Chapter 7: Summary, Conclusions, Limitations and Recommendations

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This document is focused on describing one aspect of the helping relationship that promotes well being, in hopes that more human service practitioners will become skilled in its practice. It is proposed here that any helping relationship that promotes well being will contain six core components. The six core components of the helping relationship that promotes well being are: the four components of wellness - accepting possibility, healthy seeking, expanding duration, and finding support AND the two approaches for teaching these four components - education and experience.

It has been proposed here that when a practitioner (doctor, psychologist, nurse, social worker, therapist, counselor, clergy, alternative practitioner, case manager, direct care worker) offers help to another, participant, in an effort to promote well being that they will enter into one or more of the following relationships during the process:

> **The Healing Relationship**: this is the relationship within which well being can be directly experienced and the practitioner can learn to become a facilitator of that experience. This is where the possibility of well being becomes known as an experience, and not just an idea.
>
> **The Support Relationship**: The support relationship is used to help the participant integrate the well being experience into life. The support relationship is largely educational and informs the participant about healthy seeking of well being, expanding the duration of well being, and finding support.
>
> **The Habitual Relationship**: Every participant enters into the helping relationship with preconceived ideas about relationships. They bring patterns of thought and action associated with their relationship history and will often play out these patterns as part of their struggle to discover well being within the healing and support relationships.

This document has discussed the first of these three relationships – the healing relationship. Other documents will address the two other relationships.

The healing relationship is a relationship within which well being can be directly experienced, and as such it is a relationship with characteristics unlike any other relationship. When ever we are offering help to another we are always presented with the opportunity to facilitate the experience of well being, but not necessarily the conditions to do so. The practitioner can learn how to create the

conditions, so that the helping relationship offers the possibility of experiential well being. At the core of these facilitative conditions is empathy.

It has been proposed here that not everyone's definition of empathy is the same, and that this is to be expected because not everyone is at the same empathy developmental level. Some practitioners (some students in training, some people we have known) appear to possess better developed empathy than others. Some skilled practitioners (like Carl Rogers) may have developed their empathy to advanced levels. It is proposed here that this development of empathy to advanced levels will follow the pattern of skill development found associated with other domains (see Table 1). At the advanced levels the skilled practitioner can have the experience of oneness with the empathic connection – a holistic empathy here termed ***halopathy***.

At each level of empathy development there are five parts to the definition of empathy: 1) reception, 2) reflection, 3) mutuality, 4) intent to promote well being, and 5) one's developmental level. These five parts are present when the novice is learning empathy and when the expert practices. At the level of halopathy the five components seem to merge together into a whole, a flow that moves without doing. The experiences associated with each of these five components are present at the novice and at the expert levels, but they are often more intense and more accurate at the expert level.

What has been proposed herein is that a few talented practitioners, across many cultures, after many years of training, speak of forming a relationship with their clients that is characteristic of an advanced form of empathy. This advanced form of empathy has been associated with an intense experience of well being accompanied by personal insights, and has here been termed ***halopathy***. Halopathy is considered to be an empathic connection that includes all aspects of the client's status at the moment of connection. It is an in-session moment where insight into the presenting problem is gained through this whole connection. Yet it is not for the purpose of knowing that the connection occurs, but instead it is for the intent of promoting healing. Healing is distinguished from curing and defined as a self motivated process that is enhanced by a sacred relationship of proper intent focused upon improving one's conscious awareness of balance, clarity, and well being. This research has presented a description of halopathy to human service practitioners with the goal that such description would open the doors to discussion, debate, research and application.

Three sources of information have been used to support the halopathy description. First is the halopathic relationship model based on an empathy developmental scheme (Table One). Second is the information from published material by and about practitioners who attempt to describe the healing qualities of the therapeutic relationship using the terms, "healing", depth empathy, advanced empathy or some description of a deeply connected relationship that is reported as part of the healing process. Third is the information acquired from interviews with informants who, in the role of the client, experienced a strong sense of well being

following a relationship with a practitioner – an experience tied to the definition of halopathy. All three sources appear to suggest that certain individuals, in the role of practitioner, sometimes enter into a special connected relationship with other persons, in the role of participant, which is described as contributing to their healing. This unique relationship is here termed the healing relationship, and includes the halopathic relationship. The healing relationship appears to have effects and characteristics that are cross-cultural and may be universal.

The characteristics and effects of the halopathic relationship are as follows:

1. **Proper Intent**: both participants come willing to discover well being.

2. **Healing Conditions**: an environment is created where the practitioner is centered and demonstrates safety, compassion, genuineness, advanced empathy, and no judgment.

3. **The Sense of Empathic Oneness**: the practitioner has a sense of being connected to the wholeness of the moment (including the client), not doing but just being, and the client has a sense of the practitioner being connected to him/her.

4. **Catharsis**: there is a process of experiencing suffering followed by a sense of "letting-go" which is often described as if one were on a journey.

5. **Dramatic Shift into Well Being**: both participants experience a heightened sense of awareness accompanied by euphoria and new personal insights.

6. **Translation Loss**: during and after the experience both participants and practitioners report that they cannot find the right language to express the whole experience.

The halopathic relationship is described as a unique relationship unlike other relationships with which the client informants are familiar. The healing relationship is offered within the context of safety, practitioner centeredness, an attitude of compassion, and the mutual acceptance of the possibility of well being for the person seeking help. There is a sense of letting go and taking a guided journey that leads to well being. It is a relationship that stimulates the discovery of personal insight and insight into relationships with others, without having that as its goal. It is a relationship that is growth fostering, often for both participant and practitioner.

Attempting to describe what occurs within the halopathy experience reportedly leads to a sense that there are parts of the experience containing a richness that pales when translated into words. In seeking to explain the characteristics of this

relationship people, across different cultures, have developed a myriad of explanatory systems. These systems are full of ritual and symbolism that is used to help to fit the experience within the participant's worldview. There is a sacred mystery reported, yet ill defined. There is a sense that the practitioner "did nothing" and yet the participant reports the feeling of moving, being guided on a journey. The sense of a sacred mystery and the sense of "doing nothing - yet moving" often create a cognitive dissonance that can be unsettling. This dissonance is dealt with in the struggle to interpret the phenomenon.

Most often follow-up treatment will involve assisting the individual with this dissonance and the difficult interpretation and assimilation that accompanies this experience. Follow-up work that assists the client in this process is often done best when the practitioner takes a liminal stance. Success in facilitating the healing relationship is tied to the practitioners skill in sitting with suffering, his and theirs, while maintaining this liminal, yet compassionate, stance. In addition this stance should use communication rooted in the worldview of the client.

An eclectic practitioner is one who can become rooted in many different worldviews. The practitioner's eclectic stance regarding explanatory systems can become as broad as the practitioner is willing to explore. There are thousands of such systems and each serves as a way of communicating about the experience, a way tailored to the needs of the client's worldview. Each has it's own rituals and symbols. But the basic characteristics of the healing relationship cut across ritual and symbol. The practitioner should not confuse ritual with the healing relationship. Although it is suggested here that the characteristics of the halopathic relationship are cross cultural, it is not suggested that the interpretations of halopathy provided herein be applied without change. The halopathic relationship by its very nature is client centered, that is, it changes to meet the needs of the client. This includes helping the client to make sense of the experience within his/her worldview.

Finally the halopathic relationship, as reported, is framed within a sense of the sacred. There is a mystery that needs to be allowed to unfold without control imposed, no agenda, no goals, and no judgments. It is simply a sacred process that is part of the offering and into which two people enter. Interpretation of the mystery is a personal process and part of the person's path to wellness. This personal meaning making process is a universal feature of halopathy.

The definition of the new term halopathy is related to the author's search for explanation and interpretation. It is a term meant to represent an experience that, if incorporated into training, could improve the quality of treatment occurring within the Western health care system. It is a term designed specific to the Western culture of health care in an effort to foster more debate and discussion. It is a term designed to bring these types of facilitated healing experiences "out of the closest" and into the realm of professional discussion.

This study does not prove that facilitated healing through halopathy exists. It merely reports that others have described such a relationship and that the relationship was reported to be associated with a dramatic shift in well being, which contributed to healing. The credibility of this study can be questioned from several fronts. The participant informants may have been providing reports of experiences that, like hypnosis, were responses to suggestion. This hypothesis was ruled out because there were no suggestions given that equated to the described experiences. The participant informants could have been responding in the interview to the desires of the interviewer, who was also the therapist and a previous teacher. The power differential may have exerted pressure to "say the right thing". But exactly how the informant's decided that the stories they provided were the right answers remains a problematic piece of this hypothesis. There appear to be no cultural myths, and no components of therapy or counselor education, the context in which halopathy was presented, to indicate that suggestion would include experiences similar to that reported (other than taking a journey). Thus, without alternative explanation, one is faced with either believing the informant's stories to be credible or disbelieving them. This also may be part of the interpretive process.

The other factor affecting credibility is that these stories are being presented and woven together under the biases of one man. The biases of the author are quite prevalent throughout the text. The information is presented in a way that suggests these informants are describing an experience that may be an advanced form of empathy, a deeper connection established between two people, but this presentation does not prove that such a connection actually happens. This research also suggests that there is a connection between the expertise of empathy practitioners and the practice of halopathy. It does not prove that such a connection actually exists. In addition the entire study focuses on one moment – the healing experience, with little consideration to ethnographic or biographic influences, and little discussion of long-term effects. Although this myopia was purposeful in its intent, it is representative of the author's bias.

Any communication about new concepts and new research contains bias. The question of bias is not asked just to describe bias. Rather the question is asked whether this work represents "good science" or is the bias pejorative, resulting in a distortion of the available information. This question is usually asked from a particular philosophical orientation – meaning that the person asking the question has a preconception of what "good science" represents. In addition the person may have a preconception of what it means to enter into a healing relationship. If either of these preconceptions are significantly distant from the presentation contained herein than the reader may find it difficult to deem this work "good science".

The concept of "good science" is also linked to how one interprets the data, or in this case the reported observations. The interpretation of advanced empathy can be viewed using an approach based in philosophical heuristics (see end of Chapter Four). This approach uses the following argument:

1) ***Empathy exists***: the term empathy has become a widely used term both within professional circles and in public discourse. Such acceptance and usage indicates that the term serves as a representation of something that exists.

2) ***Empathy is a being-to-being process of shared emotional understanding with the intent of promoting well being***. This is what is generally understood when one uses the term empathy. It is the nature of its being. It is also understood that certain people are more skilled at this process than others, understanding the nature of advanced empathy.

3) ***The effects of empathy can be described***. The thousands of articles using the term empathy and the attempts to teach human service students about empathy indicate that professors and trainers are presenting to their students observations about empathy. These observations are reports on the nature of empathy and reports from skilled practitioners address the nature of advanced empathy.

4) ***History affects the interpretation***. History is deeply intertwined with the being-to-being interaction with both people bringing their own empathy related history into the process. The difference between one who understands empathy and one who understands advanced empathy is related to their history of empathic experiences. Each persons' empathy definition and practice is linked to their interpretation which is linked to their history (pre-understanding).

5) ***Reduction affects the interpretation***. Stepping out of the process (moving away from the being-to-being interaction) to reflect on the experience can take the form of reductive analysis, an approach common to logical positivism. This reductive analysis often results in a parts or "doing" view of halopathy (see figure 2). It is an outsider view that affects the type interpretation that is provided.

Any interpretation of this work, including the question of "good science" will need to address these five points.

It may seem to some that this author has used hundreds of pages to arrive at the conclusion that advanced empathy cannot be described. A conclusion that is supported by the ideas of "translation loss", "not doing – yet moving", and the effects of history on interpretation. But there is a difference between describing the effects of the phenomena we call empathy and describing empathy in a manner that garners mutual agreement. The effects of advanced empathy are described within this text and it is not suggested that this list of effects provides a complete understanding of advanced empathy. On the contrary, it is suggested that the process

of experiencing empathy and struggling with its interpretation (and application) is the best path to a personal understanding (and thus a definition and description).

Arriving at a clearer understanding of the characteristics and effects of advanced empathy has wide reaching applications. Some of these applications were described in previous chapters. Some of them are proposed as future research recommendations. But, perhaps the most important application is that this text provides practitioners with a clearer description of the healing relationship that can be used to guide personal and professional development.

There are several limitations in the study. The researcher takes the stance of the insider by alternating between the role of researcher and practitioner using the premise that such a stance is necessary to this research. It is necessary because the researcher must have some knowledge of the participant's journey, and of the shift in perspective, in order to ask meaningful questions. The questions asked are aimed at obtaining a rich description of the experience. This is difficult to do if the interviewer, is an outside observer with no conception of the participant's healing experience. But in taking the insider's stance the researcher has presented one narrow view, and a view colored by his orientation as a practitioner and his own view of the healing relationship. The outsider's view of what transpires within the healing relationship may differ considerably from the insider's view. Although, stressed throughout this text that the insider view was a necessary part of elucidating the halopathy description, it is also a contributor the limitations of this study. The credibility of this study, in particular as related to the perception of bias, may be affected by the differences in point of view provided by the outsider versus the insider. The idea, or construct, of halopathy is defined as a healing experience that includes a shift in perception. Understanding that shift in perception, and the associated worldview, is part of understanding the halopathy construct.

Any discussion of the applications of halopathy should consider that at this point the halopathic relationship model is simply an idea. In applying an idea it is possible to say that it might be useful in advancing our knowledge about how insight is discovered within the therapeutic relationship. But this is an untested hypothesis. The halopathic relationship model may also be integrated into relationship counseling by modeling and promoting growth fostering relationships. But this too is a hypothesis. It is also hypothesized that we might be able to use the characteristics of the halopathic relationship to help delineate frauds posing as "skilled healers". It may be that the shift in the self's point of view, that is reported to occur with halopathy, may change how we view the therapeutic relationship and our research efforts aimed at understanding it. All of these hypotheses need additional research that is far beyond the scope of this initial descriptive research on the nature of halopathy.

The participant informants interpret the halopathy experience an attainable piece of their future professional development. This has been one of the main points of emphasis resulting from this research – human service professionals can be given

training that improves their empathic relationships and results in the delivery of higher quality health care. The research on what healer practitioners report about their training suggests that the following are important: a calling to become a healer practitioner, many years of training, realizing the significance of self development, and coming to understand the nature of the healing relationship. These four points should be incorporated into the design of any advanced empathy training program.

When training to become a facilitator of the healing relationship one should be exposed to the following:

- **Foundation Concepts**: The foundational components of a helping relationship which promotes well being help to place the healing relationship within a broader context of services the practitioner might offer.

- **Empathy Definition**: Understanding the five components of the empathy definition helps to frame the healing relationship within a proper intent.

- **Developmental Level**: Each practitioner should know his/her own developmental progress toward becoming a facilitator.

- **The Characteristics**: The healing relationship characteristics should become understood and recognized within practice.

- **Contamination Effect**: Steps need to be taken to learn and practice "cleansing" and the art of sacred health.

- **Risks and Side Effects**: The many risks and side effects should become well known by the practitioner, as they are the source of misunderstanding and allegation of harm.

- **Interpretive Processes**: Because of the sacred mystery involved there will always be interpretation. The outsider and the insider views, as well as one's worldview, are involved in this process. It is also a part of facilitating well being.

- **The Shifted Self View**: Within halopathy and the healing relationship is the experience of a shifted self view. Part of becoming a facilitator is recognizing this view and incorporating it into practice.

- **Being not Doing**: Facilitating the healing relationship is more about being than about doing.

- **Maintain the Sacred**: Being in the oneness of the healing moment includes knowing its sacredness and honoring that in practice.

Acquiring an understanding of the above information, and its role in practice, is an important part of facilitator training. It is proposed that facilitator training be given to human service providers in a series of stages. The first stage involves introducing the student professional to the concepts and information surrounding the term halopathy through use of this document. The second phase of training would involve seminars and workshops, given within organizations, tailored to the organization, which would train on the basic concepts of advanced empathy and answer practitioner questions. Third would be individual training, with a master teacher, for the student professional who demonstrated exceptional empathy prowess. The specific details of this training program need to be delineated through trial and error in the field. Future research can be aimed at examining the effects of advanced empathy training.

Recommendations for additional research include the following:

- Although there is some evidence to suggest that there is a relationship between experience and empathy development, more research needs to be done along these lines. Does the differentiation of therapeutic empathy into various types, as proposed herein (Table One), correlate to levels of practitioner experience with empathy?

- There is very little biographic or ethnographic information within this study. Does a person's cultural and personal history alter how they experience the effects of halopathy? Would certain cultural and personal experiences change the nature of the effects reported by the clients? If the context of this study was changed, for example place in a religious setting, would the reports change, and how?

- The participant's voice is nearly absent from descriptors used to define healing within treatment settings. More qualitative studies need to be done of the participant's impressions of what contributes to healing, and the healing relationship – across all levels of practitioner experience, various world views, and across various treatment modalities.

- There has been nothing stated in this research on the efficacy of the halopathic relationship. Research on the efficacy of the halopathic relationship, including when it does not work and why, could add further to our understanding of this phenomenon. In what situations is halopathy more successful? Are some practitioners more skilled in some situations? Are some client's more ready? What does more ready mean? Efficacy could also examine the nature of the healing effects using control groups and a closer look at the issues surrounding suggestibility. What is the

difference between the placebo effect and halopathy? Can practitioners learn to use both to maximize the healing relationship? Follow-up studies should examine the range and duration of the reported healing effects.

- Surprisingly there is little research on the nature of what transpires when "expert" practitioners work with their clients. Research should be expanded to include more insider research, research that is either done, or directed, by people who themselves are gifted clinicians. Skilled practitioners from all cultures should be sought out and brought into this research process to better define what it means to be an "expert" practitioner.

- Research is needed that investigates the nature of the relationship between the "master" healer/teacher and the apprentice healer/student. How does one teach another to become a gifted practitioner? This text proposes some guidelines along which training might be developed but there are many unanswered questions. Does training help to increase one's empathic abilities as applied in practice? What is the nature of this advanced empathy training? Are there prerequisites that certain student possess indicating a higher probability of success with advanced empathy training? Which students learn to become facilitators, and why?

- It appears that people struggle with trying to describe the halopathy phenomena and in doing so use their existing worldview. This often results in many different explanatory systems accompanied by many different rituals (and treatment methods). Is each explanatory system different across different cultures or are there universal themes within the myths, analogies and metaphors people use? Is each treatment approach different across different cultures or are there universal themes within the ritual and methods people use? Further research could examine how this explanation process occurs in connection to the healing relationship. Are there universal ways that people come to explain the cause and purpose of this oneness relationship?

- Future research could examine how the halopathic relationship model could be applied to other human service relationships (readers are invited to do this on the web site *HealingRealtionship.com*). These could include nurses, doctors, alternative medicine practitioners, social workers, clergy, psychologists and therapists. The research on "patient-doctor" relationships within each domain could be examined and compared to the model presented herein. The effects of advanced empathy training for each these human service providers could also be the focus of further research.

- The halopathic relationship model presented may have something to say about healthy relationships for the general public. Can the model be used as a guide for helping people establish more meaningful, and healthier, personal relationships?

The research presented herein has been descriptive. What is offered is a description of halopathy within the context of the healing relationship. The research is meant to serve as a foundation for further exploration into a phenomenon that appears to be associated with the work of gifted practitioners across cultures and across disciplines. This descriptive research can serve as a foundation for expanding our knowledge about the healing therapeutic relationship. As a community of human service professionals we can explore the ramifications of halopathy within all levels of practice. The potential to improve the quality of health care rests in the hands of those willing to advance their skills and to share what they have learned with other professionals.

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for improvement to this document.