
Focusing, Illness And Health Care

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“The difficulty is to perceive with your whole body, not just with your eyes and reason.”

—Carlos Castaneda

Focusing and Illness

Imagine that instead of *mind, body, senses, and emotions*, there is a single, intricate, wordless web of experience. Imagine if we could understand that mind/body language, and listen, truly listen, to that part of ourselves that unites body and mind.

Focusing is a way to listen to, and understand this deeper body. It provides a different way to heal a person from the harmful effect of stress and illness, and to regain a sense of wholeness.

When people are ill or under stress, they often become absorbed with their bodies. Either symptoms – such as a bad back acting up, indigestion, pain or fatigue – claim their attention or they fear being physically incapacitated. Focusing invites a person to pay attention to the body in a different way. It allows the person to empathetically connect with the body, and to understand the psychological meaning of body sensations and body discomfort, while at the same time not becoming overwhelmed by these sensations. This body-centered approach can be integrated into all aspects of health care. It is useful for preventing illness, reducing stress (Gendlin, 1995), working with anxiety and fear, decreasing depression (Grindler, 1991), controlling pain, and getting some much-needed distance from an illness or condition. Further, Focusing can create a sympathetic connection between patient and health care provider.

Health and Dis-Ease

Apparently, much of the dis-ease that is experienced in the body lies outside the realm of orthodox physical medicine.

Research indicates that over sixty percent of office visits to physicians result in no objective medical findings. (Jennings, 1986) Focusing is one way to identify and dialogue with that dis-ease. It enables the individual to connect with the emotional, physical and cognitive concerns that they are carrying.

Because Focusing acts as a bridge between mind and body, it allows us to gain access to a state where “mind” and “body” are not separate entities. It helps people who live “in their heads” connect with the *sense* of their body feelings, and people who somatize connect with the *meaning* of their body feelings. It addresses the human being as a whole: an intricate constellation of memories, emotions, thoughts, and body sensations. As such, it is a useful tool for unraveling the complex tapestry of illness.

Focusing For Persons With Illness

Ill people can use Focusing for:

- A way to reduce stress,
- a means to create better coping strategies (for example, in pain control and decision-making), and as
- a way to make healthy **behavioral changes** (for example, changing one’s diet or exercise program.)

Experiencing Stress

It has been well-documented that excessive stress can increase a person’s susceptibility to illness (Bower, 1991). Moreover, most people find that becoming and being ill are highly stressful events. In addition to coping with disquieting symptoms, pain, doctors’ appointments, medical tests, a hospital environment, surgery or repeated treatments, there are often financial, familial and emotional burdens. Frequently, people have anxiety and worry about the future, regrets about past behavior, anger and sadness about their condition, and questions that haunt them, such as “Will my health insurance cover the cost of the procedure?” “Should I disclose my diagnosis at work?” “What will the impact be on my family and friends?” “How will I

cope with this fear and anxiety?” “Am I going to die?” There is a clear need for new methods to cope with these intense stressors, which are so common to people with life-changing illness.

A Focusing Approach To Reducing Stress

Trying to ignore the anxiety that comes with illness doesn't usually work. No matter how much one attempts to distract oneself, there is often still a great deal of background stress that remains in the body. Even with meditation, when one directs one's attention away from disturbing events, stress can persist. A deeper release may result if one attends directly to the *physical sense* of each stressor, and then attempts to remove it (Gendlin, 1995).

The first step of Focusing, 'Clearing a Space', directs one's attention to each stressor separately, so that it can be "cleared out" of one's body. One can then notice the beneficial effect after each stressor is removed; one experiences a distinct sense of release. This process is often more useful than trying to work with the entire complex of issues, all tangled up together. Sometimes just the sense of release is sufficient; sometimes an action step then becomes evident.

'Clearing A Space' creates a buffer zone which helps people gain some distance from the intrinsic stressors of illness. The focusing attitude - of acceptance and acknowledgement - helps the focuser recognize feelings without being overwhelmed by them. This gentle attitude also helps people open onto the intricacy that lies beneath each feeling.

Clearing a Space

- Relax
- Recall a peaceful time
- What's between you and that feeling?
- Put aside each concern
- Put down "background feeling"
- Do you have a clearer space?
- One minute vacation

Focusing As A Coping Strategy

Illness often requires that a person adapt to challenges that arise in the course of diagnosis and treatment. One must also find ways to deal with the unpredictability and vulnerability that illness evokes. Focusing empowers a person to create new ways of adapting to difficult situations.

Focusing can be used as an effective coping strategy when:

- The person is experiencing pain and/or discomfort. Through Focusing one can get distance from the pain, can dialogue with it, or befriend it. One can sense how the body would be without the pain, and work with the Felt Sense right before the pain began. One can also be compassionate with the feelings that accompany the pain (such as anger, disappointment, or helplessness). In a study of pain management, Focusing, along with imagery, was shown to be useful technique. (Hammon et al, 1996)
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- The person is faced with difficult decisions about medical care. Focusing helps to get a body sense of which decision *feels* right. Often the heart of a decision lies outside the realm of logic.
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- The person is undergoing a medical procedure. Focusing can help the person stay embodied and connected to herself. Noticing how the whole experience feels inside

helps allay apprehension, and enables the person to find a sense of well-being, and a positive expectation for the outcome of the procedure.

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- The person is beset with fear and anxiety about test results. Focusing helps promote an attitude of acceptance and acknowledgement. It is then more possible to hear from the fearful and anxious place inside, in a way that is not overwhelming. When a person is safely distanced from her fear, she can identify it and work with it.
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- The person feels helpless. Individuals who have the capacity to dialogue with themselves, to *name what they feel*, have a greater sense of mastery and control, feel more empowered, and are more likely to be better partners in the healing process.

Making Changes In Behavior

Often there is a big gap between deciding to change one's behavior (in terms of one's diet, exercise, drinking, smoking, sleep or relaxation) and doing it. Simply knowing what needs to be changed is usually not sufficient because there are often major obstacles to altering one's behavior. Focusing invites the person to check inside and see what's in the way of making such a change, and allows her to have a compassionate dialogue with all the reluctant aspects of herself. Sometimes the reluctant aspects will speak on their own; sometimes it helps to ask them respectful questions, such as "What makes this behavior change so hard for me? What does this resistant part of me need? What would make changing easier?" By allowing the whole person to engage in the change process, change is more likely to occur.

Focusing As A Tool For Helpers

In addition to helping patients, Focusing can also help health care providers cope with professional/personal overload and burnout. There have always been high stress levels associated with the health care professions. With the advent of managed care, financial and time pressures have

added to the stress load.

‘Clearing a Space’ can be used as an efficient and effective stress reduction technique. Nurses, doctors or technicians can learn to routinely take five minutes to separate themselves from the pressures of the day, the particular patients they’re concerned about, the volume of paperwork that has built up -- and then take a few minutes to sense inside for the bodily felt perception of their current difficulties. After setting these out, they can then take a few minutes to sense their essential wellbeing -- how they would feel if they didn’t have these pressures. This technique can help to restore their energy, and allow them to return to their responsibilities while maintaining a sense of wholeness.

Additionally, given the stresses intrinsic to a medical setting, health care professionals also need ways not just to keep stressors at bay, but to invoke and maintain positive feelings. It can be helpful to take a few moments each day to get a felt sense of what drew you initially to this work, or what the work feels like in its most rewarding moments. It also helps to find a phrase that describes how you would like to treat yourself during the rest of the day (e.g. “with patience,” “with self-acceptance,” “with humor,” “with love”). When you take a few moments to feel what it would be like to actually embody that positive quality, a shift normally occurs. The practitioner, her colleagues, and her patients all benefit.

Focusing enhances trust and collaboration between practitioner and patient through the inherent respect it accords patients. It is a tool which can empower patients to listen to themselves, to take an active part in decision-making, and to change lifestyle behaviors. Finally, even mini-Focusing moments, embedded into interactions with patients, can help both patient and clinician befriend and work with unclear, or intense feelings in a new way. These moments help to align patient and clinician as allies.

Developing a Collaborative Approach

“If you want to be listened to, you should put in time listening.”

–Marge Piercy

The process of focusing facilitates a sense of collaboration between health care professional and patient, and, when paired with listening, it provides an excellent way for the clinician to hear the patient’s deeper concerns. What patients most often want from their health care team is not only information but a sense of truly being understood.

A mini–Focusing moment can be utilized when:

- The practitioner only has a short time for a patient interview, but notices that the patient has many questions or concerns. The practitioner can begin the appointment by asking the patient to **“please take a moment, check inside yourself, and see what feels pressing to you. Notice which concerns feel most important to address today.”** These simple questions empower the patient, rather than the practitioner, to make the decision about what is discussed; acknowledges from the beginning that all of his concerns will not be addressed in one session; is economical with time (since patients often begin with their least pressing concerns, and, as the interview is ending, reveal their deepest, most anxiety–filled concerns); and shows respect for the patient.
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- The practitioner is about to perform a procedure on a patient. A simple focusing invitation, such as **“Please take a few moments to check inside, and let me know when you’re ready for me to begin,”** can alter the experience for the patient, creating a positive, empowering framework
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- The practitioner is facilitating an illness support group. By beginning each group with ten minutes of ‘Clearing A Space,’ people come into the present moment, are more available to each other, and an ambiance is created that promotes centeredness and depth. **“Let’s all take a few moments now to sense inside, and see what we’re**

carrying today.” With that frame, they are more receptive to changing an aspect of their lives.

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- The practitioner wants to create a more empathic connection with her patients. By using Focusing, the practitioner can invite each patient, for even a few minutes, to explore her inner experience (her reaction or feelings), in a gentle, compassionate way. For example, **“So sit quietly for a moment and let’s see if we can sense where that scared feeling is. Can you sense it in your body?”** While the practitioner is creating a *holding environment* through listening closely, and asking some Focusing-type questions, the Focusing process takes place inside the person herself. It is an internal, self-directed process that leads to a shift in feelings or behavior.
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There is no need for the practitioner to direct the client or patient. Just by facilitating and witnessing this inner process, the patient feels more connected to the provider, all in the space of a few minutes’ time.

Focusing can be used as a stand-alone technique, or can be integrated into a variety of medical interactions. Any time a health practitioner shares a diagnosis, reviews treatment, engages in a decision-making process, begins a procedure, or talks with family members, Focusing and listening can increase the effectiveness of the communication.

What Practitioner Might Offer:	How It Might Be Phrased
Gentle, accepting attitude	<i>“Can you find a way to welcome those feelings (tears, etc.)?”</i>
Attention to patients’ inner experience	<i>“Can you take a moment to notice what you’re feeling inside?”</i>
Facilitation of patients’ search for words and images	<i>“Are there any words that capture what you’re feeling?” or “Is regret (fear, sadness, etc.) the right word for what you’re experiencing?”</i>
Reflection of feeling-	<i>“So you’re feeling disappointed about</i>

words	<i>the results today.”</i>
Invitations for open-ended questions that the patients ask themselves.	<i>“What’s the crux of it? What’s the worst of it?”</i> <i>“What does this feeling need?” “What needs to happen?”</i> <i>“Is there a step I can take here that would be right?”</i>

The following are some clinical examples which demonstrate what a mini-Focusing approach might look like in a clinical setting:

Mini-Focusing Examples

I. SITUATION 1

The health care practitioner gives advice for a lifestyle change, or suggests a medication and would like the patient to follow through (i.e. comply).

II. APPROACH

1. **Summarize.** While making friendly eye contact, make a statement reviewing the suggestions that have just been made.
2. **Empathize** with the difficulty anyone might have in making any lifestyle changes.
3. **Suggest** the person ask themselves a focusing question (e.g. how does it feel inside you when you think about making these changes?), while evoking the focusing attitude (being gentle, friendly, curious about whatever come up).
4. **Listen** to the client’s response by repeating the essence of what he/she says, particularly reflecting the emotional content.
5. (Optional) **Invite** the client to envision how it will feel when s/he has achieved the expected results from making these changes.

III. EXAMPLE

HCP: So, Mrs. Johnson, I've just suggested that you cut back on red meat, begin an exercise program with a half hour of walking three times a week, and take your medicine twice a day. While you might agree with me that these are sensible suggestions, I can tell you that in my experience making lifestyle changes can sometimes be quite difficult. I wonder if you would be willing to take a moment to sit quietly, and check in with yourself how it feels to be asked to make these changes?

PT: Uh, well, sure, I guess I can do that.

HCP: Perhaps if you can close your eyes for a second and this time take some moments to get a sense inside of how it feels to be asked to make these changes. And it would be helpful if you could find your way to welcome whatever comes up for you. (Pause.). Can you feel any resistance or obstacle to following this program?

PT: Well, it seems like a lot to ask of me. Too much to think about. And I don't like having to take those pills! My best friend took them, and she felt terrible, and was constipated... And I'm afraid I'll never be able to have the discipline to exercise.

HCP: So, it seems like a lot to ask of you. You're afraid you won't be able to follow through on the exercise program, and you're anxious about side effects of the Lopid.

PT: That's right. I don't see how I'm going to do it." (Pauses.) "Maybe if I tried exercising once a week to start." (Pauses again.)

HCP: O.K., so you don't quite see how you're going to do it, and you'd like to start more slowly. Check with yourself again. Does once a week feel doable?

PT: Yes, it does. I think I can manage that.

HCP: Great. That's how we'll start, then. And, with the Lopid, I want you to call me if you notice any side effects.

PT: Well, thanks for listening to me. I feel better about trying to make these changes work for me.

I. SITUATION 2

The patient/client feels overwhelmed, or has intense feelings.

II. APPROACH

1. **Summarize.** While making friendly eye contact, make a statement reflecting what the patient has told you, particularly emphasizing any feelings that were present.
2. **Empathize** with the intense feelings the patient may be having.
3. **Suggest** the person ask themselves a focusing question (e.g. "Can you sense what you are feeling in your body right now. Would sad (angry, etc.) be the right word for what you're feeling inside?"), while evoking the focusing attitude (being gentle, friendly, curious about whatever comes up).
4. **Listen** to the client's response by repeating the essence of what he/she says, particularly reflecting the emotional content.
5. (Optional) **Invite** the client to attend to what the feeling needs, or ask the client what the feeling wants him/her to know. Then repeat what the client said to summarize.

III. EXAMPLE

HCP: Mr. Roberts, it seems that you are feeling sad. That would be totally natural given your diagnosis. Would 'sad' be the right word for what you're feeling inside right now?

PT: Sure I'm sad. (Pause.). But that's not the worst of it. (Long pause.) I'm really worried about my family. About my wife. I don't know how she's going to take this.

HCP: So there's sadness, but more, there's a lot of worry there. And the worry is about how your wife is going to take this news.

PT: I don't know how she can take this. (He's close to tears.)

HCP: I understand that you're really worried about your wife. Can you set that whole worried feeling at a little distance from you so you can breath?

PT: Yeah, it's right next to me.

HCP: Let's spend a little time with this just keeping that feeling company. (Pause.) If you listened to that worried feeling, what might it tell you?

PT: (Pause.) I'm scared to tell her by myself. It would help if her sister was there. She always takes things better when Susan's with her.

HCP: You'd be a little less worried if your wife's sister was there in the house with you when you tell her.

PT: Yeah. She could take it better." (Pause.) I'd feel better.

HCP: So, I guess we have a little plan here. You're going to call your wife's sister, and have her in the house with you when you tell her about your news, right?

PT: Right. That makes it a lot easier.

I. SITUATION 3

The patient needs to make a decision about whether to take a high risk experimental chemotherapy or go a more conservative route, with less promise but also less risk, or choose to stop treatments altogether.

II. APPROACH

1. **Summarize** the patient's choices.
2. **Empathize** with the difficulty of making such a decision when no one knows which will lead to the desired goal.
3. **Suggest** the patient focus first on one option (e.g., "Can you get a body sense of how it would feel if you chose A (then b)?")
4. **Listen** to clients response reflecting the emotional content and the place where it's vague and unclear to help them articulate the intricacies they feel.

III. EXAMPLE

HCP: Susan – so there you are: three options, as I see them. Clearly you'll need time to ponder this but I thought today we could start the process.

PT: Yeah, I'd like too. I feel so confused.

HCP: Let's take each option one at a time and spend a little time with it. But instead of listing the pros and cons and reviewing the research on each, which I know you've already done, let's take each option and sense in your body how it would feel to follow that treatment. This is a piece of information you might want to consider too. So let's begin with the new experimental therapy. Would you be willing to close your eyes, bring your attention inside yourself, and see what comes up when you imagine that you're going to choose this treatment?

PT: (Pause.) I feel a heavy stone in my abdomen – actually it's like a gigantic boulder. It's almost crushing me, it's so heavy.

HCP: So there's a boulder there that's almost crushing you.

PT: Yeah, and it feels dark and dangerous around the edges. It makes me feel small and scared. My whole being wants to cry out NO. I can't take this risk... It feels wrong. I want to run away.

HCP: So your whole being cries out NO, and you can feel a desire to run away. Do you want to spend more time with this option?

PT: No. For now let's move on to the next one.

HCP: Imagine you're choosing the second protocol. Again, take a few breaths, allow yourself to turn your attention inward and see how this one feels as you say "I'm choosing to do *this* chemo." And then wait and see what comes up.

PT: (Pause.) This one is so different. (Pause.) I feel some lightness like winter sunlight; bright, but not strong. Some hopefulness, too, like maybe it will work and give me more time and maybe it won't but I won't be deathly ill from it. I just know I don't want that. It feels good, like I'm trying *something* but not gambling all my health on it. I can feel the stream of sunshine on my face. My breathing just opened up.

HCP: So this option feels hopeful, like sunshine, and your breathing eased when contemplating choosing this. And now can you imagine that you've decided to go without treatment for now, which is also an option. Again, bring your attention down inside your chest and stomach area, and ask how you are with this choice.

PT: *(Pause.)* There's a tiny relief there like a kid when the recess bell rings and I get to go to play outside. *Pause.* But then there's also anxiety – like there's nothing to protect me against the disease – yeah, like I get to go to recess but I have no coat or shoes and it's the middle of winter and I need some protection. That feels uncomfortable. I know I don't want to choose to do nothing at all.

HCP: So you know you don't want to go without any treatment at all. Well, this is not the only way to consider these options but it's clear for today, at least, that chemo #2 is the one that feels best to you.

PT: Yes. This was helpful. I've been trying to decide with my mind and have gotten all confused. This comes from a deeper place in myself which I trust. I'll spend some time with this decision this week, and let you know what I decide.

Focusing is an important tool for stress–reduction and insight. It allows you to go beneath words and rational explanations, and access deep levels of awareness within your body. It is on this level, new and uncharted territory for most of us, that real change occurs. As Gendlin says, “One step in the body is worth a thousand steps in the mind.”

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