Therapy. In 1977, The Training Center for Functional Counseling and Psychotherapy was established in Los Angeles to train professionals in the functional approach.

TECHNIQUE

The functional approach to psychotherapy emphasizes the pragmatic: what works. But it is not an eclectic school. In Feeling Therapy the therapist systematically examines both how a person feels and the personality dynamics that influence how he feels. There is a threefold emphasis on: 1) feelings as basic mediators of behavior, 2) practical programs for inducing change, and 3) the need for sustained group support to maintain therapeutic changes.

The functional approach contains both behavior therapy's practical

concern with results and the psychoanalytic concern with insight. Therapists work with the patient's positive and negative images, his defenses, the sources of his defenses in the past, and the programs of change required to replace those defenses in the present. At all times, the therapist focuses on the following feeling dynamics: feeling level, activity level, level of expression, and level of clarity. Expression is always stressed as a requisite of therapeutic change; neither insight nor behavioral compliance are considered sufficient.

Two key technical concepts are the "feeling moment" and the "feeling cycle." The concept of the feeling moment is that a patient can always sense when he is moving toward or away from expressing a feeling. The feeling cycle concept specifies an orderliness to the undoing of emotional disorders: first a defense is felt, then the source of the defense is felt, then an alternative functional expression is tried out, and, finally, the new level of feeling is integrated into the person's life.

APPLICATIONS

Both long-term Feeling Therapy and short-term functional counseling have been successfully applied to a variety of psychological disorders, including psychosomatic complaints, marital problems, sexual problems, anxiety disorders, phobias, and compulsions. Because the therapy is conducted in an out-patient clinic, it has not been widely applied to psychotic

disorders.

One special application of Feeling Therapy is the Community Training Program for Professionals. In this program groups of professionals who are working together (or intend to work together) in clinical settings come to the Center for Feeling Therapy in Los Angeles for two months. During the two-month period they participate in the therapy program both as patients and as trainee therapists. They then return to their home base and follow a very carefully planned program of community training and business cooperation. Every six months, for two years, trainers from the Center in Los Angeles visit the C.T.P. professionals to help them develop their therapeutic community.

A second special application consists of psychological fitness programs (Corriere and Hart, 1978). These are educational programs offered to the general public that teach the psychological fitness model vs. the disease, adaptation and psychopathology models of personality change. The psychological fitness model emphasizes: 1) the need for personality exercise, 2) the experience of psychological "exercise effects," and 3) the maintenance of "fitness effects."