

I. THE HEALING PROCESS

FOCUSING AND HEALING¹

by Linda Olsen, Ph.D.

There is something very important about the *spontaneity* of inner process. It is what the Jungians speak of as individuation, and client-centered people as self-actualization. In focusing, this happens when the felt referent comes into focus, and when all the stages of focusing come involuntarily. The most important stage is the felt shift. I want to use a whole string of words and images to deepen the comprehension of the word *spontaneity*: self-regulation, homeostasis, breathing, cyclic felt shifts, cycles of creativity. I am referring to the overall activity of the human organism “balancing” itself, physically, emotionally, and mentally.

I think this concept is important for understanding the relationship between focusing and physical healing. I believe healing involves the focusing process directly, in the following ways.

First, this spontaneity, this deep “self-regulation”, occurs, I believe, during the felt shift, and to a lesser extent in earlier stages of focusing. Norm Don’s research shows us a change from a low frequency brain wave to a higher frequency. This zig-zag (Gendlin), or shift from preconscious activity to more conscious, insightful, cognitive activity is *essential* to one form of physical healing. I believe this creates a context in which healing can take place, and that people who have the ability to heal themselves physically can do this, either consciously or unconsciously.

Second, locating a deep sense of well-being which forms the “background” against which a felt sense can come into focus is important. Research and clinical experience show that focusing is very difficult or impossible if this sense of well being is not present. In physical healing, this is often spoken of as the “will to live” (or at least forms part of the experience of what is meant by this phrase). Part of the “will to live” is this background sense that one would really be all right if this and that troubles were out of the way. People who “give up” and appear to succumb to physical illness seem to be missing this feeling. They seem to not have access to certain inner experiences of pleasure. This goes beyond the mere setting of goals, or “having something to live for.” It is an inner sense of well-being, a core sense of self which is experienced as bodily pleasure, emotional harmony, and mental understanding or comprehension of a kind of essence of “this is me.” Again, this is similar to what various people have described as self-actualization experiences. What is special about the focusing work is that it emphasizes the matching or congruence of all three aspects: physical, emotional, and mental. It is also very specific as to how this matching takes place experientially.

The third point is about this matching. I believe that one kind of physical healing involves this matching. When there is *congruence* among all three levels, there is a maximum possibility for healing to take place, if other aspects are favorable (for example, general physical health, good nutrition, non-toxic environment, etc). Congruence in this context means that the person is aware of each of these dimensions, and can perceive the relationships between them.

My fourth point is that focusing involves a special awareness of body sensation. This is not the same as simple “Sensory awareness.” It is a special coming into relationship with the sensation, resonating with it, intending to find meaning in the sensation, to link it with emotional/cognitive meanings. In the focusing process when this connection is made, the focuser experiences a change in

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the physical sensation. This moment is, I believe, *physically* healing. It is a release of tension from the area of the body which holds the tension. If a person has held tension there for many years, a condition is created which will likely result in disease. The diseased body part symbolically holds the meaning of the illness, because it is literally the location which needed to be focused on to release the bodily-felt meaning of various ordinary life problems. Focusing unstresses the involved part of the body. I heard a story about an Egyptian belief about illness. It is said that they believed that each part of the body has a God, and that when a person loses touch with that God, that part will become ill. This metaphor emphasizes the specialness of the relationship which we need to have toward the bodily locations which are expressive of our experience. "Worship" of these parts involves special attention, reverence, deep meaning, and grace. The religious concept of grace has some aspects which are very similar to the felt shift on an ordinary problem-solving level.

This aspect of "coming into relationship" with body sensation is very important. In physical illness there are stages of relating to the diseased body which are very similar to Kubler-Ross' stages of dying: denial, bargaining, anger, depression, and acceptance. These stages occur in little ways in all focusing. We all try to reject our experience, to worm out of it, to be depressed and angry about it, before finally being willing to have it, at which point, paradoxically, it changes. This is one of the interesting properties of human experience, and a major reason why people come to psychotherapy. In the case of physical illness, there is the additional problem of having to relate to a diseased body which is not apparently cooperating with one's plan of life. I believe that physical healing can take place after one has become able to focus on the body sensations in the diseased area, in the special way that the process requires. After one has come into relationship in this way, one can visualize the disease disappearing. My point here is that one must come into relationship with it first, just as with any other problem which one wants to go away. This is focusing.

I have now collected four stories of people who were very sick, diagnosed as having tumors in various areas, who went through this process of coming into relationship with their illness, and then visualized the tumor going away. The next day they were scheduled for surgery or further tests, and the doctors could find nothing. I believe this may be a common process in so-called spontaneous remission.

FOCUSING AND HEALING: MISCELLANEOUS THOUGHTS

Whenever anyone is under continuous long-term stress the degree of felt matching or congruence between sensation, emotion and thought decreases. Many people who have cancer report that for a long time they were stressed but that it was just below some kind of threshold that would make them want to do something about it or change their life in some way. This feeling is common: "I knew something was very wrong with my life but I did nothing to change it. I didn't feel quite enough urgency to get me going."

In focusing, of course, we ask people about this inner urgency, until they are able to locate their own felt sense of what is off or wrong in their life. At the very least, focusing is assisting physical healing in the preventative sense, of getting a person in touch with their feelings before it results in disease. In this regard, I believe that the lack of meaning-making is actually stressful to the body precisely because it has a bodily component. In focusing, we return this bodily component to full conscious awareness, and thereby assist the physical body in unstressing itself. The felt shift is a natural, organic change which is homeostatic from a physical standpoint. It's kind of like breathing in the emotional domain. Many people who are stressed have been literally and metaphorically holding their breath for many years.

Focusing is used in healing to literally re-turn a person's full conscious awareness to the body and to the felt sense of situations. When a person has an illness, this is difficult because all one's attention goes to the pain, fear, symptoms, treatment procedures, etc. When the illness is life-threatening it's exaggerated even more — thoughts run to "survival" rather than to unresolved everyday problems that led to the buildup of stress, which created the context in which the disease could take hold. It is as if exactly what is necessary for healing is also the hardest thing to do. Yet, paradoxically, the illness can also become a powerful stimulus to make a healing kind of focusing-awareness possible, because of the actual life-and-death nature of the situation.

Specifics: sometimes it takes many sessions before a person with cancer can even locate that body sensation that goes with emotion. Many people actually claim that they don't feel feelings in their body. The beginning steps of focusing are very difficult. The special receptive, awake-but-relaxed state in which focusing takes place needs to be developed first, along with a primary, basic sense of well-being. I use autogenic training and hypnosis for this because these people seem to need a stronger method than simple relaxation instructions - they are too frightened by the illness to easily relax. (This state of fear may have also existed before the illness.)

The step of being able to set things aside, to see a problem and then put it away, is very helpful. This is a special ability — to set something aside without denial or repression. Usually this is something new for my clients who have an illness.

In general, the bodily felt sense is exactly what is missing for someone in need of healing. It's as if the awareness of this is "in shock" — as if the whole organism is "in shock". There needs to be sufficient relaxation to allow a felt sense to form.

The "next step" is also very important. It is especially poignant and exciting, and healing (physically) for a person with life-threatening illness to take the necessary steps toward whatever growth needs to happen. This is often discussed as the "will to live". For centuries physicians have observed that those people who "want to live" seem to survive cancer or other illness. This always involves seeing where one is going, being able to set goals and believe they will be fulfilled.

I think that the body builds up tension when felt shifts happen very rarely. This is the stress of a life lacking in felt meaning. I think that this tension occurs in areas of the body which symbolically express the issue. Specifically, for example, if a person wants to reach out to someone else and stops him/herself, tension builds up in the muscles relevant to that total gesture (arms, heart area, etc.). This, of course, leads to the concept of character armor, as developed by Reichians. I believe that this creates a stress on the physical system which makes it easy for a disease to start and continue in a specific area of the body and other areas related to it (functionally or psychologically).

The contribution of the focusing work is that it emphasizes the felt connection of sensation, emotion, and cognitive processes. It is the subjective, felt recognition which is important. This is specifically different from a point of view which holds that simply releasing bodily tension leads to healing. I believe this is true *in some types* physical healing, but not all. For many people, the essential ingredient in Reichian or other body work — that is, releasing the body, is not enough in some cases. My point here is that only a specific, felt connection between sensation, emotion, and cognitive process can create the kind of felt shift that allows disease-creating tension to release. I believe that this creates the most optimal condition for healing to take place.

I observe that different people have different "styles" of experiencing — that they are relatively aware of some dimensions of experience and not others. They seem to specialize in physical sensation,

imagery, or emotional feeling, or thought. The focusing work brings all these together, working initially with the modality in which the person is most familiar, and then bringing in the others so that felt shift and integration can take place.

In psychological work with illness, we often talk about the “will to live.” How does one find this experientially? This seems essential for physical healing. I think there are at least two important aspects: 1) A deep feeling of comfort or well-being must be experienced in some way — a connected, integrated feeling of living in the body and enjoying it — pleasure, or intense feeling of some kind — a core feeling (in the core of the body) of well-being. People who do not have this feeling report feeling empty in the core of the body, or feel nothing in the body. 2) The feeling of the felt shift — that life problems *can* change and move in a constructive, positive direction. I believe that we will eventually find that most people with serious illness have an old, ingrained feeling and belief of discouragement in the face of everyday life situations. I believe that the absence of felt shifts over a period of years builds up tension in specific parts of the body, and that eventually this part becomes deadened (see above), so that both the physical sensation and the psychological content become inaccessible to awareness. Focusing returns this awareness.

What is badly needed is an experimental study which shows, very simply, that people who can focus get better physically. It could be done with seriously ill people who are natural focusers, or through training for those who cannot do it. The study would have to have adequate controls, and be acceptable to the traditional medical community. This would be a kind of landmark study which I believe would have a major political effect if properly carried out, changing the character of health care delivery (for example, being evidence for the insurance companies to move in the direction of preventive health care).

FOCUSING AND HEALTH

Some Psychobiological Perspectives

by Bruce Nayowith M.D.

INTRODUCTION:

Until the last two decades, the field of psychobiology was generally limited to studies showing associations between mental and emotional conditions and physical health. Respect for the field was limited by the lack of hard data regarding exactly how and why the mind was able to influence the body in these ways. More recent research findings have clearly articulated many of the cellular pathways of the mind-body link. These have been quite brilliantly summarized and articulated by Ernest Rossi in his book, *The Psychobiology of Mind-Body Healing* (W.W. Norton 1993). He elaborates on what was once called “the mind-gene hypothesis” — the biochemical pathways through which mental events influence the expression of certain genes on the cellular level. Much of this hypothesis has been validated by further research.

Much of the first part of this article is taken from Ernest Rossi’s work. All quotations and page numbers are from his book. It is my hope that this information will offer three things to the readers:

- to better understand, and explain to others, some of the cellular pathways that generate stress-related mental and physical illnesses
- some of the particular strengths of Focusing from the perspective of psychobiology
- a deeper appreciation of the valuable work that Focusing practitioners are doing.

ACUTE STRESS AND THE BODY:

Some of the first studies into the effects of acute stress and the body described the “fight or flight” response of massive sympathetic nervous system discharge. This is initially mediated by adrenaline and noradrenalin, and followed by other hormones, such as cortisol. Activation of the nervous system and the release of hormones into the body act to increase heart rate, blood pressure, muscle tension, increase alertness and memory, open the bronchioles in the lungs, and constrict blood vessels in areas of the body not necessary to help fight or run away (abdominal organs, skin), and increase blood clotting ability. [For the body-feel of this response, simply recall an experience of having been startled or very anxious.]

Another reaction to intense situations has been called the “possum” response. This is a massive parasympathetic release, suppressing most of the body systems. Blood pressure and heart rate drop, fainting may occur, muscles relax, and the stomach secretes more acid.

The key determinant as to which of these two pathways will be activated in response to a major challenge depends on one’s (unconscious) interpretation of the situation. If it seems that fighting or running away is possible, the fight or flight response will be elicited. If one feels powerless to fight, escape, or alter the situation, then the possum response is more likely to occur.

Because these “archetypal” responses to stress are survival oriented, they tend to be quite powerful and intense. They do not come without a price, a significant demand on many of the body’s cells and organs. From an evolutionary standpoint, this is still a bargain. Most situations which threaten the survival of animals last under 20 minutes. If the animal survives the challenge, there

usually follows a relaxation/ recovery period — damage is minimal, and the body is able to renew itself. Unfortunately for humans, some form of inappropriate overactivity of the stress response may persist for prolonged periods of time. Persistent states of fear and hostility (sympathetic) or powerlessness and despair (parasympathetic) can lead to imbalances in the endocrine, immune, or nervous systems, with resultant physical and or psychological disturbances.

Then why is it that the negative effects of certain stressors may continue long after the initial stressful situation has passed? One key aspect of this is related to the dynamics of state-dependent learning.

STRESS AND THE CREATION OF STATE-DEPENDENT MEMORIES, LEARNING AND BEHAVIOR:

Our minds and bodies are linked through a network of communication systems mediated by various messenger molecules. These messenger molecules are produced and transmitted by the brain, peripheral nervous system, immune system, endocrine system, and gastrointestinal tract. Many of these molecules are conveyed through the blood stream. Others diffuse between or within cells. They influence receptor sites on specific cells of the body, and help regulate every function of the body, including behavior, learning, metabolism, and growth. There are many levels of information exchange and feedback loops to promote a stable environment, which can respond quickly to challenges and changing conditions.

Cell biology, habit patterns, and memory are in a state of continual growth and flux. Processes of learning and adaptation are continuously occurring within the cells of our bodies. This is how we learn and grow. But there is something different about the learning that occurs in intense emotional/ physical states. The learning and encoding of memories and behaviors associated with these episodes may be *state-bound*.

State-dependent memories are dependent on and limited to the psychophysiologic state in which they were acquired. One can remember or access this type of learning and memories only when in a certain state, or when linked with a symbol or association to that state. Many studies have demonstrated that if something is learned while relaxed, one recalls it more fully while relaxed. If it was learned on mind-altering substances, then it is better recalled when on the same drugs. State-bound learning also occurs during intense physical and emotional states. It is more difficult to access the memories, learning and behavior once one is back in normal operating modes

The following is a very abbreviated summary of the cell biology of this process of encoding for state-dependent memories, learning, and behavior. Certain intense states and situations trigger the release of messenger molecules such as steroids, adrenaline, and various neuropeptides. Some of these messenger molecules have the ability to pass through the membranes of body cells and gain direct (or indirect) access to the cell nucleus. Once in the nucleus, they can modulate the expression of certain genes. It is almost as if these messenger molecules uncover and activate certain genes that were previously quiescent; they stimulate the cellular DNA to produce certain proteins and new messenger molecules. These proteins are the biochemical equivalent of memories, associations, habitual behaviors, and emotions.

After the crisis has passed, the initial stress hormones and other messenger molecules are no longer secreted in such high quantities. These previously-released substances are rapidly metabolized and removed from proximity to the cells. The cellular environment again approaches a more normal state, and the aspects of the genes that were “uncovered” by these substances are “covered back up

again”. Adrenaline for example, not only activates the fight-or-flight response, but also modulates the retention of memory. This is one reason that stress-related memories and events are so deeply “learned” or ingrained into one’s being. It also explains why one’s memories of a very agitated situation may begin to become fuzzy soon after the event. As the cellular milieu returns towards normal, one’s ability to access the memories becomes more difficult. The more intense or repetitive the event or stimulus, the deeper the state-dependent patterns may become “imbedded” into one’s cellular makeup.

EFFECTS OF STATE-DEPENDENT PROCESSES ON PHYSICAL AND EMOTIONAL HEALTH:

Even though one’s ability to *access* the encoded material is state-dependent, protein synthesis for these emotions and patterns of behavior may continue even after one has returned to a more normal emotional and physical state. Cells may be continuing to generate neuropeptides that code for patterns of distress — patterns of tightening, fear, or withdrawal. When the initial stress has abated, the extracellular hormone environment returns to normal, and *it is not possible to access or unlearn these behaviors from normal consciousness and emotionality*. What has been called repression may actually be a form of state-bound memories. They are truly inaccessible from normal awareness without some way to access them. The familiar sense of: “I don’t know why I feel ———, but I do...” is often a manifestation of this state-dependent amnesia. The pattern generating the feeling is not accessible to ordinary memory access.

Some internal encoded programs may *continuously produce* inappropriate physical, mental or emotional responses. The generalized, continuous unease and tension experienced by many with post-traumatic stress disorder is an example of this. To describe this process without the biochemistry, it is as though *certain stresses* (especially those that induce some form of trance or dissociation) *can cause “something inside of us” to open, into which the psychological/ emotional tone of that moment is ‘injected’ into some of the cells, along with other accompanying associations.*

If there are sufficiently intense components of fear, abuse, hatred, loneliness, etc., they may literally become part of one’s body chemistry. After the intense experience has passed, many aspects of one’s life may feel more normal, but something inside may never seem normal. While this is part of the body on one hand, it may feel foreign to one’s normal sense of self. It may be experienced as: “something inside me that has a life of its own”, and, in a way, it *is*. Its *effects* are experienced by normal waking consciousness, but the *core of the state-bound system* is not accessible.

Even if one feels relatively stable emotionally in the present, it is possible for these patterns, learned in the past, to be contributing to suboptimal health. The following are a few examples of physical conditions that can be related to stressors:

- Chronic muscle tension from persistent patterns of muscle guarding
- Chronic oversecretion of hormones
 - cortisol – diabetes, decreased immune response
 - regulators of stomach acid – ulcers, gastritis, reflux
- Adrenaline and noradrenaline – elevated blood pressure and strain on heart
- sex hormones – altered menstruation, ovulation, endometriosis
- Alterations in immune system functioning
 - increased susceptibility to infections
- Increased allergic responses (food allergies, hay fever, asthma...)

- autoimmune diseases (lupus, rheumatoid arthritis...)
- increased risk and/or progression of cancer
- Altered contraction of smooth muscle in body
 - asthma
 - irritable bowel syndrome
 - spastic bladder
- Chronic constriction of blood flow to an area
 - recurrent infections
 - poor healing from wounds or fractures

In some people, the above symptoms may be linked directly to state-bound material, and may become unlearned (healed) during a felt shift. A personal example was my experience with recurrent sore throat and fever that developed whenever I was under stress and lost some sleep. (This is described in more detail in another section of this edition of *The Folio*.) This state-bound experience encoded a pattern of either chronic constriction of blood vessels or immune suppression in the area of my throat. This resulted in an increased susceptibility to infections which persisted until a felt shift (with emotional, physical, biographical and dream components) occurred while Focusing. Another example was that of my wife. After many months of good health, symptoms of endometriosis (which in previous years had led to a hospitalization and several operations) developed rapidly after an experience that had symbolic association to a very distressing past experience. Healing occurred in association with a felt shift later on.

In her book, *Imagery In Healing*, Jeanne Achterberg recounts the story of a woman with chronic pelvic infections for over 10 years. During a self-healing exercise, she had a spontaneous episode of imagery in which she saw (and physically experienced herself as) a Native American woman being abused by members of another tribe. This experience was associated with intense warmth in her pelvis and an immediate and permanent disappearance of her pain and infections. The physical mechanism for this (and many experiences of “faith healing”) was postulated to be the sudden uncoding of a long-standing pattern of excessive constriction of the blood supply to her pelvic organs. Decreased blood flow had impaired her body’s ability to protect against infection and to heal.

In these examples, we could say that the Focusing and imagery approaches were able to gain sufficient access to the state-dependent pattern to allow them to unlock and end their dysfunctional physiological patterns. All were associated with cathartic felt shifts.

APPROACHES TO HEALING STATE-BOUND PROBLEMS

There are three general levels at which most therapies influence this process:

1) Learn and practice newer, healthier patterns, in an attempt to override or overpower the state-dependent patterns.

A “natural” response to feeling bad is to do or tell oneself things to try to make oneself feel better (positive affirmations, willpower, self-talk). While some find these helpful to a point, they do not affect the process of continuing to code for these stress-induced patterns. Some may find that “trying to feel better” actually intensifies a sense of inner conflict. Sometimes these dysfunctional state-bound patterns are interpreted as an intentional “self-destructive tendency,” rather than being recognized for what they are.

This may be a good opportunity to mention some of the suffering that can be caused by misguided applications of the half-truths of “You *choose* your illness”, or “You are not getting better because you do not want to enough.” The use of willpower, affirmations, etc., is of some value in creating healthy patterns, but is unable to reverse the earlier “cellular brainwashing” (especially if these affirmations, etc. are done while in a state of normal waking awareness.) Yes, the dysfunctional patterns were “learned”, but they are not consciously accessible. They were *not* “chosen”. And it may be extremely difficult and distressing to access these state-dependent memories associated with intense states. These misinterpretations often lead to “blaming the patient for his or her illness.” Now that we are aware of how state-dependent patterns are formed, let’s not contribute to adding additional guilt and suffering to people in these situations by repeating such unenlightened slogans.

2) “Derail” the associators, or triggers, that stimulate the manifestation of state-bound responses in the cells.

Modalities such as NLP are often employed to change the associations triggering the symptoms. For example, someone with a spider phobia can learn to disconnect the “spider” from the panic reaction. This will eliminate the spider as a trigger to symptoms, which is adequate for many people and situations. However, unless such modalities are used as a vehicle into accessing the state-dependent material rather than mere symptom removal, they will not unlock or unlearn the remainder of the initial negative pattern itself — the “cellular memory.”

3) Attempt to recode for the present dysfunctional programs in the cells at the cellular level.

Present theory suggests that the only way to end this process at its roots is by reaccessing the initial chemical/ hormonal (usually with similar emotional and feel-quality associations) milieu under which the original learning took place. This allows access to the genes that are still coding for proteins since the earlier stress response. It also offers the opportunity for this earlier program to be replaced with a different one, to code for different proteins and patterns of bodily response.

There are several ways to re-access the state-dependent encoding process:

- a) attempt to re-create similar emotional conditions (and assume the biochemistry will follow suit,)
- b) change the quality and field of attentional focus on some aspect of the distress,
- c) and/or attempt to reaccess this state through one of its associations (tight area in the body, anxious feelings, dreams, memories...)

Visualizations, Dianetics (using sentences), certain bodywork approaches, talking therapies (when the client focuses!), and hypnosis are just a few of the possible methods that have been effective. Often there is some large cathartic emotional release and often “repressed” memories flood out during the healing process.

Healing in these states can be a very delicate matter. It is important not only for *the client to open up* into that emotional/biochemical condition, *but also to meet it with openness, kindness, acceptance, and respect*. Ideally, we would desire that a new learning take place in which the stress and its associated triggers become linked with “proteins of kindness” rather than “adding another dose” of reinforcing tightness, distress, and dis-ease into an already distressed client (and cellular milieu.)

The healing process itself may not be without its own traumas. The client is vulnerable to

many influences in these states (they are again open to new state-dependent learning!), and can be inadvertently retraumatized or re-programmed with less-than-healthy associations. There are at least two stages in the healing process in which this can occur.

1) Trauma can be inflicted during attempts to return the client to a state analogous to the original traumatic one in order to begin the healing. For example, methods based on “reliving the original experience” run the risk of reinforcing the *pathology or of introducing new pathology depending on what is employed in encouraging the client to relive it*. Certain stresses may be added to the mind and body by either client or healer in the attempt. This is especially true with more aggressive, directive approaches (attacking ‘the adult without’ in an attempt to help ‘the child within’). The more gentle and accepting the approach, the less likely it is to re-injure.

2) Traumas may be inadvertently incurred while actually *in* the altered cellular state during the “healing” experience. Some intense methods of “opening someone up and re-programming” (the early days of Erhart Seminar Training, certain marathon encounter groups) may have the negative effect of “re-inoculating” one’s tender places with a different type of harshness, limiting or negating the desired healing.

FROM A FOCUSING PERSPECTIVE:

Focusing offers an excellent way to approach these difficult and tender places. By attending to the felt sense and letting it develop, one begins to access the state-bound learning on its own timing. Staying with a felt sense generates the conditions similar to those that created the initial stressful cellular environment. As the felt sense unfolds along its own uniquely encoded path in each individual, the affected cells are given the opportunity to release their original feelings, beliefs and dysfunctional patterns, and be replaced with the more positive “learning programs”, the emotions, attitudes and beliefs present during the healing moment.

The Focusing approach is one of the most “organic” and non-manipulative processes available. The depth and speed of “going into the problem” *is regulated by the client, the felt sense itself, and the other felt senses in the body* (the places that wants to go slower or are scared of another place inside are also honored rather than “pushing through resistance”). It *honors the whole body system*, not just one aspect that is crying for healing at the possible expense of another.

Besides tending to the felt sense, a physical sense “of the whole thing”, Focusing makes space for all of the modalities able to access state-bound material—imagery, sensation, emotion, identity, behavior, language, and symbols (a handle). Including the interaction between these modalities and the cognitive mind within an environment of a relaxed, open attentional field further frees the problems from its state-boundedness. Even when felt shifts do not occur in a session, as “every access is (an opportunity for) a reframe”, simply taking the time to consciously attend to felt senses begins to decrease their state-dependent nature, facilitating healing.

Tending to the life of the felt sense, and asking it what it needs, allows the encoded problems to unfold at their own healing pace and in their own way. No forcible attempts to “recreate the situation” need be brought into the client’s body during a Focusing session. In fact, “nothing extra or unnecessary is added”. Tender, distressed areas are allowed to open at their own speed. There is no attempt to push or force them to open prematurely, which is another subtle form of violence that could otherwise be introjected into one’s cells and psyche. This extreme safety also allows very tender places to drop the protective layer and let themselves be accessed — and subsequently healed.

Focusing not only allows for effective access and healing of state-bound material, but it also cultivates the development of a friendly, accepting, curious attitude and orientation towards more and more of life experience in the remainder of the focuser's awareness. In addition, the qualities of allowing, respect, acknowledging the positive intention, and loving attention offered by the listener are among the most life-promoting and protecting environments one can offer to these injured and stressed places. Even when a profound physical healing does not occur, Focusing often offers the client a *cellular experience of kindness, presence and mercy*. This cultivates an experiential base which can be accessed and offered to oneself and to others in their times of distress. On a biochemical level, the proteins and learning encoded in the cells of the body in times of stress moves more and more away from patterns of distress, tightness, other armoring and withdrawal, and toward a release of kindness, empathy, compassion, and safety, both in the body and in the mind. In this way, Love extends Itself from one through others, offering healing to an ever-expanding realm of experience.

FOCUSING THROUGH TRAUMATIC EXPERIENCE

Personal Account

by Nada Lou

After attending The Common Boundary Conference in Washington DC, I was driving back home to Montreal with my niece Nives from Sydney Australia. We were involved in a lively conversation, and by the time we reached Baltimore we had gotten lost. I asked a passer-by on a side street how to find our way back to the highway, and he said, “Just turn right at the next set of lights and you’ll be on 95.”

That seemed easy, and as soon as I drove past the corner, I thought I was on the highway — big wide road — hardly any traffic — back to the conversation — I did not see the traffic lights. In the middle of the crossing Nives shouted “red lights!!!” The next thing I was aware of was a bang from the left side, at the very end of my mini van. We spun around several times, flipped over on my side, then the roof, and back to my side, all in a matter of seconds.

The only thing I noticed during that time was that the top of my head was scraping the asphalt. The car finally stopped, someone was there right away and said “don’t move.” There was a lot of blood, and my only thought was to get out of the car before it exploded. I crawled out and someone, a woman, took my head in her hands to prevent excess bleeding until the ambulance arrived and transported me to a nearby hospital. Nives was o.k. Someone had helped her climb out of the car on the other side. That was a relief.

At the hospital, I was in a horizontal position, while everything was happening around me: the CAT scans, X-rays, conversations, telephone calls from my family, the police officer getting his report done. I did not feel any pain, and I was fully conscious. I had a long cut on my head, starting at my forehead, just below the hairline and following the path of my hair part to the back of the crown of my head. The results of the tests showed that there was no internal injury. The cut was superficial and long, probably caused by a piece of glass, and some skin had gotten scraped off on the asphalt. No pain — there are fewer nerve cells on the head, but there are a lot of blood vessels there.

Stitches had to be put in under anaesthetic. I got violent nausea from the anaesthetic, and my three-day stay in the hospital was necessary to allow my digestive system to start functioning again. My blood count was low and had to be built up slowly.

Everybody around me was saying how “lucky” I was. I said, “Relatively speaking!” During the time I spent in the hospital, I began to focus my attention on “how am I right now”? What came first was an idea: “What could have happened”? A flash of gory scenes ran through my mind: what if a truck had come by, what if there had been a telephone pole, what if my head had stuck further out of the window, what if there had been several cars, etc., etc. In the Bio-Spiritual approach to focusing we use a very helpful “step” in which we check with the body to see if it is o.k. to give it attention and spend some time with this in a caring and attentive way. Most of the time there is willingness and strength to go with whatever is there. But what came very clearly was a big “NO, not now. The energy level is so low, you need to use it for recovery, not for spending time with ‘what ifs’.” It felt right in my body to wait to focus; there was a sense of resolution and freedom to drift in and out of sleep spontaneously. The whole issue of “What could have happened” received identity by my asking if spending time with IT now would be beneficial. I gently made a space for IT beside me on my bed.

That felt like an o.k. place for it to be for the time being and I knew that I would focus with it later. I did not abandoned it, but there was the more important priority, to make space in the moment to regain my strength.

“Later” was several weeks after my return back home to Montreal. Focusing with my partner, what came was “The Accident” and everything about it. I prepared myself to receive the gory “what ifs”, because I had promised to return to the subject. It felt that it would be o.k. this time to spend some time with it.

As I sat with all of it for a while, what came was “what a useless thing to spend time with — ‘what if’!” It could have happened also that the oncoming car missed me, and I wouldn’t have known about any of this. That felt o.k. so I let myself go into all of the memories of the whole event — from the time Nives said, “Red lights!”

Looking back and re-experiencing the accident again, I became aware of how there was a total absence of fear — it was more a feeling of curiosity — a wondering what was happening? I still remember when the car was sliding and turning and finally at a stop, that I did not feel terrified, but intrigued. Strange! As the procedure around my hospitalization developed I felt peace that surrounded me during that whole time. It was as if I could take a break from having to live my own existence and all these people who were taking care of me took over. It was o.k.. As a matter of fact it was very gratifying. Somebody else had taken over for a while and I was set free.

The next thought to come was the memory of the ambulance attendant, who told me how lucky I was to be just around the corner from the best Shock and Trauma Hospital in the US — The Maryland University Hospital — and that if he had been in the accident, that would be the place he would want to be taken to. “They bring them here by helicopters,” he said.

All that was going on while he was putting the I.V. into my arm, bandaging my head and putting me into a straightjacket kind of position. A smile came to my face, when I remembered him saying it for the fifth time, and I responded that I really believed him and I was hoping that he wouldn’t have to get into an accident to prove his point.

The next thing I recalled was the wonderful young doctor, who said his name was Mitch, talking with me and being totally present with me. I will always remember his care and compassion, his straight answers to my questions, and his constant presence by my side. Every time I opened my eyes, he was there. I felt so secure. Another smile came over my face.

The next recollection was about the anesthetist. They all talked to me and kept me talking by asking all sorts of questions: Where was I from, what was I doing in Washington? I told the anesthetist that I had attended a conference to video tape the speaker. What kind of conference? The Focusing Conference. Who was the speaker? Dr. Gendlin. What is Focusing? So I took some time to tell him all about Focusing. I just remembered, here I am in horizontal position, with my head split open, and I am giving this guy a “nutshell” course in Focusing. He seemed genuinely interested though. A little chuckle now, when I remember telling him that I would charge him for tuition later.

So the plastic surgeon came next to explain to me what he was going to do before they put me under. Here I go again — I said they might as well take my appendix out while they are at it. It seemed that immediately after I was awake and the operation was over. My first question was whether they had managed to lift my face a bit as well.

Thinking back about it and sitting with my felt senses, I asked myself, where did all that

humor and presence of mind come from? I held that for a while, and what came were other memories of setbacks in my life. It seems that events that are difficult and tricky usually fill me with energy and a rising to the challenge, rather than with fear and collapse. Somehow I knew that, but it wasn't before as fresh as now. This IS how I truly am — I am not imagining it.

As my focusing partner and I reviewed the process that transpired, there was another insight that became obvious. I had planned to attend to the old feeling about “what if”, but as soon as I looked for that, it wasn't there anymore. It had dismissed itself as unimportant. But what did come, was an insight into how I was freed from the fear or suffering, because someone else took care of me. I am not talking only about the people and doctors. I truly recognized that my life has been taken care of by a power much greater than myself. And in the meantime I was freed to be in it all with the sense of lightness, humor and trust.

Nives and I talked later quite a bit about what she experienced during the accident. She is neither religious nor did she have knowledge of focusing at that time. She described her panic when she noticed the red lights, and went into a terror of fear as we were tumbling along. Her whole life flashed in front of her and then she said at once there was a calm knowing that she was not in charge any more and couldn't do anything about what was happening, but also that everything was going to be o.k. The first thing she noticed lying on the road when she got out of the car, was one of my books, *“Bio-Spirituality — Focusing As A Way To Grow”*, that had flown out through our window while we were spinning on the road.

She still talks about that fact, that something very important became a part of her understanding of herself as a result. There is a new freedom, she says, there is a sense of being grounded in something secure, caring and permanently present within her. The center is within, not outside of her.

Now, more than a year later, I frequently process and integrate the fact that this accident is now part of my life experience. Just recently, as I was traveling around beautiful US National Parks enjoying the beauty of nature, it surprised me that I felt quite relaxed while driving. The idea came to my mind that I should be more careful, because after all that accident was a reality and it could happen again. I gently sat with this, and there was a real shift in how I carry it now. Before the accident I had an attitude that said, “Accidents do happen, but not to me!” Then followed the recovery. Yes, I did go through a phase of being afraid to drive, but it didn't stop me from driving. This now feels different. Accidents are as real as accident-free driving. The possibility of another one always exists. But, I am different now as the result of going through it. This experience has enriched my life. The feeling of the scar on my head on a rainy day reminds me so.