

NARRATIVE FOCUSING

Discovering the Person in Chronic Illness¹

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ILLNESS AS BEGINNING

In March 1995 I collapsed at work. I was employed as a statistician for a health insurance company and was under great stress from both a heavy workload and an evening university degree program. So this stoppage at first came as a bit of a relief. This relief was short lived; I was hospitalized for three weeks and was later diagnosed with post viral syndrome or chronic fatigue syndrome. I naively believed that this diagnosis would be accompanied by a definitive plan of action — a map to recovery if you like.

Reality soon set in; I was given differing advice by each doctor and specialist that I visited. One doctor told me that I was suffering from a “little bit of depression” and to pull myself together and get back to work. I was forced to confront my experience directly, i.e., to find my own way in the world without the structure or support of well worked out guidelines. This illness confronted me with a scary, unpredictable and shaky world where no maps existed. I would have to confront my experiencing directly, but I was not aware of how I might accomplish this, as I had never even heard of Focusing. This left me in a very stuck place as I searched the world for modalities that would enable me to aid my recovery and make some sense of this whole experience.

In 1996 I spent a six-month stay in hospital followed by several years of suffering frequent relapses. My life as I knew it was altered almost beyond recognition. I found myself stranded in an almost absurd, surreal world — a world that made little sense to me. I was confronted with experiences for which I was completely unprepared. I did not know how to be a person with a serious illness. I was not prepared for the isolation that my illness subjected me to. I did not know how to reassess my life in a manner that included this illness that I wanted so badly to reject and be rid of.

This journey led me to Focusing, but this piece is not just about Focusing; but also about a crossing of Focusing with narrative philosophy and illness.² At a recent conference (2007), Arthur Frank said that he wrote *At the Will of the Body* (2002), as a means of providing a map to help him to navigate the unfamiliar territory that confronted him when he became ill. Narrative offered me a means of exploring my experience without the need to define it. I found that exploring my story in conjunction with the stories of others who had experienced chronic illness facilitated the emergence of patterns and maps that began to make sense out of my illness experience.

My MA supervisor, Dr. William Mathews, held that one can better understand the work of a philosopher if one contextualizes his or her work in relation to the questions posed by the living of their lives (see his *Lonergan's Quest*, 2005).

My journey through chronic illness forms the context of my Focusing/philosophical quest. A quest that led first to an MA (by research) dealing with the correlations between

Focusing and narrative philosophy, and now, to my Ph.D., where I am attempting to illuminate the realm of chronic illness through the lens of Focusing, the philosophy of implicit entry, and narrative philosophy.

Gendlin's philosophy has helped me to translate these insights into a form that I can begin to communicate to others. Through the use of TAE, I have arrived at several insights that were so intricate and diverse that anytime I tried to communicate what I was passionate about, I found myself wanting to say it all at once and it almost felt like I was speaking a foreign language. As Gendlin said in his 2002 TAE workshop, my language was in pain. TAE provided me with a kind of precision that enabled me to begin to express an exact richness that is an expression of *who* I am now and where I have been. From here I can begin to offer my own experience and insights to others without threatening the richness of what they already have and hold.

A STORY: A CIRCUMLOCUTION OF RELEVANCE

To help you develop your own felt sense of what I am trying to relate in this work, I am going to tell you a story.

Imagine, if you will, a man who suddenly finds himself in a foreign country. He has no passport, he has no identification. He has a little money but he does not speak the language. There is no tourist office where he can buy a map. He is scared and alone and very vulnerable. That is the kind of experience that is associated with chronic illness. (In this way, chronic illness differs from acute illness because the acutely ill person is not away from home for too long, and although he or she may return scarred and battered, his/her own old life resumes to some degree.) Chronic illness is not a delayed flight or an air traffic control strike — it is exile in a foreign land.

Chronic illness at once radically socializes the person into a medicalized world that has its own language and cultural forms. At the same time chronic illness isolates the person. Work life is profoundly impacted and the enjoyment of social life is greatly reduced. Some old good friends remain, but many are not seen again. In this foreign land one's friends can be hard to find, and a great deal of pressure strains family relations.

Your own sense of who you are and what you will become also comes under scrutiny. If you no longer work, then you are not the teacher or mechanic or professional you once were. How do you define yourself as an ill person? Your own implicit sense of your future is shattered. Will you be stranded in this foreign land forever?

Financial worries are also a real concern. Whatever money you have soon gets eaten away by hospital bills and consultant fees, etc. And because chronic illness by definition has no cure, many people also explore the expensive world of alternative medicine when conventional medicine holds no answers for them. If one has no continuing financial income, then there may be implications regarding the time and the standard of life in exile.

All of the above created real problems and situations in my life that could not continue as they had before the onset of my illness. Gendlin calls this inability to function as before "a stoppage".

STOPPAGES: EXILE AND THE ROAD HOME

In my Ph.D. thesis I have identified at least four kinds of stoppages in illness. The research for that work involved reading a wide range of illness narratives and extracting relevant patterns from those narratives. In this article I am attempting to bridge the gap between information and process i.e., not just presenting more information, but presenting information and patterns that invite further living i.e. that provide the possibility for more intricate crossing. These stoppages are:

1. *The initial stoppage.* This stoppage is the onset or diagnosis of illness. This kind of stoppage was developed from Robert McCrumb's book *My Year Off* (1999) where he described how his illness impacted upon him dramatically when he woke up paralysed, and, from John Diamond's *C: Because Cowards Get Cancer Too* (1998), where his illness was confirmed through routine medical investigations. This kind of stoppage can be traumatic and paralysing, where the stoppage is abrupt or the stoppage can seem almost like an element of a routine day, where the stoppage of illness may not be apparent now but it will impact in the future.
2. *The Reflective Stoppage.* This stoppage is where we reorganize the practicalities of our life to assist us in recovering from illness. I call this the reflective stoppage. This pattern was developed out of the narrative experience of Arthur Frank in *At The Will Of The Body* (2002), where he talks about being able to resume normal living fairly soon after his heart attack, but that his cancer was something that he had to endure and live through.
3. *Common Sense Stoppage.* This stoppage occurs when we use our existing skills to overcome the newly discovered difficulties confronting us in illness. I developed this pattern out of Lonergan's concept of common sense (see his *Insight*), and found narrative instances of this concept in many narrative cases, but most remarkably, in the case of Robert McCrumb attempting to call for help while being paralyzed.
4. *Focusing or Deliberate Stoppage.* This is the stoppage that will be investigated in this work. It is process par excellence — it is the stopped organism sensitizing itself to its changed environment, thereby changing itself and its environment in ways — until a carrying forward is found that satisfies the intricate patterning of that organism in its new environment.

The first three kinds of stoppages are aspects of the journey of illness in exile. In 1997, I made a remarkable discovery. Through Focusing, I discovered my own internal compass; this provided a beginning that enabled me to start my journey from exile. Now this has not been a simply linear journey — I have returned to exile many times, but as the journey becomes more familiar, the differing roads become easier to travel.

In 1997, I was introduced to Focusing by Phil Kelly.³ She very kindly gave me the *Focusing* book, which I immediately read from cover to cover. Rather like WH Auden said of Arendt's *The Human Condition*, I had the feeling that Gendlin's book had been written "especially for me" (Arendt, 1958, back cover). It was the right book at the right time.

Finally, I had a tool with which to begin deciphering the language that my body was trying so terribly hard to communicate. Gendlin had offered me a “Rosetta Stone” — my own “Rosetta Stone”.

I had spent two years in the first three stoppages of illness, and I had become increasingly anxious and frustrated by being stuck in exile.

INITIAL IMPACT OF FOCUSING

At first, Focusing functioned as a means of “fighting the fires” or dealing with the emergencies that confronted me as a chronically ill person; it also assisted in beginning to discover my own map of chronic illness. Anxiety and depression are almost ubiquitous elements of the illness experience (Kleinman, 1988, p.238). Focusing can be very helpful in coping with these experiences; I could now experience them apart from myself, as my “anxiety” or my “depression” — experiences that had the opportunity to develop and move forward.

As I began to interact with these felt senses, I started to listen to my body in a different way. My “felt senses” opened up and began to tell more of their story, enabling me to understand more about the roots of my illness. I was better able to understand how my current environment impacted on my health. Furthermore, I began to understand that my body contained a wisdom that helped to orient me in a different way towards the future.

The first step of Focusing played an extremely important role as my Focusing process matured. Developing the habit of Clearing a Space enabled me, in a very concrete way, to experience that my illness was only just a part of me. Up until this time I had great difficulty finding a “me” that was separate or “not consumed” with illness. Many traditional therapists label chronic fatigue as a narcissistic dysfunction; I can certainly see that from an observational perspective it may appear so. An observer could clearly see that I was narcissistic in how I noticed every little change in my body, but this was an enforced narcissism. I became preoccupied with my own body because the things I had taken for granted (something like walking to the local shops, or cooking a meal) no longer came so easily. This narcissistic tendency was a result of my illness — not the cause of it. And, one thing that I am sure of is that labeling people with chronic fatigue as narcissistic does not assist them in living with their illness.

But, Gendlin asks us not to begin from observation but from interaction (Gendlin, 1997, p.22). In one simple move (in Clearing a Space) I had put this difficult philosophical concept into practice, and it had a profound impact upon how I lived my life. (The symbolization of experience is different when we begin from the interaction first principle — I will return to this crucial point in more detail). To be able to sense a “me” that was not consumed by illness came as a huge relief.

This experience, however, also taught me something about the precision of the body. Clearing a Space was almost always accompanied by a sense of relief; yet, after some time, I found that this exercise no longer worked. I sometimes felt even worse after the exercise. As I Focused with this sense of “feeling worse”, what came for me was a sense of “manipulation”. I had formed a pattern: When I felt overwhelmed by my illness, I would Focus and Clear a

Space in order to feel better. But the discomfort in my body told me very clearly that *something* simply did not feel right. I then knew that what my body wanted, very precisely, was for the “illness” and the “overwhelming sense” to be honored — my body would not allow me to use the clearing of a space as a tool to avoid experiencing my illness.

In 1997, Phil Kelly put me in touch with Mairead O’Brien who facilitated my Focusing process for many years.⁴ Mairead is a wonderful guide, and the gentleness of her approach assisted me greatly in bringing the same kind of attention to my own experience. Mairead frequently invited me to just notice how it had been to carry my illness over the previous days and weeks. This invitation almost always came with a sense of relief and tears of appreciation, which turned out to be more than simply my own acknowledgement of a difficult experience. This confirmation from the larger environment gifted me with a concrete sense that at least what I sensed and felt “now” was *real*. So much of the experience of chronic illness involves the person questioning his or her own experience (in addition to having others question it). This experience of confirmation did not involve two separate entities; it was not just Mairead and I, but rather, the interaction solidified or concretized my experience in ways that I am still grateful for — and still trying to understand. It was at least a re-recognition of the now concrete context of my illness experience. I believe that this experience is something of what Gene Gendlin refers to when he says that the body is not just what is enclosed inside the skin envelope. It is the body interacting with the environment that includes other bodies. *As I write this I am struck that this expanded notion of the body is the doorway out of the isolation of illness.*

I can also say with conviction that through Focusing I was able to reclaim a purpose in life. I may not have been able to work and socialize as I once had, but Focusing made me a very active participant in my illness (a role that had up until then been mainly passive — looking for a cure outside of myself — stuck in the first three stoppages of illness). My new radical activity was initially simply to “care” for myself. I was beginning to find my way in this strange foreign land.

In certain ways this process was very exciting for me — but with it came even more questions. What was I doing when I Focused? How did Focusing relate to other forms of therapy? Was Focusing a form of therapy? Why was my relationship to my body and to the world around me starting to change? I understood that Focusing was an extremely useful tool. It was very effective in assisting me to relate to stuck feelings and emotions. But, somehow I sensed that there was *more* in what Gendlin was writing about. I had a sense of needing to situate Gendlin’s writings in my own life. I had a sense that Focusing was more than just a useful life skill.

I felt that I was asking important questions, and felt an even stronger need for answers. I read Gendlin’s philosophical treatises, but found them difficult to comprehend. I wanted to understand how Gendlin’s philosophy fit with other philosophical formulations.

PHILOSOPHY AND NARRATIVE

In 1999, I began an undergraduate degree in philosophy. During the course of that program I encountered another major influence in my life. I attended William Mathews’

seminars on reading lives. These seminars pointed towards a much-neglected aspect of twentieth-century philosophy — the concept of narrative identity. These concepts move from the question of human nature to human historicity, from the question of “what” a human person is, to the question of *who* the human person is. Again there was something in what he said that resonated with my sense of what I was looking for. I felt that Bill Mathews and Gene Gendlin were both pointing in the same direction.

Mathews encouraged us to read life-stories as a means of educating ourselves about what it means to be a human person. I began to read the lives of the philosophers. I also found it to be of great importance to read the life stories of people who had suffered from chronic illnesses.

Reading these stories I began to see a pattern emerge — a lot of the suffering associated with chronic illness results from a denial of illness. I began to see a cultural pattern emerge that was to be found in many of the narratives I read. This pattern was marked by the endless search for a “cure”, the kind of battle metaphors that are ubiquitous with regards to conditions like cancer. This denial is a very complex issue (and could perhaps be the subject of another Ph.D.), but as I progressed in my reading I began to understand that there was a very important element missing in my life. I was living a “life myth”. I was living a life that refused to incorporate the element of my story that was associated with illness. I may even have misused Focusing as a means to collude with this myth. Reading lives allowed me to view my illness not as something that badly needed to be resolved, but as an integral part of my story.

This does not mean that when we become ill we should surrender to our illness and openly accept it or identify with it. Rather, it means that even a struggle against illness is part of our story. This struggle was an integral part of *who* I was for many years, but now the nature of that struggle had also changed. What is at issue here is the identification with a story in which illness played a part, rather than identifying with the illness. At the crux of finding a better way to live the narrative, you find yourself being a part of it. It is now inconceivable for me to be a part of a story that does not contain illness. That is not to say that I think that illness is a positive experience. Focusing and Narrative assisted me in moving from a position of *identifying* with my illness, to one of being able to *relate to* my illness.

The concepts of narrative identity helped me to situate myself within my own narrative, and Focusing has assisted me in enriching that story. I began to see that my Focusing sessions were not just related to how I was right now, but also fit in and illuminated the developing sense of *who* I am right now.

As I progressed in my Focusing journey, larger questions started to emerge with respect to how illness impacted upon my own implicit sense of identity. Exploring my own narrative, and the identity implicit in that narrative, was of great assistance in contextualizing how my current Focusing endeavors impacted upon the larger sense of *who* I was. Reading the stories of others who had experienced illness in their life also educated me out of a certain naiveté, and functioned to carry forward many of my own stopped processes.

Let me give you an example of what I mean by this. I found that one of the emotional impacts of illness was that I was constantly on edge and anxious. Focusing allowed me to care for these anxious, vulnerable places, but the stopped processes associated with the anxiety were very resistant to change or carrying forward. All I could seem to do was to hold it gently (and I was grateful for the ability to do that). One day I was reading Michael J. Fox's memoir *Lucky Man*, and came to the moment where he mentions when, during a visit to his therapist, he shared his fear that he was waiting for the other shoe to drop. His therapist replied, "Michael, you have Parkinson's disease — the other shoe dropped a long time ago" (Fox, 2002, p223). Suddenly the organismic sensitivity (what Gendlin refers to as 'leafing and versioning' (Gendlin, E., 1997, pp.76, 85) of my anxious stoppage carried forward⁵ — suddenly I had it — my experience had crossed with the patterns that Michael J. Fox had articulated. I now knew what I was anxious about! My illness had made me feel so vulnerable and unable to respond to life that I feared another disaster happening in my life, because I did not know how I would be able to handle it. Phew, that was it! My anxiety wanted me to stop worrying about what could happen in the future, and take care of myself *now*. The other shoe had fallen, I was ill, but that was ok because I was finding ways of caring for myself, and that caring meant being present to myself now, and not spending too much time stuck in the "what ifs" of the future. This sense of being vulnerable and unable to respond to life also played a part in my pattern of denying illness — if I was constantly oriented towards the future then I did not have to acknowledge the reality of the present and the role that illness played in that present.

Another example of carrying forward came from reading Norman Cousins's *Anatomy of an Illness*. I got a felt sense that there was something in the pattern of Cousins's recovery that was important for me. He writes about how he checked himself into a hotel room after receiving a diagnosis of a life-ending illness and cured himself with laughter (watching comedy on his TV) and vitamin C. Now I had no intention of locking myself in a hotel room for months on end, but I did realize that illness had taken a lot of the joy out of my life. The process of orienting me towards the positive things in my life seemed to fit, so every morning and every evening I simply made a list of all the things I was happy, proud, and thankful for in my life. Having written the list I invited the felt sense of how all of that was for me now. I must stress that this was not an exercise in attempting to drown out the illness in my life, but rather a means of redrawing some balance in my life — everything was not all bad and all negative. I was amazed that after a short period of time the new pattern really took root in my life and resulted in my Focusing becoming a lot more powerful, as well. It was also a great lesson in appreciating the interaction between the mind and the body; the new pattern that emerged from the body helped to concentrate the mind, and so released it and the body from a limiting pattern. It was all one organism living forward in — and with — its environment.

When Mathews says that reading lives educates us out of certain naïveté's about what it is to be a human being, I believe that he is referring to this point: expanding our experience into the lives of others provides many more opportunities for our experience to cross and carry forward. The patterns of others' lives can intermesh with our own and form a much richer web of experience.

THE DEVELOPMENT OF CONTEXT

The fourth stoppage of illness, the intentional stoppage of Focusing, begins with whatever is real for one at the moment. I believe that this is the initial process, or is the beginning of reclaiming the context for ill people in finding their way out of exile.

The intentional stoppage of Focusing provides what I call the platform for latent potentiality — an exploration of the creativity implicit in chronic illness by finding the patterns for novelty and further living.

At the beginning of Section V of ‘The Responsive Order’ (1997), Gene Gendlin tells us that “Science does not include its context”. One day, while reading *A Process Model*, I wrote in the margin, “Is Focusing a self locating behavior sequence?” By this I meant: Is Focusing a way of behaving that makes you more sensitive to your flow of experience such that you can sense the context more clearly? I believe that it is at least that, as well as so much more. Focusing is at least the establishment and the development of context.⁶

I can now state very clearly that the first three stoppages of illness can leave the person very badly stuck because these stoppages involve a reorganization of our world rather than a reconstitution of the world. In terms of the ill person in exile, it is like using a map of your home country to navigate a foreign land. One may find some similarities, but invariably one can become lost or find oneself in places one did not want to go, or walk endlessly in labyrinthine of corridors where the discovery of an exit may be only accidental. In my experience of chronic illness, there is always some aspect of the reorganization that remains insufficient. Focusing as a self-locating behavior sequence can address this insufficiency; this is not the reorganization of existent entities, but the facilitation of the possibilities of living. It is the feedback from the responsive order, or, as Kevin Flanagan put it so well: “It was the sense of being talked to inside by something that was not infected by my own fears and conditioning” (Flanagan, 1998, p.78). It is the human organism forming, not out of what is already formed and unitized, but out of its own implicit intricacy.

So why is the notion of context so crucial to the chronically ill person? I believe that the notion of medical legitimization or confirmation is key to this issue, and that many of the static patterns of chronic illness are a result of the non-confirmation or de-legitimization of the patient’s experiences. The question of non-confirmation or de-legitimization centers around the notion of “symptom”. If the symptom is confirmed by biomedical investigation (observation and comparison), then it is deemed real. If the symptom is deemed not real by lack of biomedical confirmation, then the status of the symptom changes. De-legitimization robs the therapeutic relationship of its ongoing possibilities and imposes upon the patient the burden of questioning his or her own experience. In an interesting article Ware examines this phenomenon in relation to chronic fatigue syndrome. Contemporary debate regarding this condition seems to be based on the question of whether the condition has a physical basis or whether it is a psychosomatic condition:

Kirmayer (1988) has pointed to the moral implications of a diagnosis of psychosomatic illness and interpreted them in terms of the symbolic meanings attached to mind-body dualism in Western metaphysics, e.g., agency and acci-

dent, reason and emotion, control and chaos, accountability and blamelessness. In the case of “real” physical disease, medicine contrives through conceptual and practical means to distance the self from the body, thereby exempting the individual from personal responsibility for illness. In the case of psychological disorder, however, defining a problem as “mental” or “emotional” means linking it to the values associated with mind in Western metaphysics — hence the notion that psychiatric illness represents a failure of intentionality and volition, a lapse of rational self control that must ultimately be recognized to be “one’s own fault”. Despite the fact that psychosomatic medicine was originally conceivable as an antidote to biological reductionism, an attempt to bring mind and body together in biomedicine in more or less equal union, in reality psychosomatic diagnoses have come to be classed with psychiatric disorders, reproducing dualistic thinking and sharing the stigmatized status of mental illness as a disability “we bring on ourselves” (Ware, 2004, pp.171, 172).

I find this analysis both accurate and sad. This problem is not particular to medicine; we label, categorize, and absolve ourselves from the moral duty of caring for our fellow men and women in many ways.⁷ It is for this reason that I maintain that there needs to be a paradigm shift within the practice of medicine. This shift needs to recognize that the observation and comparison paradigm may be relevant to the treatment of patients, but that the caring for patients needs to be underpinned by a different model — a model that places human experiencing at its core. I feel strongly that Gendlin has provided us with the kind of engine that can drive that model by placing experience at the center. The technical treatment of a human person is always a subset of caring for the human person; until we return this basic principle back into the heart of medicine, then medicine will continue to be a system of technical interventions — and not an art where the living breathing person is seen as primary.

Chronic illness as such, can be seen as a call to radical activity, rather than the traditional passive role of the patient. If the model of medicine that we are confronted with reduces us to labels and body parts, we are then called to find “ourselves” beyond the medicalization and labeling to which we may be subjected. This radical activity of finding oneself or self-locating can be summarized as follows:

1. In the acceptance of what is *real* for you right now.
2. Discovering how that fits with the wider sense of *who* you are.
3. Using the precision of the concepts of *A Process Model*, to develop the symbols and stories that emerge in your Focusing process. (The next section will explore this area further).
4. Developing patterns for further living from the expanded context you have become sensitive to.
5. Utilizing the structure that emerges from lived experience to provide concepts and patterns that can include lived experience. These are not concepts that are based

on fixed structures, but concepts that are structured freshly and can be restructured by the patterns implicit in living.

A PROCESS MODEL, STORY, AND PATTERNS THAT EMERGE FROM ILLNESS

Gendlin tells us that the best way to read a philosopher's work is "the many times it takes, to understand how it operates differently and deeper than we could know at first" (Gendlin, 1972, p.1). I must say that I think that this need to reread and delve deeper is especially true for Gendlin. His philosophical works are difficult, but I found that once I stopped trying to fit his concepts into some neat conceptual framework, and experienced how they might function in my own life, the enterprise became a lot easier. I also felt freed-up from having to understand the concepts all at once. Instead, I am happy to let it all cross — as it will — and pyramid to form new contexts and new meanings as the concepts unfold themselves into my life.

When I discovered TAE a few years ago, it came as a huge relief. TAE contained an element of Focusing that I felt had been neglected. I had always felt that the process stopped prematurely — TAE for me was Focusing growing up and maturing. Allow me to explain what I mean. Mairead O'Brien had always encouraged me to journal my Focusing sessions. I have done this since 1996, and always found it to be a very worthwhile enterprise. I found that when I sat down to journal my process, whatever had emerged in the session e.g. a sense of trust, or belonging, or sadness, always *crossed* with so much *more* in my life. What emerged became much richer, elaborating many more patterns than the original session had. TAE provided a structure whereby a felt sense could be developed with greater and greater precision.

TAE invites us to stand again in our own experiencing and work with something we have some knowledge of, something that we want to add to the world. For me what I wanted to investigate were elaborated patterns about how to live my life forward. TAE and the philosophy that underpins it, which is explicated in *A Process Model*, helped me to develop these kinds of patterns.

The experience of illness has enabled me to understand that desired patterns cannot just be imposed upon life; life is far too intricate and precise to accept this kind of relativistic imposition. What I was looking for were patterns that my life up until now implied. Fresh new patterns emerge from all that went before: symbols, instances, and stories. When experience becomes symbolic, it turns into a pattern, a story, a kind — and does not cross in a haphazard manner. Rather, the ongoing living — the organism — demands a kind of precision that is not relative and not determined. As Gendlin says: "Two things cross only as they truly can" (Gendlin, 1997, p.53).

Following on from the TAE step of collecting facets, I collected instances from my own Focusing process that seemed to invite further living. I then used some of the other steps of the TAE process to help develop a new pattern that was relevant to a stuck/stopped area in my own life. (See References.) I will now tell you more about this experience:

As a young child I went to the natural history museum in Dublin, which was full of stuffed dead animals; I had just lost my best friend at the time — my dog Kerry had passed away. At the museum we were taken on a tour that included being led around some very rickety high balcony floors. My fear of heights began from this experience of confusion and vulnerability. While a recurring aspect of my life, it was not of great concern to me until I got sick when this fear seemed to be greatly heightened by my almost constant dizziness. Through my Focusing process I had found ways of coping with this vulnerable place — I had made a pact with myself that I would not go to high places unless I had to — and only — if that scared place inside didn't over react when I was there. This worked to varying degrees, but I felt that it was a pattern that I needed to pay some attention to, so I took the opportunity to stand in my knowledge of my own fear of heights and sense what this pattern might need.

I chose three instances that I felt were relevant to the pattern I was looking to develop.

1. One day I was talking with my father about Gaelic football, and the topic arose of the new stadium (Croke Park), that had been built in Dublin. My father said that it must be impossible to see the game from the height of the new stand there. I told him of a friend of mine who had no previous fear of heights, having to leave the stand because he got dizzy from being up so high. My father replied, "Sure wouldn't it be very easy for a fellow to get a little excited in a place like that." I felt a very strong felt-response to his words, and I knew those words held something important for me. It was something about how easily language can define and affect living. I could have described what happened to my friend as a panic attack — this definition provides very little room for living forward. Getting "a little excited" seemed much more natural to me, and I wanted some of that in my new pattern.
2. I heard Gendlin speak about the 'critic' at one of the summer schools, and what he said seemed to have a relevance to my situation. He said that the approach of acceptance and working with the critic had its merits, but he expanded on another important aspect of our relationship with our critic. To paraphrase, he alluded to a sense of needing to mature and be strong with those aspects of ourselves that would run riot and demean us in many ways. This mature, responsible stance towards the critic was a way of taking charge and being responsible for one's own process. I also wanted some of this mature responsibility in my new pattern.
3. The third instance was of September 11th. While not wishing in any way to belittle the suffering or the horror of that day, there was something in my experience of that awful day that was useful for me. Somebody asked me how the terror attack had impacted upon my fear of heights. My response was that seeing the Twin Towers fall had concretized my belief that heights can be dangerous. This concretized respect for heights was relevant to my experience. Due to my illness I am dizzy a lot of the time, so the fear of heights had a positive function in protecting me — a proper respect for heights is healthy. I felt that my new pattern also needed something of this.

The new pattern that developed from crossing these facets is “take your ease and stand strong in unsteadiness”. This new pattern replaces the old pattern that I could now also see more clearly — “keep away from heights because part of you is afraid and unsteady in the world”. What was remarkable about my new pattern was the degree of reflexivity implicit in it. The day after I started working on the new pattern, I found myself in a tall building. As I traveled upwards in the lift, I got a very uncomfortable feeling in my stomach. As I paid attention — ‘it’ said: “Your new pattern does not work” — and — as I acknowledged this discomfort, a shift occurred. “You have your pattern the wrong way around” *It* said. What was needed was: “Stand strong in unsteadiness and take your ease”. The precision of my ongoing living *knew* that the “needing to stand strong” had to take precedence. As I live my life forward, this new pattern can always be revisited, the intricacy of the instances I choose can be investigated, or other instances can be developed and crossed to create a more refined pattern.

I chose to re-pattern a behavior sequence. We can use the same kind of re-patterning to introduce creativity into other aspects of our life. For example, how does my experience suggest that I live my working life or my spiritual life in a forward moving way? In chronic illness many of the patterns of normal living have broken down — this process of taking relevant stories or snippets from life and allowing them to cross with our own experience is one kind of process where we can move forward creatively, taking into account the changed circumstances in which we find ourselves, due to illness. The ill body is a highly sensitive organism. The many stoppages of illness are constantly sensitizing themselves to their environment by versioning, leafing, looking for ways to live forward. But, the imposition of ‘any old pattern’ will not suffice. The new pattern must emerge from the context implicit in the current stoppage. That is, the story of *who* we are now *implies a next move*. This move is not predetermined or purely relative, it is the emergence of relevance that is only logical when we view it retrospectively (Gendlin, 1991, pp. 47-49). The expanded sense of story implies a ‘creativity’ that forms or sets the pattern for further development. The stoppage of Focusing, and its development into the pattern-generating possibilities which TAE can help to elaborate, can be seen as a possibility — I call it the “platform for latent potentiality”. One can then see how the stoppage of illness may be seen as an invitation to creativity, rather than just the frustration of constant suffering. I must stress that I am not trying to say that illness is a worthwhile experience because it can introduce creativity into our life. Rather, I am saying that some of the real and terrible suffering of illness can be transformed into patterns that may not have otherwise been possible.

CONCLUSION

My experience of illness has educated me out of a kind of naïveté regarding human experience. This naïveté related to how I presumed that human experience was structured and dictated by established concepts and patterns. I now realize that these kinds of patterns and concepts are not always relevant to the very intricate realm of chronic illness (and many other forms of life). Indeed, a term that has frequently emerged in my TAE work in the area of chronic illness, points to a kind of pattern showing that definite static concepts and

answers can (on many occasions) interfere with the creative living forward of the chronic illness experience. Meaning as constituted by the Focusing process is not meaning formed by comparison, but meaning as it is freshly constituted in *this* instance — a subtle but important distinction.

I believe that illness also taught me to work with, think about, and ‘hold experience’ in a much more gentle and fluid manner. Arendt tells us that: “All sorrows can be borne if you put them into a story or tell a story about them.” The story reveals the meaning of what otherwise would remain an unbearable sequence of sheer happenings” (Arendt, 1983, p.104). Story and Focusing enabled me to gently contextualize and pattern my experience.

Gene Gendlin tells us that: “If one does not have the felt meaning called ‘understanding the context,’ one will only grasp a very limited, superficial part of a symbolization” (Gendlin, 1997, p.128). *Stories* (both my own and others) enable me to communicate a meaning that is not just more information, but is reflexive in its ability to assist others in “understanding the context” of my meaning. A story also facilitates (for me and others) the re-entry into the intricacy of that story, allowing it to cross still further with a more complex experience. For Gendlin, reflexivity is the identity between what is asserted and one’s procedure in asserting it (Gendlin, 1997, p.201). Focusing and Story display this kind of reflexive functional relationship in my work.

Without vibrant human experiencing (to inform and cross with the patterns of living) the pattern just becomes another old thing (just more fixed structure). The pattern will not live and breathe, live forward, and freshly form if it is isolated from its source. Patterns and concepts (about human living) need to return home (where they originated) or find a new home (where new fresh living can nourish them) if they are to grow and maintain their relevance to ongoing human living.

At the recent *Some Philosophical Concepts* conference in New York, Gendlin maintained that Focusing is more than just facilitating stuck or vulnerable places. He tells us that we should also be cognizant of: “What does the life forward process want?” Focusing certainly enabled me to care for the stuck, vulnerable places, but my ongoing process also craved new life affirming patterns out of which I could live. These patterns are essential in any form of life where the usual patterns and maps are not functioning. What my life forward process wants — and what Focusing, Narrative, and Philosophy have enabled me to begin to fashion — are reflexive and novel patterns that emerge from all of *who* I am now — and not just the imposed patterns of *who* I think I should be, or what others think I ought to be.

Narrative and Focusing allowed me to broaden my horizons, and allowed my body (that had been sensitized by the stoppages of illness) to discover a broader environment that enabled a far richer crossing within the intermeshing of the wider stories I had explored. It is my hope that these stories can cross with the readers’ experiencing, thereby creating further novel patterns of living. It is also my hope that readers will see opportunities for using stories and Focusing to broaden their own contexts, in order to develop personalized novel patterns of living — that their lives up until now imply...

ENDNOTES

1. I would like to thank Franc Chamberlain for his considerable help in editing and shaping this work.
2. The Narrative philosophy I am referring to is not that of Narrative Therapy or Narratology. I am referring to the sense of *who* the person is, as outlined by Hannah Arendt in *The Human Condition*. Arendt in moving from the “what” question of the human person to the “who” question, highlights the question of the historicity of the human person. For her, this historicity emerges from speech and action; this excess she calls story and this story is constitutive of “who” the individual human person is. In my MA thesis I investigated the similarities between Arendt’s more than conceptual “who” and Gendlin’s philosophy of Implicit Entry.
3. Phil Kelly is a Focusing Coordinator from Dublin. Phil treated me with Acupuncture, Chinese Herbs and Homeopathic remedies and assisted me greatly in dealing with my illness. One day in 1997, I was experiencing a high level of anxiety and I asked Phil about the Focusing literature that was all around her office. She offered me the Focusing book and gently touched my hand and told me that I was just experiencing an aspect of what it is to be a human being. I am still eternally grateful for that gentle introduction to Focusing.
4. Mairead O’Brien is a Focusing Coordinator from Dublin.
5. The sensitive feedback loop of these stoppages discovered a relevance in the external environment that enabled the held implying to carry forward.
6. When I use the word context, I do so in a manner different to the usual public use of the word. This work does not allow an in depth explication of its use but I can say that I use the word context to relate to how we find ourselves freshly in the world and how that finding interacts with its environment.
7. I am not writing a polemic against the medical profession or their procedures. Rather I am investigating how both the patient and the medical professional can develop living patterns that enable them to better negotiate this difficult area. This piece does not allow for an investigation of the medical professionals role in the therapeutic interaction but this will be worked out in my Ph.D. thesis.

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