

A COMMUNITY BASED APPROACH TO FOCUSING: The Islam and Focusing Project of Afghanistan*

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Afghanistan is a country traumatized by war, drought, population movements on massive scales and a normalization of violence. This is a country that has seen almost 30 years of war and, with a population that averages less than 18 years of age, most Afghans remember nothing else but war. This is the context of the Islam Focusing Project of Afghanistan, in which the authors have been involved for over 5 years. Afghanistan is not the only long-term conflict in the world, and what we learn here may become a model for other countries.

The approach we take in Afghanistan is one of empowerment and community/family sharing. It is not one of “professionalism.” This is based in a public health model that uses preventive models and primary health care methods, rather than clinical or tertiary care modalities. By simplifying Focusing training, incorporating basic psychosocial wellness and resiliency, basing all of this in local culturally recognized language and symbols, we are able to share it widely. In this way we hope to promote psychosocial wellness (individual and community healing). In this paper we describe our approach to Focusing as a basic community psychology and public health activity.

INTRODUCTION

No one knows how many people in Afghanistan are depressed, but we do know that very large numbers suffer from stress-related illnesses and many from somatic complaints¹. Clinics are filled with people wanting relief from headaches, backaches, problems sleeping, and general body pain, etc. Most cannot afford the many medicines and injections they receive to try to alleviate these pains. When numbers seeking help are too great to be addressed from a clinical approach, one needs to try another direction. The authors decided to turn the problem on its head and see what would happen using a local, community-centered approach that would recognize and incorporate Afghan tradition and strategies for achieving resiliency.

In order to understand what we do, it is important to discuss the assumptions upon which our work is based. First, we assume communities have answers to their own problems. This means that we believe psychosocial wellness can be found within the culture in which we work, in the same way that solutions to emotional issues or problems are found within oneself through Focusing. Second, we assume that individuals and communities can get in touch with those values and beliefs that promote wellness and community and put those positive values and beliefs into action for healing and wellness. One of the ways we found to achieve this healing and wellness is through Focusing. Next, we feel that Focusing, a human process, can be found in every culture, in some form. By promoting local ways of explain-

ing Focusing, we can successfully help people of any community benefit from this healing process. Finally, we assume, and are told by our Afghan colleagues, that Focusing is an important component in working on trauma recovery and healing.

Reflections on how Focusing Helped the Authors Work in Afghanistan

Nina Joy Lawrence and Patricia Omidian came at this from two very different directions, but the paths converged and led to new understandings and amazing possibilities.

OMIDIAN'S VOICE

In the fall of 2000, I was asked by an Afghan aid agency (CHA) to help their staff deal with the difficulties of working in Afghanistan while living as refugees in Peshawar Pakistan. I knew, from long experience with working on community mental health issues for Afghan, Arab, and Iranian refugees, that whatever kind of program I developed, talk therapy would not be successful. I asked Nina Joy Lawrence to help me and she introduced us all to Focusing.

As I learned Focusing, I also had to listen to my inner self, and my concern for the people of Afghanistan. This agency was involved in working in drought stricken areas of Afghanistan, and in areas controlled by the Taliban. The agency's budget was directed toward saving people from starvation, providing basic health services and health education. How and where would I fit into this agency? And how could I, a well-fed Westerner, take money for my salary if it meant someone in Afghanistan would not eat. And as I learned Focusing, one of my big conflicts was the feeling that I would be developing a program to help people feel better about starving. How can anyone do that?

In our model here, we speak of these parts or conflicts as "guests". I had several big guests that I needed to be in presence with, but these guests were very strong. As I remember that struggle I recall how it felt like something in me was betraying people, rather than helping them. This brought a sense of shame and a need to hide. It was very difficult to stay with either of the guests; the one judged — and said I was making people comfortable so they can starve — and the other felt ashamed that I would do this. Sitting with the part that felt shame was difficult as a new Focuser, and at that time I was often alone with no listener to help me. We did not have trained Focusers yet, so companioning had to wait for trips back to Islamabad and Nina, or I could struggle to listen to myself. I learned to do a lot of Focusing on my own in that time.

As the parts were listened to, and it happened slowly over that year, I became more open to working on Focusing and on psychosocial programming in general, for at risk populations in war zones and with refugees. Now I see Focusing and psychosocial programs as a critical part of any recovery and response process — as important as bread and water to surviving and recovering populations.

LAWRENCE'S VOICE

“How did you ever start teaching Focusing in Afghanistan?”

Whenever it comes, this question brings an odd, jiggley sense of not fitting with my experience. It is usually accompanied with, “I could never do that. You are so brave! It must be terribly difficult.”

Maybe looking at it from the outside, what I do looks brave and like a big lunge into the unknown, but it didn't happen that way.

I was a counselor, accompanying my geologist husband on a Fulbright Fellowship to do research and teaching in Peshawar, Pakistan in 1997. We met and shared a house with another Fulbright scholar, anthropologist Dr. Patricia Omidian. We became family that year. When we came back again in 2000, Patricia was still there, now working for an Afghan aid organization. She needed something therapeutic for aid workers under great stress and she asked me what might work.

I used Focusing to sense into what might help Afghan refugees. I made an open place inside myself for what might come forward out of the whole of my psychology, counseling, meditation, and Focusing background. Focusing came as a possible way forward, and a hugely creative process began as we learned how to teach it in an Afghan way. We continued to use Focusing to sense how to teach in that context, trying things out, sensing how they worked, getting feedback from the Afghans, getting their ideas. A crucial piece was a creative insight that came in me, of the similarity between Focusing and some Sufi poetry, written by Moslem mystics 700 — 1000 years ago. This pointed to a similar human process, and showed that something like Focusing was already being done in this area of the world, that it wasn't new, imported, or Western. Building on Sufi practice and Pat's anthropological and community mental health background, we found a way to share Focusing widely, using community health practices rather than a clinical model.

The Afghan aid workers loved Focusing and invited me to come to Kabul after they were able to move back home in November 2001. I wasn't feeling clear about going for a long time after I'd been invited. There was still too much hardship and danger for me, to feel right about going. I'd heard about lack of food, water, shelter, and the difficult life people were having. And I lived with the invitation not knowing if I would go, or when. Then I began to hear from Pat and Afghan friends that life and travel there was less difficult. That's when I began to sense inside for a feeling of rightness, safety, and fitting...about going to Afghanistan. Each time I have gone I sense my way into the trip. I wait until I get enough feeling of clear rightness to take a first step, and then I set a tentative span of time for my trip. I also pay attention to where my life energy seems to be directed, and whether it feels possible to go away for a time. Still holding the trip lightly, I begin gathering information about security, getting a visa and ticket...or if I find I am not working towards going, I take time to listen to why I am not doing that. I keep holding the trip lightly, having a provisional intention, which eventually firms up into forward action, and finally I can tell I really will be on my way, Inshallah. Then I am flying out over the ocean for another amazing time of sharing and receiving with wonderful Afghan people.

In my experience this big project that seems such a monumental task hasn't happened by leaps into the unknown, but has come about by starting where we are, sensing our way forward, doing what was right in front of us in little steps.

The Afghanistan Context

Mental health and psychosocial wellness programming in Afghanistan are important components of the reconstruction and reconciliation process. In all studies of women in Afghanistan, high rates of depression and PTSD are found (Miller et al 2006; ***). With trauma and depression rates this high, clinical approaches are inadequate to meet the immediate needs of society. Violence has been normalized and is often seen as the only available solution to conflicts. An MSF (1999) study noted:

[A]ll families have relatives that have been killed, are missing, or have been taken prisoner. And all men have been involved in the conflict, either as soldiers or when defending their households from strangers. This means that they have either witnessed or been directly involved in acts of severe violence. MSF found that many men were blocking memories of these events and focus on current everyday tasks to get by. Some men talked about the time of war as a good time and show signs of being addicted to violence (MSF 1999:20-21).

Clinical information shows dramatic increases in stress related illnesses, such as heart disease, hypertension, diabetes and gastro-intestinal disorders. Drug addiction among various Afghan populations is on the rise (UNODC 2005). Most children have been displaced at least once because of war, lost family because of war, and suffered mentally and physically because of war (UNICEF 2001; SCF/US 1998).

Definitions

The Psychosocial approaches we use are public health: community level efforts that reflect a preventive, broad based methodology for dealing with trauma in a non-clinical way. We find in Afghanistan that most people are unaware of basic psychology and the effects of prolonged stress on their bodies. Our approach combines Focusing with basic psychosocial information that facilitates wellness of the community and the individual.

“Psychosocial”, is defined by the Oxford English Dictionary as “the influence of social factors on an individual’s mind or behavior.” Wellness (also called well-being) is defined by OED as a “state of being or doing well in life.” Psychosocial wellness then refers to an “ability, independence and freedom to act and the possession of the requisite goods and services to be content.”

- Psycho—having to do with emotions and personality
- Social—relating to rules and relations within a society or community (or family).

Psychosocial programs address the dynamic relationship between psychological and social effects, each continually influencing the other. In the aftermath of war and with violent solutions seen as the only choice for conflict resolution, psychosocial programs are particularly important in countries like Afghanistan, as they struggle to rebuild communities.

Resiliency is another important part of what we bring attention to in our work and the in Focusing programs here. When one is resilient, one has the ability to deal positively with problems and traumas in life. By being resilient, one is able to master problems and difficulties, even disasters, in a way that supports mental wellness, and maintains social and emotional connections. In our programs we invite participants to list what they feel keeps them resilient.

The list usually includes

- A goal in life, something to work for or to live for
- Resourcefulness and creativity
- Ability to help others
- Showing kindness to others
- Remembering good things and good times
- Full range of emotions, positive and negative

And particularly for Afghanistan, we find *belief* in the Divine and hope for the future to be their most important points of resiliency (Miller et al 2006).

And in all our programs we use Focusing. Ann Weiser-Cornell describes Focusing as:

“... a process of bringing attention to your body in a gently, accepting way and becoming aware of the subtle level of knowing called the ‘felt sense.’ When you pay attention to this body knowing with interested curiosity, this leads to insight, physical release and positive life change.” (Weiser Cornell 1999)

“Body knowing” and “felt sense” are ways of talking about inner reactions to external events and emotions. With Focusing one can learn and understand what one is actually feeling or wanting. Afghans have a close relationship to the bodily felt sense, although many try to avoid it out of fear. Even their language evokes images of the felt sense. Deep sadness is called *jigar khun* which literally translates to “the liver bleeds.” Depression is *fishar paeen*, low pressure. Anger with frustration is called *asabi* and is often identified by pointing to the blood vessels in the head and to the feeling of the heart working hard (Omidian and Miller 2006).

Because Afghans seem to have a head start on Focusing, we describe it to Afghans as being a simple way of paying attention to the insides of ourselves, the place of wisdom, and the places that hurt. It is not new; it is not from the west; it is a *human process* that has roots

in many very old cultures. The Sufis of Islam identified this process over 1000 years ago. It took Gendlin to articulate this model for Western audiences, but Afghans find it very comforting and familiar.

Islam and Focusing:

Focusing mirrors many of the actions of Sufism—the branch of esoteric and mystical Islam practiced at the periphery of Islamic traditions. Many Sufi schools have their roots in Afghanistan, and one of the most well known of the Sufi poets, Jalaludin Rumi, came from the Balkh area of Afghanistan (Nicholson 2000). Supporting Focusing as a mental health tool are two main tenets of Sufism: The first is that, according to the Quran, God is closer to each person than each is to his or her own jugular vein:

It was We who created man, and We know, what suggestions his soul makes to him: for We are nearer to him than (his) jugular vein (Sura 50: Aya, 16).

This means that one does not need to look far for support from God when one is in trouble or feeling emotional pain. This leads to the second concept of Sufi tradition: that God is found in each of us. Externally, one sees only the signs of his work, but to speak to God, one must look inward. Approaching the divine in Sufism is approaching “Presence.” The Sufis understand the inner world as being larger than the outer world that we see because it is within ourselves that we can find Allah (Eaton 2001).

In developing the program, it was found that Afghan culture offers its own way of approaching problems in this inner world: by treating each problem as a guest. One does not usually want to face painful emotions; in the same way, one does not want to invite unwanted guests into one’s home. However, in Afghan culture, guests are considered “gifts from Allah.” When Afghans are asked what they would do if someone comes to the door, maybe an unwanted relative, whom they do not like or want to see, they admit that they would, of course, invite the person into their home and serve them tea, food and conversation — as if the person were a welcomed guest. So too, it must be with the inner guests in one’s life. As Rumi echoes in his poem, *The Guest House*:

This being human is a guest house.
Every morning a new arrival.

A joy, a depression, a meanness,
some momentary awareness comes
as an unexpected visitor.

Welcome and entertain them all!
Even if they’re a crowd of sorrows,
who violently sweep your house
empty of its furniture,

still, treat each guest honourably.
He may be clearing you out for some new delight.

The dark thought, the shame, the malice,
meet them at the door laughing,
and invite them in.

Be grateful for whoever comes,
because each has been sent
las a guide from beyond.

(Translated by Coleman Barks)

The poem illustrates the philosophy of accepting all emotions, even painful ones — a philosophy that reassures the Focuser that all humans face the good and the bad. While Afghans now share a common history of death, destruction, flight and loss, many talk about intrusive thoughts and emotional reactions, often trying very hard to avoid places where they might have to remember something they would sooner forget. Knowing that they can face these fears and emotions, and that others also share these same fears, helps with coping. Thus, the program is designed to support local resiliency models while introducing some deeper ways to address the painful memories and emotions from the war and the struggles of daily life.

Our program integrates the spiritual and the social with Focusing in groups of 25 women or men. One woman in a program in Parwan province learned basic Focusing and some resiliency. She was struggling because her teenaged son was recently killed by another youth in the village. She was in emotional pain, and wanted a revenge killing of the youth who had killed her son. This is a traditional pattern in her society and community. And it is her right to ask for the death of the other boy at the hands of the men in her family. She Focused one day in the women's group. Inside she found she had a guest that was so sad and weeping about her son's death. But then she saw her son standing on a hill next to the grandson of the Prophet Mohammad (PBUH). She realized at that her son was closer to Allah than she is — and that he is in a better place. She could no longer ask for revenge against the boy who killed her son. She came out of the Focusing session feeling relieved and calmed.

Simple Focusing:

At the center of simplifying Focusing so it can be spread widely through community avenues are two simple teachings:

1. Guests come and go inside us, as well as in our homes.
2. We can listen to our inner guests in a way that helps us heal naturally.

We help people recognize inner guests and show them how they can be with their guests to learn from them, and let them heal when they are ready.

One important aspect of Focusing is learning how to listen to and accept any inner experience, including the painful and unwanted, from a place where judgment is suspended or even absent. In our classes we spend a great deal of time practicing listening as a central component of the psychosocial work. Listening skills, active and without judgment, are key to the process. When one learns to listen well to oneself, listening to others becomes easier. And learning to listen without an agenda or a goal offers the inner experiences a place to be heard in safety. Then, by being heard and not judged, these “guests” can begin to change on their own without the Focuser having to make the changes happen. In fact, when we translate Ann Weiser Cornell’s concept of “radical acceptance of everything” into the local languages we say:

- Without judgment
- Without taking sides
- Without having goals

When one listens with that level of acceptance and kindness, things change.

In our workshops and programs we always assign homework, so that participants can take home and practice what they learn. One of the first assignments is to listen to someone in the family for 10 minutes, doing only listening with no advice or feedback, and not telling them it is a homework assignment. After listening in this way, we talk to them about how they felt to be heard in this way. The responses we get are often funny, like the woman who listened to her son tell a joke without laughing. But often it brings changes in relationships. One man told the group how this assignment changed his whole relationship with his son. He said his son has a mental problem (not treated or diagnosed) so everyday after work the man would see his son and lecture him on what the 15 year old boy did wrong or right for the day. In this assignment he listened instead to what his son had to say. And he was amazed. His son had a lot to tell, which needed to be heard. The man thanked us for what we offered, the simple skill of listening from the center.

Program Planning:

Our program is simple. We now have more than ten people trained as Certified Focusing Professionals to help in the expansion of the program. And we have a large number of people, we have no idea now how many, who are trained as Community Focusing Trainers (CFT). The CFT has a basic training in psychosocial wellness, Focusing, and in what is called Training of Trainers (ToT). ToT trains people to conduct participatory learning seminars on any topic. Ours is on Focusing and psychosocial wellness. The ToT is incorporated into the psychosocial and Focusing training modules that are conducted by the authors or by AFSC training staff. Two partner agencies to AFSC now have Certified Focusing Professionals who can give the same course.

Once the CFT has completed the psychosocial training and Level 1 of the Focusing training, with the ToT, they are ready to set up groups in their own community. The groups

are usually same gender groups because of local cultural restrictions. In the rural areas we are very careful not to offend local culture, and make sure that men are leading men's groups while women are leading the women's groups. In one area, a local mullah (religious leader of the community) liked the work so much that the men in that community meet in their local mosque. In Afghanistan this is almost unheard of, but it means that the people see an inherent connection to their religion.

We conduct a number of different kinds of groups. There are rural women's and men's groups that meet once a week for 2-3 hours at a time, over the course of 4 months. These programs have the backing and financial support of UNIFEM. In these groups we see the psychosocial wellness and resiliency levels in the groups change, and we hear anecdotal evidence that family violence is less in those families where either the man or woman participated in our program.

In urban areas, we usually run workshops similar to the rural areas. Many participants are teachers and currently we have a number of trainings being conducted for kindergarten and pre-school teachers in Kabul. These programs are supported by AFSC and UNIFEM. In addition, AFSC funds one local agency that runs programs in areas of extreme poverty in urban Kabul. Most of these participants are returning refugees (from Iran or Pakistan), or are internally displaced people (people who fled their villages and now live mostly as squatters in poor semi-destroyed neighborhoods of Kabul).

There are also classes for non-governmental agencies that are held in 5 to 10 day courses, depending on the need of the agency. These are intensive classes and tend to be upper levels of Focusing, rather than the mixed psychosocial and Focusing programs described above. In all the programs, participants consistently identify Focusing and resiliency as the two topics that mean the most, and bring the greatest changes in their lives.

Recently the Ministry of Public Health for the Islamic Government of Afghanistan has asked AFSC to participate in the development of school mental health programs and in bringing the CFT model to their community health workers, so that psychosocial wellness can be mainstreamed and integrated in programs throughout Afghanistan.

Stories from Afghan Focusers:

Parveen, one of the participants of a workshop in Ghazni shared her story:

“I was a young girl of 14 when my father engaged me with the son of his friend who was living in Iran. People were saying that the person owned the factory where my father works. I was very much concerned about my engagement, but could not share it with any one. After two years I was married in the absence of my husband. Sometimes I was thinking that he might be an old man, and sometimes other bad thinking was hurting me. After three years my husband came from Iran. He was a drug-affected person and was using different types of drugs. After one month he went back to Iran and now this is the 15th year that I am liv-

ing with my father. My sisters, brothers and sisters-in-law are behaving very harshly with me. I feel very bad and am facing psychological problems. So many times I went to the Provincial Directorate of Ministry of Women Affairs, but nobody heard my voice. Thanks to you people for coming and conducting the workshop. Your lessons were really helpful and I am feeling better now.”

Abdul Muqem, a radio broadcasting professional and Focusing student, shared the Focusing he learned with his village. After a few lessons one of the village men who frequently argued with neighbors about the use of irrigation water, was able to stop in the midst of escalating a fight. He was so grateful for being able to notice his *inner violent guest*, and listen until it changed, that he helped the village set up Focusing lessons. They are now constructing a small building to house the Focusing workshops.

Laila Masjidi, Certified Focusing Trainer, shared about an old woman who came to a village training in Saeed Khel all crippled, hunched over with pain, pain especially in her legs and in her head. She reported feeling very unhealthy, and she required help walking to the workshop. After one week of Focusing, she walked hunched over, but by herself. She shared she was very interested in what she was learning. After one month she stood straight, walked well by herself, and said she felt very healthy. She cried when the workshop ended and expressed that it was very important for her.

Laila observed a woman in a workshop this summer who said on her first day, “I’m not normal. I am very sick and I don’t want to continue in the workshop.” Laila encouraged her to stay, saying that the good activity might help her be healthy. When this woman learned Focusing and used it, she changed and was very happy by the end. Another participant had very troubled emotions because of the wars in Afghanistan. She had lost her six children, and was so very sad. Also her husband was sick. She learned and used Focusing and taught her husband. Now they are happy. She told Laila they use Focusing when they have stress and it really can help them.

Aqmal Daudzai, Certified Focusing Trainer and university student, shared how he uses Focusing when he has anxiety about his papers and exams. He sits with his anxious inner guests, describes them, senses how they feel in his body, notices what they are about, and they shift after he has heard them, becoming calm. Then he is again able to study without the disruption of fear.

CONCLUSION

We no longer know how many people in Afghanistan have learned some simple, usable Focusing that bolsters resiliency in this troubled country. We do know that there have been more than 17,000 people through training programs in the past 5 years. It is our hope to share our vision that Focusing can be a part of community health teaching, and can spread widely where many people need basic psychosocial wellness support.

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1 Ministry of Public Health officials put the figure at over 80% for all Afghan adults, according to MoPH staff. 28 September 2006.