Focusing-Oriented Process in Spiritual Care?

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February 29, 2012

Introduction

Being new to focusing, my first experience of it has been very positive. There is a thirst to gain a better understanding of it to enable me to incorporate it in my Spiritual Care practice. In this paper, I want to explore what it means to be a healing presence that I believe to be the heart of Spiritual Care. In an environment where crisis and suffering abound, there is a heightened sense of vulnerability, isolation and alienation in those I meet and care for, not only the client, but those who journey with them, i.e. their family and caregivers as well. Since I am presently engaged in the practice of Spiritual Care in a hospital setting for my practicum, I will refer to clients in this paper as patients, to include the patient's family and significant others.

It looks at the Focusing process to understand how it contributes to healing or to wholeness. It then tries to understand the role of the therapist in the "healing" process. It also includes an exploration of the possibilities of focusing-oriented process in the practice of Spiritual Care as a healing presence. The conclusion provides a brief comment on my experience of this exercise.

Spiritual Care as a Healing Presence

Spiritual Care is composed of two complex realities: *care* and *spiritual*. VanKatwyk describes each reality and draws the common link between the two.

He presents *care* as fundamental to being human, brought into sharp focus in the birthing process. To survive, a child brought forth into the world is totally dependent on its caregivers. There is a lifelong need for care stemming from the realization of our common fragility and the accompanying tension about this vulnerability of one's living in the world. Care thus implies relatedness to others.

Spiritual has often in the past been directed towards the realm of the sacred, manifesting a felt incongruity about locating what is sacred in the perceptible, ordinary day-to-day experience. However, over the years, there has developed an expanded understanding of spirituality. Spirituality is now often understood as a sense of interconnectedness to all of life, "marked by a deeply personal experience of finding one's place in the world." It is this focus on interconnectedness that links spirituality and care.

In combining these two realities, VanKatwyk brings out a general understanding of spiritual care as "a basic quality of ordinary life" and as "a universal practice of establishing and tending one's place in the world."

This general view of spiritual care underscores the importance of relationships in practice but does little to my foundational understanding of spiritual care as being a healing presence to those who suffer in body, mind, or spirit. My own understanding of being present to another includes an awareness of and attentiveness to the other that goes beyond what is readily apparent. It implies a process of being attuned to another through active listening, attending not only to the words being said, but what was not explicitly expressed which may include facial expression, bodily posture, and tone of voice. The healing component for me has theological underpinnings.

I strongly believe that it is the divine that brings about healing. It has been said that when one is in touch with one's self authentically, one experience the divine for all are made in God's image. An integrated and authentic self becomes a porous vessel through which the healing presence and love of the divine can flow touching those one provides care for. Each person has the capacity to incarnate the divine in his or her relationship with others. This understanding of healing presence resonates somehow with Roger's "Way of Being" (1980, 129) quoted by Müller as follows:

> "…When I am somehow in touch with the unknown in me, when I am perhaps in a slightly altered state of consciousness, then whatever I do seems to be full of healing. Then simply my *presence* is releasing and helpful to the other. There is nothing I can do to force this experience, but when I can relax and be close to the transcendental part of me,… it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger. Profound growth and healing and energy are present."

Setting aside my own understanding of healing, I have drawn from other sources including the human sciences asking the question, what does it mean to heal? A spiritual care handbook (Hughes & Handzo) differentiates between curing and healing. To cure involves looking for answers to bring about the restoration to health intentionally gearing all efforts towards accomplishing this end. To heal, on the other hand, is to restore to wholeness. Epstein (2007, quoted by Hughes & Handzo) has this to say about healing:

> "In healing, we live questions instead of answers. We hang out in the unknown. We trust the emergence of whatever will be. We trust the insight will come."

Taylor (2006) speaks of healing generally as an inner process that gradually brings into consciousness a "deeper sense of self" inclusive of its relationship with others bringing about a profound change in the person. When adding presence to the term healing, she adds the condition of being "consciously and compassionately in the present moment with another" attending to and facilitating that inner process happening in the other.

The perspectives of both Epstein and Taylor on the healing process seem to parallel what I have learned about the focusing process in this course. Gendlin (1998) describes focusing as a deliberate way of attending to that unclear felt inner edge experienced in the body that can bring about steps of change carrying one forward. Each step of change brings a person closer to himself or herself. Cornell presents focusing in simpler terms by describing it as a gentle process of attending to one's body, opening oneself to hear what message the inner self is trying to communicate to us through the body. (Cornell, 3) Possible outcomes of the focusing process include insight and positive life change.

Following Carl Rogers' theory, VanKatwyk and Gendlin (1998) refer to three basic conditions that create a therapeutic space where healing occurs as a natural outcome. This "relational triad"

consists of *congruence*, *acceptance*, and *empathy* all of which VanKatwyk points out belong to the old traditions of spiritual care. Congruence, also referred to as "genuineness," implies the clinical practitioner's transparency as a real person, not hiding behind the role of expert in the therapeutic relationship. In his unpublished paper, Gendlin captures this quality of congruence in the following text:

> "To be with a client, I keep nothing in front of me. Of course I know I can fall back on the automatic ways. If need be, I can also defend myself. I have many resources. But I don't want all that between us. If I keep nothing in between, you can look into my eyes and find me. You might not look, of course. But if you do, I won't hide. Then you may see a very insufficient person, but for contact, no special kind of human being is required." (unpublished paper)

Acceptance or unconditional positive regard as a condition that creates therapeutic space refers to a non-judgemental positive attitude or care towards another placing no conditions on the other to warrant such attention. (Müller) It has been likened to a parent's relationship with a child. A parent's care and love for a child does not depend on the child's behaviour. They do not withdraw their love even if the child misbehaves. Implicit in this quality of unconditional positive regard is mindfulness, being particularly attentive to the present moment.

Empathy or empathic listening means being attuned to the other person's inner world of feelings, perceptions and yearnings (VanKatwyk, 25). It is entering into another's experience to better understand it without taking it upon one's self. The experience of the other does not become one's own but still remains clearly that of the other person's. It implies "mindfulness, care and acceptance" (Müller). Gendlin focuses not so much on the person expressing feelings but rather on paying attention to the other person's body-sense with the understanding of body as something more than the physiological. As part of this process of listening, Gendlin emphasizes the importance for "client-centred-reflecting" (1990, 207) to help the other be aware of and to stay with that felt sense that can bring about steps of change in the other person.

The above conditions are descriptive of the quality of human presence that generates a healing atmosphere. Though Rogers stressed the conditions for healing discussed above in his writings, Müeller cites Carl Rogers's musing on the possibility of presence as the most important element in a therapeutic relationship in an interview with Baldwin. Gendlin, who had worked with Rogers, does emphasize the primacy of presence in such relationships. On human presence, Gendlin has this to say:

> "The essence of working with another person is to be present as a living being. And that is lucky, because if we had to be smart, or good, or mature, or wise, Then we would probably be in trouble. But, what matters is not that. What matters is to be a human being with another human being, to recognize the other person as another being in there." (1990, 205)

Gendlin says that being present to someone is a "highly therapeutic interaction" (1998, 218).

Müeller gives her own take on presence and describes what is involved in "therapeutic presence." Presence is being simultaneously with oneself and with another, without confusing the other's experience to be one's own and vice-versa or without losing oneself in the process.
In therapeutic presence, what the therapist experiences in his or her body reflects an inner integration of the client's expressed experience and feelings and how the therapist experienced what has been expressed taking into account as well his or her professional skills. The body "tunes in" to whatever is communicated and thus functions as a "receptor and a guiding factor" in the process, an aspect of focusing. This piece of information resonates with my experience of providing spiritual care to patients with dementia, with impaired cognition or those unable to verbally communicate with me.

From a less clinical perspective, being present to others or others being present to us does have a profound effect on us. Firstly, one moves from being impersonal to being personal. The world can be an extremely cold and unfriendly place. One can easily get lost in a crowd. This can happen in many ways. For example, renewing one's passport can reduce a person to a number in a long queue of people. One of the greatest gifts we can give to one other is the acknowledgement of each other's presence. This validates one's existence and the right to be here. It is a fundamental right of every human being.

A second consideration has something to do with being listened to. Being present to someone shifts one out of that place of not being heard, into being heard. There's something profoundly healing about being listened to. It may be difficult to comprehend the magnitude of frustration that can build up within a person who is never listened to. At the core of conflict in relationships is the inability to be present, to be attentive and to listen. This is true not merely on a personal level but corporately in workplaces, in various interest groups and even nation-wide. To be heard is a healing and unifying experience on different levels.

Thirdly, being present to another moves one out of the obscurity of insignificance into the light of significance. At the heart of every human being, there is a longing to know that in this life one matters, that one's opinions, ideas and feelings, or whatever one wishes to voice out is important and needs to be heard. When people are present and attentive to one another, it enables free and creative expression leading to a constructive and fulfilling engagement with life. People's contributions are affirmed and become part of the sacred construct of life. This becomes a life-affirming experience, one that has been enabled by being present to one another.

In our world where there is a great demand for one's attention, it may be difficult to just sit and listen. A hospital setting is no exception. Health care professionals are experts at problem solving, determining goals and measuring outcomes. The core of spiritual care is healing, empathetic presence not by doing but by being present to another. Being present to another helps people feel heard and not isolated. When patients and families are experiencing losses, hopelessness, or a sense of abandonment by others, including the divine, it is most important that they be listened to and to know that they are not alone. It is vital to create a space in which one is

free to explore one's concerns and openly express what they are going through without feeling rejected or judged. This kind of presence involves many skills and components, namely: active listening, relaxed yet engaged body posture, listening beyond what is literally said by a person such as non-verbal cues that may hint at underlying emotions, meaning and needs. This may also involve a metaphorical "holding someone's pain" in such a way that one is open-hearted, yet does not become emotionally overwhelmed. When confronted by comments such as "why is God making me suffer so much?" or "I just wish this were over, I can't bear it any longer" empathetic presence may involve acknowledging the other person's suffering, admitting that one does not have an answer or solution to what has been expressed, but then providing assurance of your ongoing care. Fear, apprehension, hopelessness, and even physical pain often decreases when one feels heard, understood, and accepted for where they are at in the process of dealing with illness or suffering. Empathetic presence validates one's personhood, inherent worth and dignity. It reduces a person's sense of isolation, enables persons to seek their own answers and can also mediate divine care.

Focusing - Bodily Knowing and Healing

In his book *At the Will of The Body,* Arthur Frank reflects on his experience of a life-threatening illness, one that has had an impact on how I provide spiritual care. There was a line that caught my attention about how "each person records the history of his life on his body." This understanding comes across in the work on Bio-spirituality of Campbell and McMahon (1985) using focusing as a means "to attend to areas of hurt and weakness lodged in the memories of the body which forgets nothing." Campbell and McMahon believe that most people have lost touch with bodily knowing, blocking from consciousness hurtful childhood experiences with accompanying feelings of fear, anger, confusion and insecurity that are registered and manifested in the body. Nevertheless, even if one has forgotten these childhood experiences in adulthood, the bodies remember these feelings of hurt lodged deep within. Campbell and McMahon believe that this loss of bodily knowing can be attributed to the lack of teaching about "*how to be in our hurt* so that it could unfold into a better place, a better feeling, and therefore a better experience of our bodies" (1985, 15). Negative feelings were to be avoided because these were experienced by the body as hurtful and therefore, bad. The association between negative feelings and a hurtful body has led many to distance themselves from these feelings, repressing them as they arise, or developing a habit of denying or ignoring these feelings. However, the body still holds this "unprocessed experiencing."

It is not surprising that much of daily experiencing are processed cerebrally. The rejection of "bodily knowing" according to Campbell and McMahon takes its toll on the individual that could lead to mental or physical breakdown. They offer some food for thought as they give a different perspective on mental illness. Rather than affirming the common expression referring to those with mental illness as having "gone out of their minds," they hold the contrary that people with mental illness are "too much in their minds." Being alienated from this bodily knowing also "cuts [us] off from the human values and perceptions rooted in our bodies that enable us to live on this planet without destroying everything around us." The prevalence of frustration, anxiety,

loneliness, anger, and depression permeating today's society necessitates a different approach towards effecting healing.

In their work on Bio-spirituality, Campbell and McMahon uses the focusing process in dealing with what people perceive to be unacceptable or unlovable in themselves e.g. shame, guilt, fear, depression, loneliness, frustration or anger. Instead of controlling or eliminating whatever hurting or scary feelings are there, people are invited to be "friendly" with those feelings, i.e. being more gentle, more receptive, less argumentative, and kinder with these feelings. This allows people, perhaps for the very first time, to experience deliberately and consciously how they carry their problem in a bodily way. The receptivity to bodily knowing in the focusing process provides the underlying basis for real and striking change as these feelings are allowed to unfold.

This bodily knowing in the focusing process is what is referred to as the "felt sense" – "a vague, implicitly complex, physical feeling that can come in your body in regard to any situation or any aspect of life" (Gendlin, 1991). This "felt sense" is different from the emotions, but is needed "to reach what gives rise to emotions." Attending to this felt sense enables a person to draw from the wisdom of the body surrounding a difficult situation, unstops blockages or being stuck, and allows the process to move forward. This forward movement relieves the pain associated with a difficult situation and brings about a measure of healing.

Role of Focusing-oriented Therapist in "Healing"

If focusing-oriented therapy maintains the integrity of self-directed healing, what is the role of the therapist in this interaction? If healing consists in carrying forward an internal process surrounding a situation or experience that has been stopped or blocked, how does the focusing-oriented therapist facilitate this process?

Gendlin stresses the primacy of the relationship between the therapist and the client. This relationship refers to more than the therapist's professional relationship to the patient but entails the full engagement of one human being with another. "It involves one's whole ongoing aliveness" (1966, 212), the therapist's very own self with his or her shortcomings and fears, thus devoid of any "human formalism." Such concrete encounter of the therapist and a client, can easily and constantly go beyond words through non-verbal cues e.g., facial expression, gestures such as a touch of the hand, body language, and eye contact. A person-in-relationship is "a different person differently involved and differently alive than he was as a lone set of facts…it isn't that the interaction affects the individual and then makes him different. In the very ongoing of that interaction, he is already different." (1966, 215-216)

There are times when the therapist is aware of and can identify the type of change they bring, how they can make an interaction "more positive, more alive, more free and life-worthy." At other times, the positive interaction happens anyway, the why of which the therapist may not be able to explain. It simply happens. Gendlin writes:

> "It is a function of the nature of two people connected, open, honest, and struggling. To be helpless, hopeless, isolated, unloved, lost in weirdness – we call these things negative; but no "value judgement" is required of the therapist in order to alter these negatives in the patient. The very nature of finding oneself concretely seen, felt, connected, and one's every feeling and motion responded to constitutes finding oneself no longer helpless, hopeless, no longer isolated, unloved, lost in weirdness… [When one is in relationship] the *positive being* of the person is concretely extended and made real. (1966, 216)

The realization of the person's positive being lies in the concrete existential encounter, whether the therapist's purpose is conscious and clear, or not – "except precisely to relate responsively and connectedly."

In his lecture in Gmunden in 1994, Wiltschko spoke about the role of focusing therapists. The therapist will do all that is possible to create a "free space" in which the carrying forward of the present process of experiencing can occur. Focusing therapists endeavour to be "free of intentions" so as not to interfere with this therapeutic process. This is made possible only if they acknowledge their own "helplessness" and rely in "the order of carrying forward of the living organism." This belief presupposes acceptance of the possibility of failure since the body has the capacity but no obligation to carry forward at any given time. It is not always easy to get the question, the idea, or the symbol right that will carry forward the process.

Wiltschko describes focusing therapists role as nothing more than "*companions* in the process of change that is 'organized' by the order of carrying forward." He explains that this role is not as easy as it might seem, for two reasons. Cultivating "an attentive attitude free of intentions" can take a long time, and involves disidentification from his contents. Secondly, several attempts may be necessary before the client permits the therapist to be his companion. There may be many stumbling blocks to getting the client to pay attention to his inner processing. Both the therapist and the client traverse the same path with the therapist setting out first before the client does.

Wiltschko points out that "the [focusing] therapist's self-experiencing is the main source for understanding the client, the main source for [his/her] therapeutic responses, the actions, for [his/her] "technique" in the process. For the focusing therapist, accompanying a client means not only being attentive to the client, but also to his/her own "concurrent experiencing", i.e. how it resonates in his/her own body.

Cornell (1996) expresses the same idea pointing out that focusing-oriented therapy involves the felt senses of both the therapist and the client. An ideal therapeutic relationship is one that is dependent on how the therapist is present in the encounter with the client as a human being. There are benefits when a therapist is present to his or her felt sense in the therapeutic encounter. When attending to the client as well as to his or her own felt sense, the focusing therapist may become aware of feelings or images that are not from his/her "logical mind." There may be occasions when the therapist feels right to share them with the client, even with the possibility that it may not fit what the client is experiencing.

At other times, the therapist intuits in his/her own body the client's feeling that the other is not in touch with. What the therapist can do is to invite the client to notice the feeling in himself/herself. When the client is able to do this, the therapist will feel its release in his own body.

There are other ways by which the focusing-oriented therapist can carry forward the inner processing of the client that has been blocked or stopped. At the outset, the therapist's gentle, respectful, and compassionate attitude of being with him or herself can encourage the clients to adopt the same attitudes towards their experiencing during the therapeutic encounter. The therapist can help the client in the process of forming the felt sense through open-ended questions, e.g. *How does the whole situation feel…?* As the client quietly waits and listens for that inner awareness to form, words or images may surface that gradually capture the feeling around an issue or situation that can bring an experiential step forward. There is an ongoing check by the therapist to note if there is a fit or match between the felt-sense and the emerging words and images. If the therapist's words capture the client's meaning, there may be a resonant moment in which the client experiences a felt shift, i.e. change in how the problem or situation is "carried" in the client's body.

Strong or intense emotions experienced by the client can also block a forward movement, perhaps when the client fears the intensity of the feeling and stops it. At times, such intense feelings impedes the client's capacity to sense fine distinctions. The focusing therapist can offer what is called "disidentification" (Connell, 97). Without diminishing or denying the intensity of a strong feeling, the client can be an observer to the feeling. A way of helping the client with disidentification is to try to localize the feeling by asking "where in the body" the person is sensing the feeling, e.g. fear. Disidentification can also make it easier for a client to be gentle and accepting with his/her inner experience, instead of rejecting it.

Possibilities of Focusing-oriented Process for Spiritual Care Practice

The focusing-oriented process is person-centred very much in line with the person-centred focus of spiritual care in attending to the needs and concerns of the person receiving care, whether it be in a hospital setting, in the prison, in schools or in the church communities. The focusing-oriented process is a gentle approach to caring, an existential encounter between therapist and client, "fully and mutually personal and not just professional; it is much more than verbal, it is a concrete interplay and connectedness; and in the very ongoing of this kind of interaction the individual is already different and positively alive" (Gendlin, 1966, 218).

The relationship described therein between therapist and client speaks very much about the type of relationship that the spiritual care provider engenders to establish in his or her interaction with the patient. There likely won't be any meaningful interaction or sharing that transpires without a rapport or connection between spiritual care provider and patient. Spiritual care practice also affirms that communication is more than verbal. An instructor in communication indicated that only 7% of communication is verbal and at least 55% is non-verbal.

In his/her interaction with the patient, the spiritual care provider can adopt the therapist's manner of attending not only to his/her client's felt sense but to his/her own as well. This holds exciting possibilities when dealing with patients afflicted with dementia, particularly with Alzheimer's, who are at some point unable to coherently express what they are experiencing. By paying attention to one's felt sense when interacting with these patients, one can enter into the other's isolation or pain. In this sharing, the other no longer feels isolated or alone.

In my work with Alzheimer patients, I have had a few such experiences. There was one patient that I recall, a woman in her early 80's. Her speech was garbled and it was difficult to know how much of her cognition had been affected at this point. The first time I met her, I had a sense of tenseness, rigidity in her body, and a look in her eyes that spelled fear. She was in a new surrounding with strange people. She had a husband who visited regularly at the outset with the patient appearing to be serene when he was around. As the husband's visits dwindled, the patient seemed to exhibit panic every time she was alone in her room, continuously talking out loud, the listener not understanding the words she was saying.

I decided to spend more time visiting with her, even if the conversation was one-sided. I talked with her about different things trying to calm the fear that I seemed to be sensing. It took months before there was any noticeable change in her disposition and behaviour, but I remember the first time I saw her smile, still not understanding the words, but there was a shift that happened and I sensed something in my body akin to joy at this change in the patient.

Gendlin also provided some insight with regard to patients with mental illness that could benefit the practice of spiritual care in bringing about some measure of spiritual health or development in a mentally ill patient. He associates the triggering of psychosis in the failure to carry the patient's experience forward. This seems to be a more compassionate approach to mental illness as well as to the mentally ill.

Conclusion

This research paper on the focusing-oriented process has contributed to my better understanding of it. It resonates with my existential view of psychology. I am enthused to get more personal experience so that I can effectively use it in my spiritual care practice.

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