

Chapter 2: The Practitioner's View

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The multidimensional model of therapeutic empathy described in the previous chapter contained characteristics of halopathy as predicted by theory, complimented by a few descriptors from practitioners. The descriptions lacked depth and only briefly exposed the reader to the concept of “oneness” within the therapeutic relationship. The research presented in this chapter focuses on a description of the halopathic experience as reported by practitioners who describe experiencing the therapeutic relationship as something that can facilitate well being. Other sources of information describing characteristics of the healing relationship will be discussed in Chapters Three and Four. The spiritual characteristics are briefly discussed in later chapters, but further elaborated upon in the book “Calling God Collect”.

Harvard researcher David Eisenberg (1995) in a study of Chinese healers stated the following:

“It is conceivable that human beings possess a capacity to promote healing in one another. This kind of healing goes by many names: faith healing, shamanism, the laying on of hands, external Qi Gong. We don't understand these methods of healing. There is a science to be teased out of the debris of case reports and folk testimonials... This kind of healing, which has always been an integral part of the doctor-patient relationship, remains an under explored realm of modern medicine... The art of healing is thousands of years old. The science of healing is in the process of being born.”¹

Although practitioners clearly indicate the importance of the relationship as part of the healing process, there are no informative

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sources describing the characteristics of this healing relationship as seen by gifted practitioners. This is the focus of this chapter.

There are thousands of references written by practitioners describing various aspects of healing within a therapeutic relationship, both within our culture and in other cultures. The published works on indigenous healers have frequently focused on describing rituals, observed techniques, and the explanatory system used by the practitioners to explain how they perform their healing services.² In addition healer practitioners, as was previously noted for counselors, have a wide range of experience and expertise³. Dr. Weil who studied the process of healing stated, "In the year that I spent wandering in South America most of the shamans I met were disappointing. Some were drunks. Some were clearly out for fame and fortune".⁴

The portrait of the healer as "quack",⁵ or as psychologically disturbed,⁶ has existed since the early anthropological investigations of indigenous healers. Although such fraud exists amidst the healer population, and is likely represented in some published materials, it cannot be said that all healer practitioners are perpetuating fraud. This research has attempted to extract narratives from, or about, experienced practitioners that portray the genuine expressions from gifted healers. In an effort to focus the research on describing a set of experiential phenomena associated with the healing therapeutic relationship the researcher looked for narratives that (a) described some experiential aspect of the therapeutic relationship, (b) included a discussion of healing, and/or (c) described indigenous healers and their lives as experienced practitioners. Particular attention was paid to narrative passages that described how the practitioners experienced the healing relationship. In addition, this author will provide his humble additions to the pool of descriptors. The goal is to offer to the reader a rich description of what it is like to experience a healing relationship in an effort to promote practitioner (and participant) advancement. Healers have been part of our tribal heritage, and our survival, with centuries of trial and error research supporting their

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wisdom. Having a greater awareness of the art of healing can help all of us to offer healthier relationships and continue down the sacred path of healing.

The role of the practitioner as a facilitator of healing, or assisting movement toward well being, is not well described in the psychology literature. Four basic components have been described as important to the healing relationship: communicated worldview awareness, client positive expectations from the relationship, an empowering of the client, and certain characteristics of the healing facilitator.⁷ These components are further elaborated upon within this chapter. Counseling cancer patients can be aided using a wellness approach to healing including descriptions of mind-body connections, techniques of psychosocial intervention (e.g. relaxation, mental imaging, and education) and guidelines addressing the life-style and belief patterns.⁸ Certainly this information is important for the practitioner seeking to help a person stricken with a life-threatening disease. What is missing is a description of the how the practitioner, and the client, experiences the healing relationship and applications that might be made to the business of helping others, and ourselves, to get well (mentally and physically).

The practitioner information presented here is a compilation of views across cultures, mixing Eastern and Western, blending the views of traditional psychotherapy practitioners with the views of shamans and other practitioners in the healing arts. Practitioners can learn from the long history of healing wisdom that speaks to what happens within the healing relationship offered by indigenous healers.⁹ There are components of the healing relationship present across all cultures and across diverse practitioners. These cross-cultural characteristics can be grouped together from the perspective of studying the effects of healing relationship.¹⁰ The reported components of healing through the healing relationship described herein extend beyond the schemes offered by previous authors¹¹. A review of the published materials indicates that practitioners include

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in their descriptions of the healing therapeutic relationship the following characteristics:

- 1) Their personal orientation toward the process of healing,
- 2) A focus on holism and balance,
- 3) Understanding that there are characteristics present at the onset of treatment,
- 4) A deep empathic connection, “oneness”, with the client,
- 5) A shared movement through catharsis,
- 6) A shift in the practitioner's perspective (including well-being and mutuality) that researcher's have labeled as an “altered state”, and,
- 7) Problems using language to communicate the experience.

What follows in this chapter is a description of each of these seven practitioner reported characteristics exemplified by the practitioners' writings. Numerous quotes are used in order to convey to the reader the authentic voices of the practitioners and not merely the interpretations of this researcher. In addition, because the researcher is also a practitioner in the healing arts, the description of each of these practitioner generated healing relationship characteristics will include personal perspectives and some discussion of the issues encountered as a human service professional. It is hoped that such discussion will help the audience of human service professionals place this information within their own context of providing human service.

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After the participants' view is presented in Chapter 3 there will be a discussion of interpretation, and potential applications. This will be addressed later in Chapters 4, 5 and 6.

The First Practitioner Characteristic: A Personal Description of Healing

A skilled healing practitioner working with the client's state of being can offer and then facilitate healing provided that certain conditions exist. In reviewing the narratives provided by practitioners there are often suggestions about these conditions contained within their definitions of the healing process. As practitioners describe their definition of the healing process they are also describing their orientation to the work they do as a healer. Their definition of the healing work is much like a statement of intent, describing the general approach used within the healing relationship.

Professor Kohut, one of the first major contributors to self-psychology and understanding empathy within the therapeutic relationship, addressed the question of how does psychotherapy "perceive the process of cure". He stated that it included an analysis of defense mechanisms, the "unfolding of transference", and "the third step -- the essential one because it defines the aim and the result of the cure -- is the opening of a path of empathy".¹² Empathy, sharing the experiences of another, is a critical part of the healing process, it opens the path for the process to begin.

Elizabeth Kubler-Ross, with a long history of helping the dying and their families, stated that often the practitioner has one view of illness and the client another. "And if we begin to work together and respect and help each other, than we can truly help each other to become whole. This is to me what healing is in our time. In some way it has to do with consciousness and... with openness."¹³

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Healing is defined as a process of coming together in a space of respect and openness. Healing involves more than the elimination of a foreign agent in our body. "Healing may or may not apply to what is commonly labeled as physical health... the goal is to become better, more enlightened than before the problem existed, much as a broken bone, when mended, gains strength. Healing as something that facilitates movement toward wholeness".¹⁴ Healing is movement toward wholeness within a space of respect and oneness, a space that can be facilitated.

Professor Breggin, Director of the Center for the Study of Psychiatry and Psychology and a faculty member of the Johns Hopkins University Department of Counseling, stated that "being helpful has more to do with a certain way of being than doing a certain thing... To create the healing presence we fine tune our inner experience to the inner state of the other person. We transform ourselves in response to the basic needs of the person we are trying to heal...Healing presence is not a private experience. It cannot be learned in isolation, rather it is learned in our relationships".¹⁵ Again healing is not seen as occurring in isolation but rather as part of a purposeful relationship, with proper intent, that shares the others suffering and offers movement toward well being.

The idea that relationships of proper intent are critical to how the practitioner defines the healing process is a characteristic found across cultures. Professor Some, an African American healer and teacher, describes the healing process: "Healing comes when the individual remembers his or her own identity – the purpose chosen in the world of ancestral wisdom – and reconnects with that world of spirit".¹⁶ It is the role of the healer to help the healee in this process of gaining relationship balance. African American researchers Hopson and Hopson, describe healing as a reconnecting to soul, including how we relate to each other:

"The journey is not easy – to seek that connection we have to dig deep in order to examine ourselves and our actions,

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explore the influences on our self-esteem, to survey how we relate to lovers, friends, and family, and try to understand psychological and emotional barriers, and to rebuild the bridge, block by block, that connects our soul".¹⁷

The concept of relationship as important to the practitioner's definition of healing is not limited to just person-to-person relationships. There is also the relationship with the sacred. The art of healing is "much more than a purely physical experience or even a mental experience: healing is finding an inner communication with something greater... an inner peace, an inner glow".¹⁸

"[It is] healing achieved not by physical interventions as in the prescribing of medications, lab tests, surgery, or elaborate hi-tech treatments of various kinds but by the laying-on of hands or other religious rites [rituals], by prayer, visualization, meditation, and the cultivation of the inner spiritual qualities".¹⁹

The practitioner definition of healing includes two components: a purposeful relationship with proper intent and an orientation toward the sacred within this relationship. Sacred should not be equated with meaning religious, but rather as a deep respect for the mystery and the beauty of the healing relationship. These components, proper intent and sacred nature, are described in more detail later in this document.

This recognition of this sacred practitioner-client relationship with proper intent is further illustrated in Table 2. The table contains various authors' descriptions of the healing process. This compilation, in addition to the above descriptions, is not meant to serve as an exhaustive review of the multiple definitions of healing used within this culture and others. Instead it is meant to serve as an initial look at how practitioners define the healing process. These definitions include descriptors of how practitioners experience the healing process as intertwined within the healing relationship.

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Table 2: Definitions of the Healing Process

Definitions Provided by Various Authors
“Attempts to relieve suffering and disability are usually labeled treatment, and every society trains some of its members to apply this form of influence. Treatment typically involves a personal relationship between healer and sufferer.” ²⁰
“All forms of healing create conditions for catharsis, although some are much more effective than others at eliciting this important therapeutic process...(p. 120-21). Healing, as a sacred or secular ritual, achieves its efficacy through the transformation of experience...(p. 134). Healing is only possible because the <u>relationship</u> authentically particularizes personal experience in symbols that are culturally and practically relevant.” ²¹
“Therapy is a hermeneutic process of clarifying whatever needs clarification. And it is the clarity of understanding of certain issues that has the power to heal the patient.” ²²
“Healing...can be realized only in a climate that nourishes basic needs of others.” “The healing act is a conscious, full engagement of one’s energies in the intent of helping another person.” ²³
“... [spiritual healing includes] the intentional influence of <u>one or more people upon another</u> living system without utilizing know physical means of intervention.” ²⁴
“Healing here means a process of psychic-physical-social reintegration...(p. xviii). Successful healers must learn to <u>speak the language of their patients</u> ; they must enter the patient’s minds through a process of empathy and become sensitive to the emotional preoccupations that accompany their physical illness.” ²⁵
“Curing generally refers to the removal or correction of organic pathology. Healing can encompass such matters as comfort, care, family and community relationships, quality of life, peace of mind, restoration of dignity, acceptance, spiritual growth and even ultimate salvation. Physical recovery may not be the most important outcome, and healing (at another level) may be felt to have taken place in the absence of a physical cure...” ²⁶
“The question of how the psychiatrist heals is most often configured as the problem of how therapy heals. That is because...psychiatrists are sensitive to their professional audience’s tendency to equate the words ‘therapy’ and ‘healing’ with psychotherapy.” ²⁷

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Table 2: Definitions of the Healing Process (con't)

Definitions Provided by Various Authors	
“Healing also incorporates the power to improve a patient’s bearing, outlook on his own status of being, or health...” ²⁸	“Healing also incorporates the power to improve a patient’s bearing, outlook on his own status of being, or health...” ²⁹
“Understanding our humanness with all of its strengths and frailties, fears, and hopes, requires insights that may not square with simple causal explanations. Ultimately, it is in the experience of the journey that we heal ourselves, not in its analysis.” ³⁰	“Understanding our humanness with all of its strengths and frailties, fears, and hopes, requires insights that may not square with simple causal explanations. Ultimately, it is in the experience of the journey that we heal ourselves, not in its analysis.” ³¹
“The healer believes in a model of health which is normative and transcends (if not eliminates) diagnoses. It is interested in salvation and healing. It is undetermined, transformative, and non-causal... The healer aims not at knowing but at enlightenment.” ³²	“The healer believes in a model of health which is normative and transcends (if not eliminates) diagnoses. It is interested in salvation and healing. It is undetermined, transformative, and non-causal... The healer aims not at knowing but at enlightenment.” ³³

Practitioners define the healing process as impossible to separate from the practitioner-participant (client, patient, consumer, student) relationship. The two are intertwined and although technique and treatment approach are still considered important they are applied within the context of a special relationship that fosters the promotion of well being. This special relationship is the healing relationship. The nature of this special relationship is not described within these brief definitions, but it is suggested that it is an experiential part of the healer practitioner’s work and a necessary component of their definition of healing. Throughout this chapter the practitioner’s narratives will provide additional descriptors and the reader should

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acquire a more complete picture of this special relationship that is offered to promote well being.

This concept of “the relationship” as not just a place to deliver treatment but as a necessary part of the healing process is a theme frequently repeated in the narrative associated with discussions of therapeutic healing.³⁴ “The relationship between healer [and client] is not only a means of delivering treatment, but also is, or can be, an aspect of healing itself... [the “bond” developed between therapist and client] “is a crucial component of the healing process”.³⁵

“An understanding of the powerful role of connections in human growth alters the entire basis of contemporary psychological theory and psychotherapy. As such it reflects a major shift in our thinking about what creates pain and psychological problems and what fosters healing and growth”.³⁶

As a practitioner in the healing arts I also offer a description of the healing process that includes discovering the healing relationship. Searching through the healing experiences shared with others meaningful patterns that cut across most of these experiences can be elucidated. At some level this is impossible because every practitioner-facilitated healing experience is unique. Yet from a practitioner's view, after sitting with hundreds of clients, there appear to be similarities, cutting across clients and settings, that may serve as a foundation for a general description of the healing process. I offer the following:

Definition of the Healing Process

A self motivated process that is enhanced by a sacred relationship of proper intent improving one's conscious awareness of balance, clarity, and well being.

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What can be gleaned from these various authors' definitions, and my own, is that practitioners do not equate healing with finding a cure, relief from pain is not the same as relief from suffering. The medical process of labeling pathology and ascribing a curing technique to that pathology is not the same as the process of healing. The second point is that the healing process can be facilitated through a special type of relationship between the human service practitioner and the person in need of healing. This special relationship is here termed the healing relationship.

Perhaps this is a direct and simple way to understand why some human service practitioners connect better with the people they serve, have a better bedside manner, and seem easier to talk with. Practitioners who state that they are in the business of helping others with therapeutic healing know that the process in which they engage involves a special kind of relationship. Yet this is not something we teach them in academia (beyond basic domain specific therapeutic skills). It is something that is learned "on the floor". How such healing relationship skills are learned remains to be examined (see later section on training). It is hoped that the characteristics of healing relationship defined herein can be used as a foundation for training practitioners in the advancement of healing practices.

Finally, as part of the practitioners definition of healing there is the mention of balance, harmony and wholeness as part of the definition and facilitated movement through personal change to discover personal wholeness in a new way. Each of these characteristics is discussed in more detail in this chapter.

The Second Practitioner Characteristic: A Focus on Holism

Dr. Ornish wrote of healing: "Healing and curing are not the same. Disease and illness are not the same. Pain and suffering are not the same. Curing is when the physical disease gets measurably better. Healing is the process of becoming whole."³⁷ Often practitioners, in describing healing, use phrases such as holistic, wholeness, and the whole person as part of defining the healing process. This holistic concept is carried into the practitioners' description of their experience as healers.

Holistic imagery is considered to be an integral part of alternative healing practices.³⁸ Professor Fred Frohock, from Syracuse University, stated that "the goal of therapy is a restoration of that equilibrium defining the healthy organism... non standard therapies tend to regard individuals in holistic terms".³⁹ Dr. Kakar (1982) in a study of practitioners in India stated that the focus is on the "wholeness of the person... [the shaman works to help the patient to reintegrate] his alienating experiences of sickness within a meaningful whole".⁴⁰ Native American healers refer to the healing process as living in the right relationship to all that is around the person as it comes full circle.⁴¹ This imagery of wholeness is constant throughout the writings by healer practitioners and exemplified by the quotes in Table 3.

Father DiOrio, a spiritual healer, refers to the healing process as "holistic healing".⁴² Dean Kraft, a healer from New York city, stated "I had to work with a patient on mental, physical and emotional levels. In order to do that I had to get to know, and better understand, each person and his or her environment. This treatment of the person as a whole is called 'holistic healing'".⁴³ The above practitioner quotes suggest the significance that practitioners give to treating the whole person. Table 3 includes quotes from healer practitioners that demonstrate their focus on holism as part of their practice. These quotes come from practitioners across a wide range of cultures. But

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Table 3: Descriptions Connecting Healing Practice to Holism

Various Authors Descriptions
<p>“Illness is a disturbance of the whole person in which pathogenic forces are greater than regenerative ones, and healing is the restoration of a healthy equilibrium...the holistic view encompasses both the principles of scientific medicine and healing phenomena...”⁴⁴</p>
<p>“Shamanistic healing invokes a conceptual framework that promotes harmony among patient, healer, group, and the world of the supernatural.”⁴⁵</p>
<p>“Healing can encompass such matters as comfort, care, family and community relationships, quality of life, peace of mind, restoration of dignity, acceptance, spiritual growth and even ultimate salvation.”⁴⁶</p>
<p>“In the past decade there has been an increasing emphasis on a holistic approach in nursing.”⁴⁷</p>
<p>Quoted healer Lorraine Ham as saying “It is important to make a distinction between a cure and healing. Healing in this sense is deeper and has to do with the whole person, especially their inner selves.”⁴⁸</p>
<p>“Shamanism is not an institutionalized religion; rather it is an attitude, a discipline, and a state of mind that emphasizes the loving care and concern of oneself, one's family, one's community and one's environment.”⁴⁹</p>
<p>“They [shamans] claim that disease arises not only from organic malfunctions but also because of the way one relates to God, the Earth, oneself, and one's fellow humans. For healing to be complete, all of these relationships must be brought into harmony...”⁵⁰</p>
<p>Quoting a Chinese healer; “The patient must be in harmony, in balance with his body and his world.”⁵¹</p>
<p>Relating Native American healing practices: “Healing becomes the understanding of a calm spirit, connecting the memory of our ancestors and all living things, experiencing a sense of oneness in the energy-flow of choice and presence through unity of mind, body, and presence through unity of mind, body, spirit, and natural environment.”⁵²</p>

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reporting by the practitioner that s/he has a sense that they treat the whole person may not mean the same as the treatment provided by a team of specialists (doctors, nurses, social worker, therapists, clergy) whose combined expertise may yield a holistic treatment plan.

As practitioner, when I am working with participants, I often have a sense that I am connecting to the “whole person”. This sense is accompanied by a sense that I am connecting to the person in some deep way for that moment. I seem to be able to sense their suffering and how it is connected to other issues in their lives. As I explain to the client my sense of what is happening I often do it as a set of exploratory questions and I wait for the participant to respond. It is as if we were in a house together and we had many rooms to explore. I have some sense of what is in some of the rooms but I would rather have them explore and tell me what they see. I act as a guide by saying, “How about looking over here and telling me what you see.” In one sense the house is the whole person and I feel that by being inside the house I am connecting to the whole person. This is not to say that I know every detail about the house, or about the person.

This sense of “connecting to the whole” may be also related to the nature of the halopathic experience as part of the healing relationship, which by definition is a whole empathic experience. The skilled practitioner has advanced his/her skills to levels where thinking about rules and techniques no longer occur all the time. There are moments of “flow”. During these moments there is the sense that one is connected to the whole of the experience. In this case the experience is a relationship that provides a healing environment for another person. The skilled practitioner does not fully become aware of all aspect of the other. Instead the practitioner is entering into a state where the therapeutic, healing process is flowing and unconstrained by cognitive analysis. In this state there is the perception that “oneness” has been obtained. This much is already understood about how “experts” process problem solving in their specialized domain. Exactly how this hypothetical development of

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empathy expertise to a level of oneness applies to understanding the effects and reported characteristics of the healing relationship is much of this study's focus.

In addition the "whole view" often includes the review of treatment options, within the practitioner's range of expertise. This again is related to years of experience as a human service practitioner. The idea that empathy in counseling must follow a certain set of facilitative techniques is good for beginners but may not apply to more experienced counselors. The whole connection with the client includes the practitioner's entire history of treatment experiences. These experiences are not thumbed through as if going through a file cabinet. One does not run down some clinical checklist looking to complete some holistic recipe for evaluating the person's treatment plan. Instead there is a holistic sense that some given approach should be applied at that moment. This also fits the idea that expert practitioners do not think through each step, but instead respond to the flow of what is happening. For me holistic healing is a combination of holistic practice, holistic mindset and a deep empathic connection with the client. It is within this holistic space that the understanding of what to do and when, for a specific participant, can be understood. This experienced based concept of holism is slightly different than some New Age metaphor that alludes to doing things for the whole person. It is also different than the holistic oriented information that can be provided by a team of specialists.

Unfortunately the health community, of which mental health practitioners are a part, has drifted away from this holistic, empathic, view of health care⁵³ in favor of a more economic mechanistic view. We do not take the time to become experts in connecting to people, but rather we become experts in treating people. "The shift in perspective from medicine-as-service to medicine-as-business transforms patients into 'consumers' of health care. The business model embodies a fundamental change in moral view: while the classical patient-physician relationship was based on an ethic of trust and service, the consumer-provider relationship is based on savvy,

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skepticism, self-protection (on both sides), and the directives of the 'bottom line'".⁵⁴ "Grave concerns remain about economically dictated health care".⁵⁵ As the focus of health care moves in the direction dictated by those pushing the philosophy of managed care it moves away from a humane relationship centered philosophy and toward a physical model of disease treatment.

Health is not just the absence of sickness but it is an understanding of well being. "In the words of the World Health Organization, health is a 'state of complete physical, mental, and social well being and not merely the absence of disease or infirmity'".⁵⁶ Indigenous healers in other cultures speak of healing practices in terms that are often holistic - linked to family, community and the environment (physical and spiritual) - in the search for helping the person to understand their own state of well-being. Dr. Weil, one of America's gurus of holistic healing practices, describes the holistic approach:

"Health is wholeness – wholeness in its most profound sense, with nothing left out and everything in just the right order to manifest the mystery of balance. Far from being simply the absence of disease, health is a dynamic and harmonious equilibrium of all the elements and forces making up and surrounding a human being".⁵⁷

A shift to a more holistic mindset that places the focus of human service on the characteristics of the healing relationship, hand-in-hand with technology, will be facing patterns of entrenched beliefs and practices within Western culture.

There are indications that shifts toward more holistic thinking are occurring within human services. Historically counseling has had its roots with "emphases on hygiology", a holistic view.⁵⁸ Research done in the early 1980s reported that approximately half of the counselors surveyed said they were eclectic.⁵⁹ By the early 1990s this percentage had risen further, with most therapists calling themselves

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eclectic.⁶⁰ This trend in eclecticism may be in part due to the eclectic style of counselor training which presents multiple theoretical positions, both in psychotherapy and in career development.⁶¹ Perhaps eclectic is another way of saying they wish to be seen as holistic practitioners.

The expression of being eclectic is not only an expression of diverse training but also the recognition by practitioners that the person asking for help is composed of many diverse needs. Eclectic may be a way of expressing the desire to do no harm by meeting the needs of the whole person through the potential application of many different tools. The term eclectic may have a different meaning for the novice versus the skilled practitioner. The skilled practitioner may see the term eclectic as closely related to the perception of whole person and whole treatment within the therapy session because the entire practitioner toolbox is also present in the session. Because the session is viewed as a whole there is no separation between tools selected and the whole experience. The novice may experience eclectic as applied to technique alone. The novice feels that they have an eclectic approach because they have an understanding of many different tools. Technique utilization can be helpful as there are thousands of different techniques described by healers. It should be

The Holistic Framing of Intent

The healing relationship is established with the intent of understanding the whole person as presented for help in the relief of suffering.

clearly recognized that there are a wide variety of tools used across clients, across cultures, and that being skilled in using an eclectic toolbox is not the same as developing a halopathic relationship. There are practitioners who are tool collectors, and always hungry for

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information about a new technique. But the healing relationship is not so much about technique as is its presence, being able to present the opportunity to enter the healing space between. The appropriate selection of tools, language, can help to communicate this to the participant but the tool is not the relationship.

In addition to this shift in the field of counseling toward a sense of becoming more eclectic, there has been an increased focus on more holistic approaches in nursing⁶² Jeanne Achteberg stated the following:

“Over the past few years a new healing consciousness has been gathering momentum... The new direction was born out of crisis and frustration with living in a rather constant state of dis-ease, out of fears that we as a species had passed a point of no return. It was born out of scientific findings that validate the mutual domain of mind, body and spirit, and support the necessity for addressing the triune nature of humankind in any healing system”.⁶³

Although the shift from the pathology, disease focused, model to a more holistic approach is slow in becoming part of Western health care it is making its presence known. This holistic frame of intent is a more open way of seeking to know the people who come to participate in the search for relief from suffering. It is intent beyond the simple focus merely on the pathology of their sickness. Throughout the above descriptions the word health, as conveyed by practitioners, is equated with harmony and developing a balanced relationship with all that life offers. As practitioners we need to enter into this mindset of harmony and balance as part of the holistic intent when we seek to help others. It is a mindset that is a part of how practitioners describe the art of healing. This holistic view may not only be a part of the process of facilitating healing it may be part of the way skilled practitioners think about, and enter into, the healing relationship.

The Third Practitioner Characteristic: Characteristics at the Onset of the Healing Relationship

Prevalent throughout the literature containing narratives where healers are describing their experiences within the healing relationship there are references to practitioner perceived characteristics. These are characteristics that refer to the healer's self-perceptions and that are reportedly present when the healing phenomenon is experienced. Characteristics such as environment of safety and compassion, proper attitude, being centered and a shared acceptance of healing as a possibility are those most frequently reported. It is not stated that these characteristics are necessary in order for healing to occur but rather, when healing is part of what transpires between practitioner and participant, these characteristics are also reported to be present.

The therapeutic healing relationship is not like the average relationship with which we might be familiar. It is a unique relationship into which the practitioner claims to experience certain specific characteristics. These characteristics help to define the nature of the agreement that is to be established between participant and practitioner. Placing these characteristics in groups of common themes is quite difficult because of the personal use of language to describe observation of a personal nature. The practitioners are attempting to describe what they observe about themselves while engaged in the healing relationship. The sample of practitioners used in this study covers a diversity of cultures and a diverse use of the English language. Including every characteristic practitioners have described would be too cumbersome. The selected characteristics are meant to represent the majority practitioner view and offer to the reader some understanding of how healer-practitioners see themselves within the healing relationship.

Dr. Steinzor, psychotherapist and self proclaimed "professional healer" sets the stage: "The theories the therapist proclaims or the school to which he professes his allegiance are irrelevant. They

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[clients] seek someone with whom to talk things over..."⁶⁴ But it is more than talking that clients seek. They also seek improvement over their situation, relief from suffering. Steinzor elaborates:

"The patient and the doctor must, therefore share a common belief in the good sense of their meetings and have common faith that there are meanings to be revealed in the patient's suffering. The patient must aspire to change; he must believe he can change and hope that the differences in him will be lovingly affirmed by those who matter to him. At its best the therapeutic relationship is a means to inspiration, for it is an actualization of the possibility of a true meeting between persons in honesty, warmth and respect."⁶⁵

The observation that the practitioner creates an environment of safety, respect, compassion and understanding is perhaps the most prevalent relationship characteristic reported. Such an environment of safety can be equated to the most important component of the Hippocratic Oath – first and foremost do no harm.

Professor Bregin stated that the practitioner brings to the relationship a "healing presence" and that this is like "radiating comfort with oneself and with others, even under emotional distress."⁶⁶ He continues by saying:

"In general we cannot create the condition for meeting other peoples needs only by talking... we create a healing environment by being helpers who radiate love, respect, or caring and who accept these expressions from others... Therapy should be a safe haven... safe for the therapist as well as the client... If I am successful in developing a healing presence, I will be demonstrating through my way of being with my clients that I cherish and value them and wish to promote their well-being and happiness... Often I

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reassure myself that I don't have to say anything at all, that I need only to listen carefully with genuine interest."⁶⁷

The concepts of "living the hour with the patient" and "healing presence" represent the idea that the practitioner enters the relationship with the intent of being there for the client in a deep and mindful way. Professor Kottler stated that an "open and trusting relationship is, quite simply, the single most necessary prerequisite for effective psychotherapy (as we currently know and understand it) to take place."⁶⁸ The author quotes a client: "I did not particularly care about which theoretical orientation my therapist followed, as long as he or she was an expert at applying it and had the capacity to treat me with kindness, compassion and respect."⁶⁹

This concept of providing a haven of safety and compassion appears to be a characteristic present at the onset of the healing relationship across all cultures. Native American healer Medicine Grizzlybear Lake stated that "most medicine people are highly sensitive and caring... They have a lot of love in their heart for their fellows."⁷⁰ Healer Henry Edwards (quite famous in Britain) stated that becoming a skilled healer was not a matter of entering a profession, it was something that had to be done from the heart.⁷¹ Spiritual healer Richard Foster stated that the healing work they did was a "natural outflow of compassion."⁷² The Native American healer Black Elk, in speaking of the spiritual power behind his healing work, said "We call it wisdom, knowledge, power, and gift or love. These are the four parts to that spiritual power."⁷³ The Dali Lama stressed the importance of compassion in acquiring well-being and defines compassion as "a state of mind that is nonviolent, nonharming, and nonaggressive. It is a mental attitude based on the wish for others to be free of their suffering and is associated with a sense of commitment, responsibility, and respect towards the other."⁷⁴ The Buddhist practice of Tonglen is the practice of healing through compassion (Tibetan Book of the Living and the Dead) and approximately one fifth of the New Testament speaks of healing and the importance of compassion.

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The healing relationship presents to the client an opportunity to enter a compassionate relationship that is safe and nurturing. This is the foundation of the agreement between practitioner and participant. As I enter into the halopathic relationship I feel a deep sense of compassion for the person who has come to me for help. It is a feeling without limit, that is, it has no conditions. I do not say to myself, "I can't feel compassion for this person because of this or that". There is no because. In addition there is strength and courage with the compassion. There is the strength and courage to share the persons suffering and to share with them a path through their suffering. It is very much an attitude, a way of entering into the healing relationship. It is an attitude I enter into when the session begins to move toward an agreement that the healing relationship is to be experienced.

There have been times when I have not had this attitude. Times when I have met a participant for the tenth time, we have made little progress, and I am frustrated. Times when I have sat with a resistant participant who has been court ordered to treatment and who demonstrates a level of disgust toward me. Times when the participant did not want that type of help, but wanted something else, and times when the participant's transference issues are so strong that I feel like an object rather than a person. These are times when the healing relationship is rejected. Instead the participant (and sometimes the practitioner) requests a different type of relationship – the support relationship or the habitual relationship. These two relationships are discussed further in separate documents.

Not all dyads will present as an opportunity to move into the healing relationship. There are many reasons for this, and none of the reasons have to do with the type of diagnosis that is presented. When I find shifting into the healing relationship difficult then I rely on my toolbox, while also finding ways to work through the issues that prevent compassion. If this is not successful, and I feel I cannot work well with this particular client, then I look to refer. What I can say is

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that as I have practiced this compassionate attitude it became easier, even with the most difficult clients. As the compassionate attitude became easier so it also became easier to move forward into the healing relationship, but it is not something I expect to occur. Actually I am always surprised when it does.

Amidst the practitioner's narratives there are reports that a certain balanced or centered attitude is one of the practitioner's presenting characteristics. Noted spiritual healers (out of Baltimore, MD) Worall and Worall stated that the "attitude of patient and healer is all important. There must be a complete relaxation of mind and effort."⁷⁵ African American healer, Henry Rucker, is quoted as saying that "attitude is the most important aspect of physical, emotional and spiritual well being."⁷⁶ The healer is able to develop a certain attitude that contributes to the healing process. The attitude Native American healers bring to the process is described as very wise, "extremely truthful" and not distracted by power or materialism.⁷⁷ The Chinese healing practice of Qi Gong is founded on proper attitude:

"Any qi gong technique may be used for a variety of purposes, depending on the student's intent... Intent is the healing power and thus is synonymous with qi... A reverential attitude toward the healing process is the basis of all traditional healing approaches, and still is throughout the world..." "The most important attitudes that the practitioner must maintain toward a client, as well as toward himself or herself, are compassion, love, honesty (especially with himself or herself) and humility. You must sustain your concentration and be fully present with your client..." "[Healing works well] when the patient is relaxed [and]... if the healer is relaxed, centered, and calm and if the healer interacts with the patient as one human being to another... The healer needs to help the patient feel comfortable, relaxed, and cared for."⁷⁸

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Healer Henry Edwards stated “there must be a beginning to start the wheels rolling... the healer will have developed an art of attunement – this is the important word, I cannot stress too much. He has developed the art of attunement to the source of healing... able to read the patient’s mind as easily as if they were listening to his words.”⁷⁹ The healer William Sulzman is quoted as follows:

“Successful therapy requires that the healer be properly centered. For him that means that the center of one’s being is stilled, the emotion and the intellect quieted, a harmony and connection to a universal order carefully set in place at a conscious level. Then compassion must occur... It is not the charisma of the healer that is the decisive, Sulzman believes, but the ability to address the whole person...”⁸⁰

The practice of shamanic healing can be seen as a “request to direct our vision to the present, and to the discovery of our personal center.”⁸¹ In addition to creating safety and showing compassion, the practitioner brings a certain attitude of balance into the therapy session, a balance that helps direct the vision to this personal center. The quotes from numerous practitioners cited above suggest that this proper attitude is connected to the practitioner centering and presenting to the healing session a “quiet presence” intent on promoting well being. Although the healer may have charisma, the writers note that it is the presenting attitude of being centered in the healing presence that is more influential. Again this sense of presence and being centered is part of how the healing opportunity is presented to the person requesting help.

This “centering” done by the practitioner may be considered the same as being able to place oneself into the flow of the moment, or to become one with the moment. As I enter into the therapeutic healing relationship I am very conscious of how the relationship appears to me at that moment. I try not to bring in previous history, mine or there’s. I attempt to enter into the relationship as it is presented in that moment. The ancient shamanic approach was to enter the relationship without expectation and without judgment.⁸² The skilled practitioner

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of halopathy is one who enters into the moment without logic or preconceived ideas. This separation from personal agendas and a shift into oneness is important, because such thoughts detract from experiencing the moment. Picture an expert basketball player moving down the court to take a shot. When in the flow there are not thoughts of technique, body, or anything. Instead there is an open attitude to experience the moment in its fullest. The player is “centered” and that the moment is experienced without conscious distraction. Such characteristics are associated with the halopathic experience.

The healing therapeutic relationship is not simply the practitioner bringing a correct attitude and creating a space of safety, compassion and respect. The relationship is also a space that the client enters into with some degree of understanding or sense about the nature of the relationship. Part of this agreement is the understanding that both parties will work toward wellness. Healing, if not directly stated, is understood to be offered as a possibility within this agreement. There is the belief by both participant and practitioner that well being can occur.

In India it is “the belief that it is the person of the healer and not his conceptual system or his particular techniques that are of decisive importance for the healing process.”⁸³ Healers often have “a quality of personality able to exert great influences over other people”⁸⁴ and the most skilled healers treat this influential gift with great respect. There is often a reputation that follows the healer, both because of stories of success and because of this influential gift. It is a reputation that adds to the influence of belief and faith. The idea that faith or belief in the healing process is a critical component of the healer's success is a theme scattered throughout the literature. It is often considered an important pre-condition of healing therapeutic success. But caution needs to be applied when adding this component to the healing relationship.

Several prominent researchers have talked about the importance of faith⁸⁵ -- faith in the ritual, faith in the practitioner's abilities, faith

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in the possibility of healing -- as a part of the healing relationship. Although faith can contribute to health and well being⁸⁶ it can be a personal experience and is not a necessary part of the healing relationship shared between practitioner and participant. The problem with imposing faith as a necessary part of the healing relationship is that it then becomes easy to dismiss failure, not healing, as being related to the individual's (participant or practitioner) lack of faith. Condemning people for their lack of faith can lead to problems that may have consequences for the client's life and sense of well being. In addition faith, or amount of faith, should not be equated with the concept of a working agreement. One can enter into the healing relationship willing to work, accepting the possibility of healing, but not have faith that a dramatic healing experience will occur. Such was the case with the informants in this study, as will be discussed in the following chapter.

Professor Some, an African healer and teacher, states that the participant must be prepared to enter into the process of healing but does not equate this preparation to a matter of faith.⁸⁷ Journalist Harpur stated "from the scores of healers I have interviewed, it would appear that healing, if indeed it is genuine, requires no more than a kind of neutrality on the part of the sick."⁸⁸ Healer Dean affirms this view when he explained to a prospective client "that his belief in alternative healing was unnecessary, that all that was needed for us to work together was his willingness to give it a try."⁸⁹ Native American healer Rolling Thunder stated "It was as though there were some law of invocation and response: One cannot be helped until he seeks help..."⁹⁰ again indicating that the agreement is necessary but there is no mention of needing "faith".

Faith is not a necessary requirement of the healing relationship. Participants may even be skeptical. What is necessary is a willingness to participate in the process of personal change. The experienced healer enters the agreement with the full knowledge that there is the potential for change to occur but no guarantee. The participant enters seeking help. I have found that a resistance to discovering one's

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healing will impede progress toward well being, but it is not a matter of faith.

This resistance to enter into the healing relationship presents itself to the healer as an individual seeking help but not necessarily seeking the healing relationship. People seek help for a wide variety of reasons – to have someone “fix” them, to be told exactly what they need to do, to fix someone/something else creating pain in their lives, to get a feel good experience, to continue as a part of their “career” with the medical community, or because they are there at the request of another. Simply asking for help is not the same as being willing to enter into the healing relationship. It is important to recognize that some people come for help but DO NOT want to enter into the healing relationship. They would rather enter into some other type of relationship – the support relationship or the habitual relationship.

This idea of support versus healing needs also to be applied to practitioners as they seek to enter into any helping relationship. The healing relationship often differs from the support relationship, although they often intertwine. A person may arrive asking for a spouse to change his/her behavior, or for medication to make the pain go away, or to meet legal obligations in an effort to reduce legal consequences, or to just feel better. They may have stress in their lives and associated pain. They may come to have the pain go away without looking at the stress. These are aspects of the helping relationship, a relationship where the person comes expecting to receive help. It is a relationship built on the medical model. It is the idea that when we are sick something is “broken” and we can go to a practitioner and s/he will “fix” our problems, much like fixing a broken arm or getting a shot for measles. But not all problems of health are so easily repaired and what often happens is that the person continues to return to the practitioner for their “fix”. And as practitioners we become part of the system that delivers this “fix”.

For example a man is sent to therapy because he said he wanted to kill himself. Upon arriving he tells a story of a rocky relationship

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involving restraining orders from a girlfriend who also tried to commit suicide. There are children involved and he is accused of child abuse, which he denies. He is also accused of breaking the restraining order. The girlfriend's father is a lawyer, wealthy, and very supportive of his daughter. The girlfriend is very angry and he says she wants him to rot in jail. He says he is still very much in love with her, but he is convinced he will go to jail and lose her. He would like this situation to be "fixed". This is the help for which he is asking but it is not an invitation to the healing relationship. Understanding the difference between the healing relationship, the support relationship and the habitual relationship helps the practitioner to become more effective and a healer.

The Presenting Features of the Healing Relationship

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.

Learning to navigate the various aspects of providing help, when needed, and facilitating healing, when possible, requires training and practice. The practitioner never ends learning about navigation in this wondrous terrain. Part of this learning is about knowing that the practitioner may seek to enter the healing relationship, but be unwilling, unable in a given situation, to do so. It is not due to a lack of asking, but rather it is connected to the practitioner having a different frame of reference – one which, at that moment, is not compatible with entering the healing relationship. With most practitioners there are certain times when entering the healing relationship with another is nearly impossible. Understanding why these "disconnection" events occur is as important as understanding the effects associated with halopathy and the healing relationship.

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For the healing relationship to occur, all that is needed from participants is a willingness to understand their suffering and to seek relief as a part of a shared experience with another person. In addition the practitioner must be capable, at that moment, of entering the healing relationship. The pre-conditions are established by the practitioner, and the client then says yes to these pre-conditions as part of a mutual agreement. The practitioner creates an environment where the client is able and willing to enter into a halopathic relationship where such personal exploration can begin. The pre-conditions are part of the agreement. The pre-conditions are also a part of the practitioner's readiness to enter the healing relationship. Sometimes the practitioner isn't ready. Sometimes the client isn't ready. The wisdom and art of this healing work is to learn how to navigate toward the agreement and beyond.

Deciding that healing is possible and choosing to enter the healing relationship is part of the agreement that is given by both participants before movement toward well being can occur. If either person chooses not to enter the relationship this does not mean that they are refusing help, or refusing to offer help. It means that help takes on a character that is different than that associated with the healing relationship. Without permission by both people, without agreement, halopathy and the healing experience is very rarely experienced.

The Fourth Practitioner Characteristic: Advanced Empathy and the Concept of Oneness

One the presenting features have been offered and the agreement has been established then movement can begin toward experiencing halopathy, a deep empathic connection that is part of the healing relationship. This concept of a therapeutic oneness is perhaps the most

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prevalent theme throughout the narratives of healer practitioners across all cultures and practices.

“In having one’s experience recognized and received by another person, one becomes able to recognize and receive one’s own experience, both in a broad sense and in one’s particular ability to receive one’s own moment-to-moment experiencing. A shift in the way one receives one’s moment-to-moment experiencing open a number of natural processes by which one integrates and differentiates the meaning of one’s experience... Empathic responding offers the reassurance that one’s experience is comprehensible to another human being... Empathy is curative in the sense that it encourages clients to hold their own experiences in attention in ways that tend to stimulate a deep reworking.”⁹¹

Healing experiences can be tied to being “empathically attuned”⁹² with the participant in the moment, as if the practitioner is one with the participant in that moment. This shared moment of oneness allows the healer to experience the participants suffering, to know it as if it was his own experience, and then sense the path through that suffering toward well being.

The noted Greek healer Spyros Sathi, is quoted describing this sense of oneness with the client which Sathi calls “a moment of at-onement”⁹³:

“I can expand myself, enter inside the patient, and see everything in that person from all sides at the same time... I concentrate my eyes and enter inside you. I can expand and bring you within myself.”⁹⁴

A wise African tribal healer, K’xau, describes how he would heal someone: “I’d come to him and enter his body... And I’d lie inside him.”⁹⁵ Indigenous healers from Asia are described using a form of halopathy:

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“It is still to his mystical capacities that the shaman owes his ability to discover and combat the evil spirits that have seized the patient's soul; he does not confine himself to exorcising them, he takes them into his own body.”⁹⁶

Across cultures healers describe a special type of union that is a part of the healing relationship. It has been proposed that healers use two types of methods to facilitate the healing process: (a) laying on of hands, and (b) forming a “oneness” union.⁹⁷ Both methods require the practitioner to form a deep trusting, caring, and genuine relationship with the client. “The healing was not a ‘doing something’ to the heelee, but a meeting and uniting with him on a profound level, a uniting that permitted something new to happen.”⁹⁸ Delores Krieger, nurse and founder of therapeutic touch, noted that a sense of oneness with the client can be part of the healer's experience.⁹⁹ Dean Kraft, a noted “laying on of hands” healer, mentions the importance of connecting to the client as part of the healing process.¹⁰⁰ The simplistic division of the healer's work into two categories may be missing the point – the deep empathic connection that occurs in most healing sessions and is noted across all cultures.

In a study of healers in India it was suggested that “...a major psychotherapeutic factor in the healing by the gurus is the patient's (in so far as seeker or disciple is also patient/client) emotional relationship with the guru.”¹⁰¹ A similar connected relationship was proposed to be important to the work of healers in South Africa: “In the area of mental health the traditional healer is well attuned to the psychological and psychopathological states of his patient.”¹⁰² Deeply connected relationships were also found to be important to healers in Fiji¹⁰³ and in China.¹⁰⁴ Native American healer Rolling Thunder stated that through a connection the healer has with the client “medicine men and others of similar practices communicate without words.”¹⁰⁵ Additional descriptors describing of empathy as crucial to a relationship that promotes well being are given in Table 4.

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Table 4: Descriptions of Advanced Empathy as Part of the Healing Process

Various Authors' Descriptions
<p>“The power of healers comes from our ability to get very close to patient’s spirits in a meaningful way. Years of listening to patient’s stories sharpens healers’ abilities...healers bring their patients into a partnership with them and use their patient’s spiritual strength to help deal with the problem.”¹⁰⁶</p>
<p>“I believe that empathic understanding has a healing effect on both sides of the relationship.”¹⁰⁷</p>
<p>“Making connections is what healers ought to be doing: listening to people’s stories, finding out how we can best be with them as they face their disease.” As a doctor working with Native American patients he stated: “Patients don’t want to be cases - they want to be healed...to find such a healing place they need to feel a connection exists between themselves and the healer...”¹⁰⁸</p>
<p>A “sense of empathy or emotional closeness” appeared to be a part of almost all healing relationships.¹⁰⁹</p>
<p>Quoting a Chinese healer; “We must put ourselves in the patient’s situation to understand what they feel [as part of the healing process].”¹¹⁰</p>
<p>“If I can hear another person’s words, not from a place of clinical distance, but as they touch me and resonate inside me, then I can bring a fully alive, human presence to bear on the other’s experience, which is much more likely to create an environment in which healing can occur.”¹¹¹</p>
<p>“True therapy occurs, I think when the therapist is empty; when all his presence and awareness is with the patient so that there is that intimate connection...[where] he or she can be fully in touch with the patient.”¹¹²</p>
<p>“So if there is some compassion radiating from you your very presence...if there is gentleness and willingness to include them, that is the preliminary stage of healing.”¹¹³</p>
<p>“It is in the mutual participation of discovering the essential quality of the patient that the healing takes place.”¹¹⁴</p>
<p>“Trust, empathy, and various components of support, furthermore, are ubiquitous in healing everywhere.”¹¹⁵</p>
<p>“When the empowerment of patients and their families becomes an objective of care, the empathic auditing of their stories of illness must be one of the clinician’s chief therapeutic tasks.”¹¹⁶</p>

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In my work as a facilitator of well being I have often felt a sense of oneness with participants during some portion of the session. It is a moment where my concentration was focused on nothing but their breath and life. It is a moment where the session is in “flow”. This was a sense of “at-onement” where it felt as if there was no separation between myself and the participant (like the skilled athlete or dancer who feels no separation between themselves and their actions). Some of this is described further in Chapter 3.

For me the movement from suffering into well being is the central purpose of healing relationship and halopathy is the start of the journey, the road map for the work that needs to happen. The intent of this deep shared connection, this oneness, is to walk a journey with the other for the purpose of promoting their personal discovery of well-being. It is almost necessary for the practitioner to enter this deep empathic state, in some form (some developmental level of empathy), in order to understand the client's suffering and to then be able to facilitate the client's movement toward well being. It is necessary to enter into this shared state in order to understand the participant's needs and what tools best match those needs (selecting from the eclectic tool box). The fears that people often have regarding this union appear to be triggered from not understanding the healing relationship and preferring one of the other two relationships.

Halopathy is simply an advanced form of empathy that helps to facilitate cathartic movement from suffering into well being. It may be possible, for some, with the right teacher, to learn about halopathy.

**Halopathy is fundamental to facilitating
the healing relationship**

Advanced empathy can be viewed both as a presenting characteristic of the practitioner and as an effect participants

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reportedly associated with the healing relationship. The descriptors of practitioner characteristics are not only self observations they also represent an attempt by practitioners to describe a state of being which is reported to accompany the healing relationship. This state of being includes the developed ability to enter into an advanced empathic union. Describing a state of being is different than describing a series of techniques one can apply in order to “cure”. The list of techniques used across a wide range of cultures would fill volumes. They are techniques geared to the culture as a way of communicating about the healing relationship. But the descriptors that practitioners use in reporting their state of empathic being during the healing relationship appear to contain cross-cultural commonalities. Empathy, in its various advanced forms, appears to be the most widely practitioner reported descriptor despite the language difficulties encountered when defining it. It is likely that the advanced empathy associated with the halopathic process is cross-cultural yet communicated as culturally specific within practices (rituals, explanatory language) that are culturally unique.¹¹⁷ Past definitions of cultural empathy¹¹⁸ may be incomplete because of their failure to include this deep empathic aspect of the healing relationship.

As described earlier I view the concept of oneness as a natural extension of becoming a skilled practitioner in the field of human service. It is a logical extension of the process of helping others supported by the knowledge acquired through hundreds of empathic healing encounters. Gifted practitioners appear to have discovered the same phenomena as described by the informants and the healers cited in this text. Although the language, at times, may sound strange as people struggle to describe this phenomenon, I see this as a problem with language and not as a problem with the phenomena of the healing relationship.

As described in Chapter One, research on the development of expertise indicates that skilled practitioners move from the parts perspective to viewing domain interaction more holistically. The difficulty in applying this concept to empathy is that, by definition,

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there are two people involved in the experience and we often struggle with how to communicate the nature of a holistic interpersonal relationship that is no longer viewed from the parts perspective. This struggle for description and interpretation, as will be noted several more times in this document, is part of the healing relationship. It is part of our discovery of ourselves, of how we sit in relationship to all that is around us, of how we choose to deal with our own suffering.

The Fifth Practitioner Characteristic: Catharsis - Movement through Suffering

“One way to describe therapy is to say that it is a special place designed for working on disconnection (that’s why it can be so hard) – and for learning to move on through the pain of disconnection to a new connection (that’s why it can be so fulfilling and enlarging for both people involved).”¹¹⁹

The healing relationship can be viewed as a place where one can experience the movement through suffering into well being. The “curative” process in psycho-therapy is related to the client’s gaining insight by “working through” catharsis within the therapeutic relationship.¹²⁰ Therapy in the East has long been viewed as involving movement through a painful experience as part of the healing process. Myths of journeys, the odyssey, the vision quest, battles with the darkness to gain insight have been a part of our culture since the beginning of written history.

Professor Kleinman, in a study of healers across cultures, stated “all forms of healing create conditions for catharsis, though some are much more effective than others at eliciting this important therapeutic

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process.”¹²¹ He continues and offers the following description of the process:

“Ethnographic accounts of healing rituals in non-Western societies... point to the universality of a tripartite process. In the first movement, an underlying causal agent is announced... In the second phase, the symbolic form that causes or materializes pathology...is manipulated via therapeutic rituals (sacred or secular). Finally, the causal agent, on the plane of the interpretive system's core symbols, is removed... The healing is affirmed.”¹²²

Excellent research done on Native American healers concluded that the concept of cathartic abreaction was part of the facilitated healing processes.¹²³ Noted anthropologist Levi-Strauss saw the practice of healing by indigenous healers as cathartic and similar to the psychoanalytic process of abreaction:

“The shaman does not limit himself to reproducing or miming certain events. He actually relives them in all their vividness, originality, and violence. And since he returns to his normal state at the end of the séance, we may say, borrowing a key term from psychoanalysis, the he abreacts. In psychoanalysis, abreaction refers to the decisive moment in the treatment when the patient intensively relives the initial situation from which his disturbance stems, before he ultimately overcomes it.”¹²⁴

The concept of taking a journey through which one learns to release their suffering is common to the practice of healing. Indigenous healers frequently refer to myths and speak using metaphors of an inner journey that may be acted out in symbolic ritual:

“Oriented toward this mysterious flow of life, shamans respond to the ceaseless rhythms of silence

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and sound in the earth. Just as they are open to the dramatic moment of ritual contact with the spirits, so also are they ready to undertake inner, meditative journeys because these too are effective in healing.”... “Having the intimate knowledge of the threshold to efficacious power, the shaman is able to lead another across that boundary to an encounter with power and then back to the normal world.”¹²⁵

Much of the ritual and symbolism surrounding the practice of healing in other cultures is centered on this *passage from suffering* to a state of well being along the sacred path of healing. It is often seen as a journey that the participant takes, or that the practitioner takes on behalf of the participant, or that they both travel together.

It seems to me that it is only natural for the healing process to include this journey from a state of suffering to a state of well being. What seems surprising to me is that there is little attention in the literature to the nature of the practitioner's experience in this cathartic process. What is it like to have the suffering of another seem like it is a part of you and to then let-go of that suffering in a way that brings about a state of well-being? In the voluminous literature on healers, therapists, techniques and philosophies I found mention of empathy and of catharsis but very little information that speaks to practitioners about the union of both.

Every time I engage in seeking to share the path of healing with someone it always seems like a journey, as if I am moving through a change in space and time. For me it makes sense that the healer's ancient language would be rich with metaphors that speak of journeys to other worlds (realities). I personally do not visualize the process as involving travel to other worlds because I do not care for the “ghost” connotations. But I do sense that the connection I have with the participant is beyond what is normally established as “real” and that we are traveling together to new sensations and perceptions. The

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participant also reports to sense my presence with them on their cathartic journey.

The start of this cathartic journey is fairly easy. The practitioner presents the conditions of centeredness, compassion, intent, safety, respect and a working relationship. But, at any point in the journey the participant may say that they cannot go any further. If the participant agreed to the exploring for well being then the journey may progress to a deep empathic connection. What happens after the deep empathic connection varies and to some extent is quite individualistic. Sometimes relief from suffering is not experienced because the person is not ready. Reasons for this as discussed elsewhere. Sometimes the practitioner is not ready. And sometimes it is just not the right time. But when catharsis is experienced I experience it *as if* I am also going through the catharsis at that moment. A story will help to illustrate this.

Before coming to Syracuse University to do my Ph.D. I was working as a consultant helping people design rehabilitation programs. In my travels I met a young woman who was very interested in learning from me. She became my student. For several months we spent many hours each day exploring all aspects of how to live a life of wellness, including questioning her understanding of personal well being. She had a typical understanding for our culture, relating well being to the pursuit of pleasure instead of the journey toward well being. This had created problems for her that manifested themselves as “disease” – alcoholism, bulimia, and self injurious behaviors.

As I spent time with her I kept getting the feeling that something traumatic had happened to her, but I was hesitant to say something as I was afraid of planting ideas that were not there. One day I decided to ask her to join me in an exercise of meditation. As I guided her in her breathing I also shifted my mental state, entered a halopathic experience, and became more in touch with her suffering. As this happened it was like I lost awareness of my surroundings as if I was

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transported through time and space (but I also knew I was still in the room, in a meditative stance). I also knew that I was experiencing an event she had experienced but was not able to share with me verbally. Slowly (in this altered state of perception I often find it hard to accurately describe), I spoke, in choppy phrases, describing what I was experiencing.

The room I was in was not big, a small bedroom. I was lying in a bed. The bed faced the door so I could see the dim hallway light. It was dark except for the light coming from the hallway outside the door. The door was slightly cracked, letting in just enough light to highlight the shadows of objects in the room. I was still, listening and not moving. Then there was a man's voice. He came in the room and then closed the door. I knew this man, a friend or relative. I asked him to leave but he would not. Then he forced himself upon me. The feelings were as if I had been clawed by a savage beast. My lower abdomen ached and my lips throbbed as if they were bruised. But worse than these feelings were the feelings of being soiled down to the bone with no way of getting clean. It was a terrible nightmare that I had to live with in secret. I began sobbing.

She then reached out to me. With the touch of her hand I regained perception of my surroundings. She told me that what I had recounted to her was a true story, one she had shared with no one because it had been too painful. We talked further and established connections between the event and many of the self-destructive behaviors that had been a part of her every day life. She stated she felt a great relief, as if a giant weight had been lifted off her shoulders. It was after this cathartic event that she demonstrated a dramatic change in her life – a shift toward well being on many levels. She stopped the destructive behaviors that had been a part of her life and went on to becoming a skilled human service professional.

I recount this story to illustrate the cathartic process following the halopathic connection and to describe what, as practitioner, this healing catharsis felt like. Although this is a powerful story it

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contains elements similar to those presented by some of the informants – a person in suffering, followed by discovery, and then well being. Not all catharsis is experienced as in the above story. It may be a story that offends some, but it is not meant to do so. It is simply an example of the healing possibility of halopathy and catharsis. What is important to note is that the combination of catharsis and advanced empathy results in the perception of a shared experience. As I lived through the pain as she also relived it. During the entire experience I knew that she was near and I knew that I was still myself. This perception of self, as the healer, remained constant during the entire event. Even though I was immersed in her suffering I was also aware of the journey toward well being. For me this duality is critical for healing success. If I get lost in her suffering then I can't help her. If I am too focused on promoting well being then I can't help her. It is from this place of "in between" that I can be most effective. For me the union of empathy and catharsis is about describing this "in between" place in the healing relationship.

Describing what it feels like for me to be in this "between" place is a continuation of the description of the healer's mindset. I have a certain mindset of centeredness, compassion, total openness to the participant's experience, and yet guided by a sense of understanding that there is a personal path of healing for this one person waiting to be discovered. I am immersed in her suffering yet I know that I will find my way out if she can walk out with me. It is not a forceful thing. I am just as willing to remain in suffering with her for as long as she needs, provided that I sense it is fruitful to do so. Through what I have said during the session, and the effects she experiences (like those of the informants) she senses that I am there with her. Once she knows I am by her side in suffering then catharsis could occur. When we get through the catharsis, after letting go, we can then discover the healing path, experience well being at that moment. Sometimes we don't move through, but just look around. Sometimes there is a quick movement along the path and a sharp shift into well being. Sometimes it is soft, gentle and quiet. In all instances it is a discovery that is personal and transformational. In all cases of healing

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there is this sequence of movement through catharsis followed by well being. As practitioner, and facilitator, I share the experience, this movement with the participant.

In some cases such healing movement is not experienced and the participant leaves without having experienced a shift toward well being. In the healing relationship, catharsis and well being are linked together but this doesn't mean that if the person experiences suffering, revisits their pain, that this will lead to well-being. People often know their own pain. Some are afraid to revisit and some have no idea of how to move past. Some keep revisiting and repeat barriers that prevent them from moving on. Catharsis is not just being able to revisit, but also being able to let go and move past. Often participants get stuck in looking at, and experiencing, their inner pain. Like playing a tape over and over. They don't move on. When the practitioner enters into this cycle through the halopathic experience, s/he (the practitioner) is also stuck – sharing the repeating cycle with out being able to move toward well being.

Success in facilitating the healing relationship is tied to the practitioner's skill in sitting with suffering – his and the participant's.

Initially the two share this repeating cycle by looking at it and describing it. This can be done in the support relationship, or as part of the healing relationship. The form that this shared exploration of the experience takes varies. Some people cannot verbalize and the practitioner needs to use ways to help the client visually share the experience and to describe it (without contaminating the experience with the practitioner's views). Some participants get emotionally overwhelmed with fear, disgust, shame, anger, or sorrow. They need help quieting these emotions before they can get out of the cycle and further explore their own well being. Some people physically act out

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the repeating cycle and may attempt to do so with the practitioner. Careful use of intervention skills can turn these delicate moments into healing moments. Suffering can be a gateway to revelation.

Looking at one's suffering and being able to sit with that suffering is the first step in catharsis. The next step is letting go. Some participants remain stuck in habitual patterns (discussed further in another document) and have great difficulty letting go. They have to be taught how to let go, shown where to go and how to get out of the repeating cycle that keeps them from letting go. Getting to this juxtaposition can be very difficult for some people. Remaining stuck and not moving can be even more difficult. It is the most common feature of human suffering.

Perhaps the most difficult aspect of using advanced forms of empathy is sharing the feeling of being stuck with the participant *without* obvious movement toward well being. It is necessary to share one's perceptions of these stuck feelings with the person as part of the healing work. To avoid doing so would be to create a barrier between practitioner and participant that may impede the practitioner's ability to walk with the person through catharsis and into well being. But I wish to reemphasize a *warning* regarding this discussion of facilitating catharsis through a halopathic connection. This is not easy to learn and it contains many hazards. The healer Spyros Sathi stated "Is it pleasant to enter inside another person, a pathological person, and become that person? And feel like that person during moments of at-onement with him? The answer is no... but so what?... Yes, [there are] grave dangers. You must be strong and know what you are doing other wise you can end up becoming like the other yourself."¹²⁶

Sharing the healing relationship with another involves not only the hope of shifting to the experience of well being but also the work of patiently sitting with another in their "suffering place". Sometimes people are not ready to move through their suffering to a place of well being because they need to understand the nature of their personal suffering before they can move forward. This means that the

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journey is stalled, the catharsis does not get completed in the manner described by the informants herein. Instead there is an exploration of the “darkness” in an effort to more completely understand the individual's suffering. This is where the support relationship can be very useful in discovering with the individual a deeper understanding of suffering. Hopefully this understanding will allow the person, at sometime later, to finish the cathartic process.

There are several points practitioners need to be aware of when sitting in the suffering place with another:

1. Avoid being drawn into the suffering place simply to provide a “feel good” response, much like the individual would get from using a drug.
2. Be very attentive to self generated feelings of transference and counter transference (these and other habitual relationship patterns are discussed in another document). Take steps to prevent these feelings from entering into your work of sitting with the suffering. Try to experience the other person's suffering with clarity and then practice reflecting this clarity back to the person. Wait for affirmation or correction from participants regarding your clarity and be open to their input.
3. There is often no need to return to the suffering place in a never-ending loop that some participant's experience. Be extra careful of returning time and time again to the same stuck place with a person. It is important to reflect on the person's previous experiences of coping with suffering and how they have affected his/her outlook, life interactions, and dreams. It is sometimes better to work within the

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support relationship, reminding them of the suffering loops (dysfunctional patterns) and their effects, followed by an offering of healing. Within the support relationship you can remind them of what is preventing them from moving toward healing and what they need to do to change. It is better to wait for them to move toward healing than to stay too long immersed in suffering with them with no sign of movement.

4. Take time to recognize the personal effects of sitting in someone's suffering place without shifting to well being. There are always effects and they are personal to the practitioner. Ignoring these effects is dangerous. They could easily become part of the transference process that same day - with your next client (patient), or with family members or with your best friend.
5. During your free time practice cleansing routines, letting go, staying healthy, and strengthening faith. Act and think in ways that bring about your own return to well being, even though that was not shared with the participant (because s/he was stuck). Refrain from acting and thinking in ways that contribute to your own suffering.

It is very important to realize that not everyone who genuinely asks for help is also ready to move through their suffering into a place of well being. In addition the practitioner's skills may be such that s/he is not the right person, at that moment, to serve as the individual's guide out of the suffering. Instead the practitioner may be called upon to simply sit and explore the suffering place. Perhaps the practitioner will serve as a guide in the future, or will provide information to another who will be the guide (making a referral with release of information to another practitioner).

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A young woman comes to this practitioner after having feelings of wanting to kill herself. She says that she has no idea why she would do such a thing. She talks about broken relationships with men, and problems getting in touch with her feelings. During each session we explored the character of her suffering place. A dark room, in a basement, no windows, no furniture, some support pillars, and seemingly no way out. There was a feeling of disgust, distrust, pain and fear of danger. She describes herself as having to blindly feel around the room in order to navigate. Then she describes emotional numbness, something she had experienced before. This was followed by an experience of physical numbness, something she said she couldn't remember experiencing. As we explored the suffering place further she connects the room and the feeling to a past trauma she experienced (without the therapist introducing the idea). Then she connects the experience to flashbacks and emotional triggers. Finally she connects it to the suicide feelings. This required many hours of sitting with this woman in her dark suffering place to help her explore it while also helping her to feel safe. She had never done this before and she left feeling understood and validated, even though the dramatic shift to well being had eluded her.

When the practitioner makes the journey into suffering without clear movement toward well being s/he must take the necessary steps to remain healthy, return to their own balance, and to do this without shutting down the empathic connection. This is not easy to learn and there is much that can help with the process, such as learning what keeps us from balance and health so that it becomes easier to return after sitting with someone's suffering. Training with a skilled practitioner can assist us on this journey of skill development and learning more about the healing relationship.

With skilled practitioners who use the healing relationship there is often an increased clarity of knowing the other's suffering. The shared moment is often more intense. This empathic sharing of suffering is something that is not addressed adequately in the

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literature available to either practitioners or participants. It is a journey that can contribute to healing, but it is also a journey that can leave both the practitioner and the participant with a feeling of “unfinished business”. This can be an unsettling feeling, a foreboding, and it can sit with the participants for some time. Carl Rogers, after seeing a young woman with mental health issues, perhaps visited this dark suffering place and left with an uncomfortable feeling he couldn't shake. He had to take a six-month sabbatical.

Always seek movement through suffering into well being and always wait for the participant to ask for that movement.

Moving with the client through catharsis is difficult, for both participant and practitioner. But it is shared movement, and sometimes shared non-movement, that should that occur. Advanced forms of empathy help the movement to occur because of the following: (a) the participant often has a sense that the practitioner is there, (b) there is an increased sense of safety, (c) as the practitioner helps the participant to see their inner world the sense of trust in the practitioner increases, (d) the client experiences relief in finally being able to share this inner world in a way the s/he feels understood, and (e) as the practitioners comes to understand the participant's inner world s/he also learns to navigate within it to seek the doorway to well-being. This cathartic journey is aided by the practitioner's use of empathy and by the presenting characteristics of the practitioner. The movement into the suffering place and out of suffering to a place of well being can be a difficult journey, but it is also one that is very rewarding. It is sometimes movement that is accompanied by a shift in perception.

**The Sixth Practitioner Characteristic:
A Shift in Perception, Previously Labeled
as an Altered State of Consciousness**

The journey out of the place of suffering and into well being often includes reports of the practitioner entering a different state of perception as part of his/her effort to help the participant toward well-being. In the literature descriptive of healer practitioners from other cultures the use of rituals that are reported to aid this shift in perception is perhaps the characteristic researchers most frequently mention.¹²⁷ The researchers report that the practitioners enter a trance like state prior and during the ritual that is directed at promoting the participant's well being. Researchers have labeled this shift in perception an altered state of consciousness.

An altered state of consciousness is basically any form of consciousness that differs dramatically from daily mental activity while awake. The dream state is an altered state of consciousness and so may be the focused state associated with oneness during halopathy. The Native American healer John Fire described shifting through into an "altered state of consciousness" to make the healing client connection:

"Imagine darkness so intense and so complete that it is almost solid... which forces you to withdraw into your self, which makes you see with your heart instead of with your eyes. You can't see but your eyes are opened. You are isolated but you know that you are part of the Great Spirit, united with all living things... Across the blackness you feel the presence of the man [client]."¹²⁸

Here we can see a description of halopathy. The practitioner is sitting across from a participant and the agreement has been established (he came for help and practitioner is willing and able to provide help). The practitioner then, through some imagistic ritual, centers himself

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(withdrawing inside self). He becomes deeply compassionate (seeing with the heart) and connected to the wholeness of the moment (united with all things) and in that moment he also connects to the other. During this process the normal mental state that uses a stream of thoughts, chained together one upon another, is replaced with a holistic way of perceiving in which there is a stream of experience, sensation and feeling. It is a shift in perception and one that could be given a variety of labels including metaphysical ones. Most researchers have chosen the label "altered state of consciousness".

Dr. Benson noted that healing practitioners, whether the West's spiritual healers, or the East's chi doctors, change their mental state in order to facilitate the process of healing:

"They believe they tap into these powerful forces (ka, chi, prana, mana)...In each of these cultures, healers or 'doctors' act as a conduit for the healing forces by meditating themselves and directing this energy into the person being healed."¹²⁹

Ninety percent of the world's cultures incorporate the process of changing mental state into their sacred teachings¹³⁰ and it is a universal part of reported healing practices.¹³¹ The use of an altered state during the healing process could be "the single most widespread psychotherapeutic technique in the world today."¹³²

Professor Fred Frohock offered the following description of what healers describe as occurring within the healing event:

"The goal of meditative healing is an abandonment of the discrete self and a fusion of the healer and patient for a brief time during the healing session... Healing is the consequence of the momentary transformation in both individuals. An altered state of consciousness is said to produce therapeutic benefits because both individuals enter a different reality... Meditative healing identifies this

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different reality as the site for fusion between healer and patient.”¹³³

There are problems with describing the shift in perception as an altered reality, trance or altered state of consciousness. It gives the connotation of magic (the witch doctor image) and perhaps the idea that such magic is used on unsuspecting clients. There is also the image of someone lost in trance, crazy, and spouting non-sensical phrases left for the participant to interpret. The practitioner's use of a shift in perception within the healing event should not be visualized as the practitioner forcing some hypnotic or trance like state, with its associated different reality, upon the client, nor as a state of delusion. Rather it is a place between, an environment where healing is more likely to occur. The healing practitioner does not so much cause healing to occur, but instead helps clients move into a state of well being more conducive to their personal discovery of relief from suffering.¹³⁴

The healing relationship is not about living in a different reality, nor about using trance like states to commune with unknown forces. It is an experience that occurs in the present, within a shared healing moment that include the characteristics described herein. It is an experience that must remain a part of the present moment if the participant is to take from the experience those insights needed to continue the personal journey toward wellness. The participant is in the present moment and so the healing relationship must connect to her in that moment. It is also necessary for the practitioner to remain connected to the present nature of the moment, in order to integrate any observations of reactions, both by the participant and by the practitioner. Occasionally the practitioner may have a period of clear insight where the participant's blocks to well being are revealed, or the path to well being is clearly revealed. This may seem like perception from an alternate reality, possibly interpreted as a spiritual message. But the relationship cannot be so far removed from the client's perceptions as to be foreign and frightening or to be part of a non-empathic experience. To say that one enters into a different

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reality supports the misconceptions perpetrated by the outside observers using the label of “altered state of consciousness”. In the state of oneness the perception of reality shifts but there is still perception of the presenting reality of the participant. In this shift in perception there is not so much a different reality but rather an expanded view that accompanies the holistic nature of the experience.

Perhaps if we could expand the definition of altered state of consciousness then some of these misconceptions would be less stereotypical. In its simplest form, guided imagery to fight disease, aided by meditation, is a part of this shift in perception that aids the healing process.¹³⁵ Guided imagery, and other visualization techniques, are forms of mind training which can be conducive to the development of well-being. In the Buddhist tradition, various techniques for “calming the mind” are commonly associated with healing work.¹³⁶ The concept of the “quiet mind” or the “empty self” who has “let go” of blocking schema in a search to find new meaning are common in healing work and compatible with the model of catharsis presented herein. The approaches mentioned above all involve techniques that help the individual to acquire a different perspective. The sense of healing and the insight associated with a shift in perception are closely linked.

There is some published work suggesting that work on meditation and mindfulness can contribute to the healing process. Alan Watts, in his search for East-West treatment commonalities, described meditation and mindfulness within therapy as follows:

“To disabuse oneself of accepted mythologies without becoming the victim of other peoples anxiety requires considerable tact. Second, the whole technique of liberation requires that the individual shall find out the truth for himself. Simply to tell is not convincing...He teaches not by explanation, but by pointing out new ways of acting...However various their doctrines and however different their formal techniques, all seem to culminate in

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the same state or mode of consciousness in which the duality of the ego and the world is overcome.”¹³⁷

Regardless of technique there appears to be this universal characteristic of the healing relationship where “the world is overcome”. This shift in perception is described by the informants in this study and is exemplified by the citations listed in Table 5.

Table 5 includes comments from authors about the connection between shifts in perception and the healing relationship. The use of a shift in perception as a therapeutic tool is not limited to indigenous healers. Authors have described the meditative state as an important part of facilitating the client's development of well being within the therapeutic relationship.¹³⁸ Facilitating shifts in perception as a part of the healing process may occur whenever we ask the client to create a new outlook regarding his/her troubling issues. A shift in experiential imagery is often an important part of the healing process:

“The shifting of metaphor of oneself in relation to everything else can make life new...a shift in their personal relationships to the world...It is this leap of metaphorical ground that people are experiencing, that is allowing them, I believe, to make these extraordinary transformation in their own personal lived experience. And in their terms, these transformations are experienced as healing.”¹³⁹

Dr. Weil describes the mental shift that is part of the healing process as follows:

“Over the years that I have been interviewing men and women who have experienced healing, I have come to feel that ‘fighting this thing’ may not be the best way to obtain the desired result... a consistent theme in the interviews is acceptance of illness rather than struggle. Acceptance of illness is often a part of a larger acceptance of self that

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Table 5: Comments on Shifts in Perception associated with Healing

Various Authors' Descriptions
<p>“The ability to abandon ordinary world views for new, health-supporting ones may be an essential element of the healing process we can learn from the trance healers.”¹⁴⁰</p>
<p>“The shaman [believes]...that if you can change your perceptions of reality, you can actually influence events in the material world...influence and accelerate the ordinary course of healing.”¹⁴¹</p>
<p>“The shaman has the advantage of being able to move between states of consciousness at will.”¹⁴²</p>
<p>“In his trance he commonly works to heal...[In this state] the shaman typically experiences an ineffable joy in what he sees, an awe...” which often contributes to the healing process.¹⁴³</p>
<p>The process of meditation reveals a deeper core of well-being beyond ego strength in the therapeutic sense of a well-adjusted, functioning personality structure. If psychotherapy can heal the self-defeating splits between different parts <u>within ourselves</u>, meditation allows us to go one step further, by starting to dissolve the fortress of ‘I’, and heal <u>our split from life as a whole</u>.¹⁴⁴</p>
<p>“Altered states of consciousness...are associated with potentially profound psychophysiological changes...Again a cross-cultural universal in the healing process...”¹⁴⁵</p>
<p>“Abreaction seems to be a crucial element of therapies that promote healing after trauma...all abreactive therapies seem to invoke altered states...”¹⁴⁶</p>
<p>A discussion of the use of ecstatic states by shamans: “The healing and the authentic power we seek, that which is necessary for our survival and collective well-being, emanates from the heart of this experience.”¹⁴⁷</p>
<p>“The intensity of it is meant to dissolve addictive psychological patterns.”¹⁴⁸</p>
<p>“The healer is one who must transcend into a universal consciousness...The healer is also someone who identifies past and present conflicts and deficits, not to resolve them but to transcend them.”¹⁴⁹</p>

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represents a significant mental shift, a shift that can initiate transformation of personality and with it the healing of disease.”¹⁵⁰

It is not easy for some people to shift out of their suffering perspective, but it is an important part of moving into experiencing well being. It is important to recognize that the concept of shifting one's state of perception, or consciousness, to promote well being may be culturally imbued with images of entering a trance, or hypnotic, state which may frighten people and inhibit healing. Caution should be applied regarding the use of the term “trance” as it has connotations that may not apply to the healing experience.¹⁵¹ It is reported that “the shaman has the advantage of being able to move between states of consciousness at will.”¹⁵² And that “shamans enter into a variety of altered states of consciousness [in the process of healing]...Even so, the shaman has a great degree of control of the state, is ‘lucid’ during the state.”¹⁵³ The healer is very much in control, is lucid, clear, wise and centered. He is not off in some distant trace disconnected from present reality.

The stereotypical images of healers' use of altered states, or trance states, often leads to a misinterpretation of the healing process. “The [shamans] experience themselves as ‘journeying’ to other realms [and] they use these journeys as a means for acquiring knowledge or power for helping people.”¹⁵⁴ “One of the distinctive healing methods of the shaman involves entering an altered state of consciousness to make what is known as a ‘journey’ into the hidden dimension of the universe, or nonordinary reality.”¹⁵⁵ In many cases the client shares certain parts of this journey with the healer.¹⁵⁶ This theme of taking a journey as part of the healing process is described by informants in this study, it is a part of man's oral and written history, and it is linked to visualizing and verbalizing the cathartic transformation. But it is not related to an altered, trance like, state of consciousness, where confusion and ill health may reside. Instead it is related to a normally human ability to enter into a state of oneness, experience the accompanying shift in perception and then use

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whatever culturally acceptable language possible to describe and explain the phenomenon.

This shift in perception need not be described with terms that have mystical connotations. When people speak about their dreams they do not say, "I entered into an altered state of consciousness last night". They do not speak of using mental imagery to help improve performance or enhance healing as entering an altered state of consciousness. When we get insights during times of mental relaxation we do not attribute these to an altered state. Rather we see these as extensions of our normal realm of perception. These are shifts in perception that are part of being human.

Saying that this shift in perception is a universal characteristic of the healing relationship is not much different than saying dreaming is a universal part of the human experience. At this point in our knowledge of human perceptual processes we have theories of why people dream but no definitive answers. Entering this flow state of empathic expertise, this oneness with the moment, may be as natural a process as dreaming, and as enigmatic. At present our science has not revealed answers to why such shifts in perception are a universal part of the human experience. Although the above descriptions of shift in perception associated with halopathy can be defined within the concept of expertise, flow, and the associated oneness mindset, this does not exclude other explanatory systems that may incorporate more metaphysical processes.

Reiterating, the definition of "altered state", as applied to the healing relationship, should be changed to "a shift in perception". In addition the definition should be broadened to include relaxation, hypnosis, biofeedback, cognitive re-framing, the alpha state, the hypnagogic state, dreaming, mindfulness and meditation. Such a broadening of definition may help to decrease some of the stereotypical images associated with this important part of the healing process. But this may not be enough to break the stereotypical image associated with healing work. What may be needed is use of the new

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term replacing “altered state”, and applications in research and treatment. We may even need to replace using the term shaman as it is also heavily laden with connotations not appropriate for the study and practice of healing.¹⁵⁷ Such application and research is going to require a greater awareness by practitioners gained through advanced training.

I have not yet found an indigenous healer who described their healing work as including an “altered state”. There is frequent reference to taking a journey, or making contact with the spirits (ways of describing the expanded perception associated with oneness), but there is no connotation that the practitioner loses touch with reality by entering into a deep trance like state connoted by the term “altered state”. Instead it appears that healers are able to take the cathartic journey while also remaining in full, and alert, contact with the present – including necessary contact with the participant. Such contact is not only a requirement of the healing relationship it is also a distinguishing characteristic of this special shift in perception.

The stereotypical idea that the healer enters into a trance state and experiences some form of ecstatic vision may be an inaccurate image reported by researchers as it is not something reported by the practitioners. It may be that the state entered is more like mindfulness and meditation and less like a trance. Halopathy (the holistic empathic connection) is accompanied by a mindful shift, a calm and centered meditative state, which is focused on promoting the well being of another. I prefer the term *shift in perception* as it can easily be identified with the flow experience of experts (like skilled athletes and musicians) without the necessity of calling on the mystical connotations associated with other terms. This is not to negate the importance of the sacred component, but rather to admonish the stereotype.

The shift in perception often involves acquiring information that is helpful for the participant's journey from suffering to well being, but it also includes the experience of well being. This shift into well

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being is the central feature of the healing relationship that defines it as a relationship that can directly facilitate the experience of well being. Indigenous healers are reported to be masters of negotiating entry into a state of ecstasy associated with the healing process.¹⁵⁸ It is a shift in perception, a shift into well being, that is reported by the informants in this study. Successful practitioners keep attracting clients because clients leave feeling a sense of well being,¹⁵⁹ they have experienced a shift in perception. The indigenous healer during “his trance he commonly works to heal... [and] experiences an ineffable joy in what he sees, an awe.”¹⁶⁰ Jeanne Achterberg presented the following description:

“The achievement of a state of ecstasy (or trance, or altered state of consciousness) is agreed upon as a universal aspect of shamanic practice, but certainly not every ecstatic would be considered a shaman. Indeed, the shamanic ecstasy has been identified as a highly specific, special category of altered state, one that can be entered into and exited at will.” (p. 13). “For the shaman, there are various levels of reality, and she/he exists in some form on all of them, often perceiving simultaneous existence.”¹⁶¹

She continues by saying that it is in this “special place” where the healer connects to multiple levels of reality that the healing event transpires and that an “amazing cross-cultural agreement exists for this point.”¹⁶² The special place is the healing relationship, whether imbued with the cultural nuances of altered reality or seen as a normal part of the human healing process it is universal. The “shamanic trance can be interpreted as the concentrated effort of the shaman to enter into a visionary experience”¹⁶³ in that the healer wishes to experience the other person’s journey in a way that provides clarity, both for the practitioner and the participant.

Care needs to be taken when reading these descriptions of shamanic ecstasy and shamanic trance as applied to this discussion of the healing relationship. Again we run into the mystical, witch doctor

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like, connotations. Within the healing relationship there is a shift toward well being but there is no indication that the shift involves loss of consciousness or losing contact with one's normal perceptual abilities. The state of well being experience is clear, vivid, insightful, and appropriately matched to the participants needs. Although the well being and shift in perception effects of the experience may last for days, there is no danger of harm.

Entering the healing relationship I would not describe myself as entering an altered state but rather as entering an "in between" state that is different than the normal stream of consciousness thinking but still in contact with that stream of consciousness. It is an in between state with an associated shift in perception that happens with a moment of oneness. I use the word "between" because it is as if I am in direct contact with the participant but also in continual contact with myself and with the infinite nature of the moment (its sacred nature). It is a way of perceiving, sensing, feeling, that is almost absent of analytical thought, with no sense of time, no motive, no agenda, and no blocking sensations. In this in between state I am conscious of the present, past, future, of the participant, of self and of the necessary steps healing should take.

Before entering this in between space there is a preparation for taking the journey. Sharing the suffering space with the other person follows this preparation. Then if the situation is suitable, catharsis can occur. This can be visualized as taking a journey through one's suffering with the practitioner being a guide. The catharsis can then lead to experiencing the well being event. The journey has many times where shifts of perception occur and, with skill, all can be integrated into the journey toward well being.

The well being state may seem like a goal of the healing relationship, but it is not. The goal of the healing relationship is to present an environment where this goal MAY be experienced. The well being state needs to be maintained as a shared, mutually agreed upon, state and not forced, or perceived only by the healer, dramatized

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for an audience, or over emphasized because of personal beliefs, or sought after like an addiction. The well being state includes a shift toward euphoria and clarity but not because it is pursued as an end but because it is part of the journey. This shift toward well being *should never* become the focus of the healing relationship. The healing relationship should not become the source of a “feel-good” quest by participant or practitioner. The shift in perception toward well being is an effect associated with the whole experience and should never become the central focus. It is a trap that is too easy to get lost within.

It is often obvious to healer practitioners (across all human service domains) that they should not bring their own “baggage” into the treatment session in such a way that it negatively affects the client. But when sharing the healing relationship, as a way of helping, sometimes it is easy to loose sight of the problems of transition from one meeting to another. The follow-up can be difficult when effects of the healing relationship have been experienced.

When working with shift in perception the healer practitioner needs to be constantly aware of the following:

1. When a shift in perception has occurred with one participant then the practitioner needs to take the time to readjust, to shift back, in order to be present for the new participant. Problems associated with not shifting back is termed here the ***contamination effect***, meaning that the healer is changed by the experience and must change back, remove the contamination, in order to be fully present for the next client. This principle applies to all aspect of the healing relationship. Considerable training in needed to master the problems associate with the contamination effect.
2. After a healer practitioner has shared the shift in perception experience with someone then that

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person leaves and returns to his/her world, hopefully returning sometime later for follow-up (although that does not always happen). Follow-up work has characteristics that differ from initial healing work and they should not be presumed to be the same. In follow-up it is often the support relationship that is used. Support is given to help the person integrate the healing experience into their life. Follow-up, and its associated meaning making, is an extension of the healing experience and can be considered part of the journey but the caution flags are raised when the practitioner thinks s/he must take the individual back to the initial experience. Caution is also warranted when follow-up is to occur by a untrained practitioner, or when there is no follow-up. Misinterpretation, leading perhaps to the perception of increased suffering, may occur.

3. The euphoric component of the healing work has an addictive potential and this must be addressed.

The contamination effect is a part learning how to use the healing relationship. We will feel the other person's suffering and share their shift into well being. In transition from person to person and session to session we seek not to carry these shared experiences into our work with the new person. Rather we want to join with this new person in a genuine manner, without imposed effects. Some of the experiences associated with halopathy can be very intense making shifting from them difficult and genuineness difficult to achieve without being trained in specific techniques tailored to help with the contamination effect.

Shifting in and out of these changes in perception in ways that continue to facilitate the healing relationship require advanced skills seldom taught to human service practitioners. Yet without these skills

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the practitioner is in danger of carrying the effects of one relationship into the next without regard for the consequences. For example: A practitioner sees a young woman who has an alcohol problem. In addition she also has a history of being in abusive relationships. The meeting goes very well and the young woman makes remarkable progress. She describes all the five effects of the healing relationship, makes significant meaning from the experience, commits to stopping drinking, stays out of abusive relationships and returns to a life of reverence. The practitioner has shared with her not only a deep sense of her suffering but also a powerful feeling of transcendence accompanied by a shift in perception along with euphoria. Then five minutes later, the practitioner meets his the next person asking for help, a man who has lost his wife to cancer. If the practitioner carries the euphoria into the meeting with this man, regardless of the intensity of the previous experience, then it is likely that the man will feel misunderstood. The man is not at a place of transcendence. He is at a place of suffering. The consequences of such misunderstanding could be numerous. Negotiating the shifts in perception is critical to succeeding with the healing relationship.

The Contamination Effect

When initially engaging in the healing relationship the healer will face the residual effects of halopathic contact with the participant.

This must be addressed in training.

Each individual experiences these shifts in perception differently, but there are some general categories of experience. People who come looking for a healing experience, and find some relief (not all people find relief) often experience these shifts through catharsis and into well being in four different ways:

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- 1) A powerful transformation,
- 2) A smaller shift that is part of a series of shifts toward improved well being,
- 3) An overall sense of movement accompanied with an experience of meaning making and insight, the “ah-ha” experience, and,
- 4) Little movement, a flash of experience, which is forgotten or made negative.

In addition none of these experiences is a guarantee that suffering will not return. It often does return, but people who have experienced the shift into well being have a tool they can use to assist in their journey through suffering. They now know where they want to go. Remember the core concepts of the helping relationship that promotes well being: after one is open to the possibility, and has an experience, then there is the work of integrating a personal interpretation of the experience into life for the purpose of extending the frequency and duration of well being in one's life. Both the support relationship and the healing relationship are needed in this process.

The specific nature of the shifts in perception during the healing experience seems to vary with each client. Sometimes when I share these shifts with people it feels quiet, soft, like a gentle breeze in the background. At other times it is very intense, like a lightning bolt without the thunder. There is increased clarity, focus, and awareness, of the other person, a loss of time sense, and a sense of knowing exactly what to say and do without thinking about it. It is as if, during the shift, one is immersed in the moment through a connection with the other and everything is flowing without conscious doing. Other times it happens in small steps – the entire set of characteristics pared down to a barely perceptible level. Sometimes the participant doesn't know she/he is shifting (entrenched in suffering, stuck) and this shift,

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even if minute, must be described clearly so it can become visible. The shift must also, not be just a practitioner perception. Mutual agreement must be reached on the descriptors used to communicate about the experience.

It is important to reach a mutual sharing of the experience. The mutuality brings about a sense of equality in the relationship that is part of the healing process. "In shamanism there is ultimately no distinction between helping others and helping yourself."¹⁶⁴ stated that the healer-client bond is "life-giving and enriching for both."¹⁶⁵ Nurse Cowens, while practicing therapeutic touch, stated that "this sharing is very much a two-way street and that information passes back and forth between you during the session."¹⁶⁶ Delores Krieger, founder of therapeutic touch, reiterates:

"The healing act itself, usually accompanied by a dramatic quieting of gross psychomotor activity in the healer and frequently coupled to a relaxation response in the healee... A profound sense of relatedness often envelopes healer and healee, an at-one-ment in which both may have a tacit knowing of the other."¹⁶⁷

This concept of mutuality within experience of well being near the end of the halopathic moment is not the same as the experience of oneness during the pre-cathartic and cathartic moments in the middle of the moment. The deep connection during the catharsis is part of the guided exploration through suffering and into well being. The therapist's work as guide is enhanced through the deep connection with the client. During this oneness the therapist experiences the client as if the client's experiences were part of his own. But once the client moves from suffering and into well being the nature of the connection changes. There is mutuality as opposed to oneness. Both participants are experiencing an altered state of consciousness that includes a shift toward state of well being, but it is experienced slightly differently for each. Each person receives personal benefits. It is a mutually beneficial experience.

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This shift into well being accompanied by a shift in consciousness is a characteristic halopathy shares with other the descriptions provided by other practitioners. Major differences are that a) religious ritual is not used as a way to move into the trance, and b) the process is not spoken of as a way of communicating with metaphysical forces. Although there is ritual involved in the way clients sit and interact with the therapist, the therapist does not use chemical or physical (such as dance, sweat lodge) means to induce an altered state. The event may be perceived of as having sacred qualities but the sacred is not the focus of the exchange between client and practitioner, it is a quality that aids the process. The use of ritual and the sacred will be discussed further in Chapter Four.

As a practitioner in this Western culture of human service, seeking to train other practitioners, I have found the healing relationship model to be an effective vehicle of communication. But there are practitioners, and clients, for whom this vehicle provides no transportation. They often have a different world view and require a more metaphysical explanatory system to assist in their meaning making. As stated earlier, every culture has its own rituals and explanatory systems and these are used in a manner that fits the individual healer's orientation. Even with the use of tailored language and ritual there are often aspects of the experience that get lost in the translation.

The Seventh Practitioner Characteristic: Translation Loss

The descriptors of the healing event given by indigenous healers frequently include reference to taking a journey. They report that the healing experience is like one is taking a journey through the sources of suffering and then with the person travels to a place of well being. Any outside observer would see that neither the practitioner, nor the

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participant, physically leave and take a journey. This use of metaphor is an attempt to describe perceptions and sensations that are associated with the healing relationship. It is a *translation process* both participants and practitioners engage in while they attempt to communicate their experience to others. Sometimes this is part of follow-up meetings between practitioner and participant, but even when there is no follow-up it is still an extension of the healing experience as the person seeks to communicate the nature of the experience to self and to close friends. Sometimes people are still feeling the effects of the experience when they are attempting to communicate about them.

Communication about the healing experience to others is often difficult. The healing process is often linked to imagery and with a strong non-verbal component.¹⁶⁸ “We are hamstrung by the limitation of English expression.”¹⁶⁹ It is an image rich experience that is more about being than about rational thinking. Communication about an imagery rich state of being is constrained by our use of language. Healer Spyros Sathi speaks of the healing event:

“You do not learn about things outside yourself. You become those things. This is what we mean by at-onement... My difficulty is to convey these experiences with my words. Sometimes I am forced to invent new words to convey the essence of an experiential reality.”¹⁷⁰

“Communication with others who have no first hand knowledge of the life experience one is trying to convey is difficult enough. However, problems are dramatically compounded when the individual themselves have only partial comprehension of the feelings and emotions they want others to understand.”¹⁷¹

Often people who stand outside the healing relationship, with little foundation for knowing its effects, are those with less than a partial

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understanding for what transpires within. For most people, these deep, oneness connections, accompanied by a shift to well-being, are foreign experiences. The person acting as healer may, over time, develop an experiential understanding of the healing process, but “modern language...simply does not include within its lexicon words that are fully descriptive of these ancient, but currently little understood therapeutic human interventions.”¹⁷² Native American healer Black Elk describes the problem of language as follows:

“So there are a lot of people who write books about the American Indians. If you read a chapter, you get an idea about them. Then an hour later, if you read again, you’re going to get another idea. So the secret and the sacred of the Indians has never been revealed.”¹⁷³

Metaphor is often used to communicate about the healing experience:

“Much that does happen we ourselves cannot explain. What occurs in our experience is like the unfoldment of a garden in spring, as great a mystery to us as the garden might be to a child walking its paths and discovering it for the first time.”¹⁷⁴

Professor Frohock, in talking about the narrative provided by healers, stated the following:

“Each individual who believes in a larger reality attempts to render that more comprehensible world intelligible by telling stories to represent a truth that cannot be expressed explicitly... The critical experience is a type of mystical experience, and one of the defining features of a mystical experience is that it is outside conventional languages. It follows that the oblique references of narrative, rhetorical devices like metaphors and similes, must be used in any intelligible account of meditative healing.”¹⁷⁵

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Although metaphor, like the metaphor of the journey, provides some insight into the healing event, writers state that there were very few people with whom they could discuss these healing events and feel understood. It was always as if something was lost in the translation. St. Pierre and Soldier in their study of Native America women as healers said that beliefs, culture and symbolism are intertwined and that attempting to portray the meanings healers find in their work is a difficult process of spiritual translation. There is an insider view that is almost impossible to accurately share with the outsider and when sharing it there is something lost in the translation. There can then occur a sense of disconnection, of not being heard, and of being misunderstood.

Describing halopathy and the healing relationship this will require a new holistic language¹⁷⁶ that has yet to be invented. Some steps have been taken in this text to create language that will assist in this pubescent communication. But, in creating new language, like the term halopathy, it is also necessary to support the new language with a rich description of its meaning so that the new language may continue to be used in appropriate ways. The reader should also know that no language can fully communicate the full nature of the shared oneness that accompanies the healing relationship.

As I reflect on what has been communicated by the informants in Chapter 3 and by the quotes from practitioners included within this chapter, including my own reflections, I am left with the pressing feeling that something is missing. The language that has been used thus far has focused on the reported observations of those who have studied and/or been part of the healing relationship. These reported observations provide us with descriptions of the perceptual effects of the healing relationship. I see these descriptors like the words on a restaurant menu. They provide information but they cannot tell the reader how he or she will experience the meal. Yet at the same time the language does convey something to the audience, something that is absent from exiting literature. This text provides the reader with a

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universal description of the effects related to the healing relationship. Knowledge of these effects can be used as a foundation for shared communication, for defining training directions, and for directing further research. In addition the knowledge may help each of us to expand our awareness of what it means to be in a healing relationship (and conversely what it means to not be in one).

In writing this document I continually struggled to accurately describe the effects associated with the healing relationship. The difficulty comes not only with the inadequacy of the English language and my use of it, but also with the penetrating connotations that accompany some of the descriptors. The words healer, client, spiritual, mystical, therapy, altered state, relationship, empathy and advanced empathy have, in my experience, generated culturally imbued descriptors from both the lay and professional people to whom I have presented my research. Even skilled clinicians have difficulty using language to negotiate around this ephemeral terrain. The hesitancy I have had in the past for sharing this information was not found so much in my awkward use of language but in the abusive rhetoric it often generates from those who had a different view.

In the struggle with language I have found that language appears to be an adequate vehicle for communicating about the effects associated with the halopathic experience but not for sharing the experience. I have focused throughout this text on describing the effects for three reasons. First such a focus falls better within the limitations of language than a speculative discussion of causal metaphysical processes. I have acknowledged that there are likely to be metaphysical processes of an unknown nature underlying some of these effects but that it is not the intent of this study to speculate, nor elaborate, on what they might be. Second, such a focus fits better within the scientific framework of this study. The halopathy model is offered as a partial, scientific, explanation for most of the observed effects. But I have also freely stated that the description of these effects and the application of the halopathy model does not, and should not be expected to, describe the rich details of the shared experience

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and the sense that there is something infinite and unexplainable involved. This is the third reason for focusing on the effects – it is nearly impossible for language alone to convey the personal experiences associated with the healing relationship. People seeking the healing relationship can use the words in this text as a map outlining the general territory that needs to be negotiated. But, the journey into the healing relationship is a personal experience that must be taken, through catharsis, into well being. It is a journey that cannot be fully known until it is traveled and it may be traveled many times during a person's life. It is a journey that through its translation process brings insight to the participant.

Chapter Summary

In any relationship established between a healer/counselor and a client there is a process that unfolds. It is a process aimed at facilitating the experience of well being, the healing moment, for the participant. It is a process that has universal characteristics.

Other authors have proposed components for a universal healing process. In "The Mind Game", E. Torrey offered the following universal components: a) a shared world view between healer and client, b) personal qualities of the healer facilitate the process, c) contribution of client expectations, and d) the use of culturally appropriate techniques and rituals.¹⁷⁷ In his book on persuasion and healing Jerome Frank stated that the features common to psychotherapy and the healing process were: a) a socially sanctioned place to perform the therapeutic work, b) a procedure of treatment, c) trust in the therapist's competence, and d) a therapeutic, empathic, relationship.¹⁷⁸ In a second book with a similar title the universal components are described as tripartite in nature: a) a person in the role of healer, b) a person seeking to be healed, and c) a relationship conducive to the process of healing.¹⁷⁹ This tripartite process is similar to that described by Herbert Benson following his research on

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gurus and healers in Tibet.¹⁸⁰ Professor Kleinman describes the following universal features:

“Ethnographic accounts of healing rituals in non-Western societies...point to the universality of a tripartite process. In the first movement, an underlying causal agent is announced...In the second phase, the symbolic form that causes or materializes pathology...is manipulated via therapeutic rituals. Finally, the causal agent, on the plane of the interpretive system's core symbols, is removed...[and] the healing is affirmed, performatively, since it meets the authorized criteria, to be successful.”¹⁸¹

The universal components of the work done by the healer practitioner as offered by these researchers share some similarities to the component described herein. But, the components of the therapeutic healing process, revealed in this research, through a description of halopathy, extend beyond the schemes offered by previous authors and may represent components of a more universal process.

Described in this chapter are seven characteristics associated with the practitioner's view of the healing relationship that collectively extend beyond the schemes offered by previous authors. The practitioners include in their descriptions reports that the healing relationship includes the following:

- 1) Their personal orientation toward the process of healing,
- 2) A focus on holism and balance,
- 3) Understanding that there are characteristics (trust, compassion, proper attitude, centeredness) present at the onset of treatment,

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- 4) A deep empathic connection, “oneness”, with the client,
- 5) A shared movement through catharsis,
- 6) A shift in the practitioner's perspective (including experiencing well-being and mutuality) inappropriately labeled as an “altered state”, and,
- 7) Problems using language to communicate the experience.

Each of these practitioner reported observations is similar to those described by the client informants in this study as discussed in next chapter (Chapter 3). Each can be seen as elucidating one part of the practitioners' experience within the healing relationship. These reported observations appear to occur across cultures and not only represent characteristics of the healing relationship but also the effects the healing relationship has upon the participants.

Attempting to describe a sequence of observed effects as related to a universal healing process has its risks. These risks focus on the blindness imparted by the use of systemics over humane sensitivity. Another problem is that there may be a tendency to objectify the process and thus separate it from the relationship. Hopefully, readers will understand that, in regard to the healing relationship, the nature of the relationship takes precedence over the application of technique or process. In addition any healing process often involves treatment technique laden with cultural ritual, whether in surgery or around the burning sage.

It is proposed that the effects described herein be considered a natural outcome of the halopathy and the healing relationship. These are effects as natural as those experienced by an expert athlete or gifted musician. The focus on these effects has been purposeful. It is

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a focus that fits well within the boundaries of descriptive language. It may be necessary, given a different audience, to communicate about these effects using a different language. But the language used here has been tailored to the specific audience of Western human service practitioners. In addition there may be aspects of the halopathy experience (such as soul features), and causal factors (those connected to the soul), which fall outside the realm of this study and outside the realm of accurate descriptive language. Future documents will attempt to address the concept of “the soul’s relationship”.

Attempting to describe a universal process as part of the healing relationship has its risks. These risks focus on the blindness imparted by the use of systemics over humane sensitivity. Another problem is that there is often a tendency to objectify the process and thus separate it from the relationship. Hopefully, readers will understand that, in regard to the healing therapeutic relationship, the nature of the relationship takes precedence over the application of technique or process.

Fancher (1985) proposed that skilled therapy was not a matter of book knowledge but related to a person’s skills as a healer. Does halopathy represent one piece of a multidimensional model of therapeutic empathy that could assist helping professionals in becoming skilled practitioners of the healing arts? It is proposed here that training, using this model, may help to improve practitioner efficacy.

The Credibility of Practitioner’s Descriptions

This text has made reference to numerous published descriptions by, and about, practitioners in the healing arts. But there is no guarantee that this cited material is credible. One quite obvious point is that people usually visit gifted practitioners because of their reputation as such. They enter into the healing relationship with knowledge of this reputation and most likely with the expectation that

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they will also become the recipients of success. If this text represented a collection of "I got healed stories" than the credibility would be further jeopardized. But what is presented is the practitioner's description of the practitioners' observations of the effects associated with the healing relationship. Perhaps what transpires is that people talk themselves into getting well and the practitioner just happens to be present, observing the effects. But this doesn't fit with the fact that the practitioners reported observations very closely match each other and match the participant observations (see following chapter).

The credibility of the practitioner sources cannot be adequately determined from published material. It cannot be said that simply because it is published it is credible. It could be that all the practitioners mentioned herein are quacks, perpetrating a great fraud on an unsuspecting public. If it is a fraud then it is one that has remarkably consistent features across multiple populations. Perhaps the effects described herein are nothing more than the collective subconscious of this group of people describing what has been implanted in their brain through media, society, religion and human evolution, but attempting to evaluate the effect of the subconscious borders on pure speculation. Beyond the stories of mythic journeys and miraculous healings, there is no evidence to suggest that detailed information describing the effects of the healing relationship, as contained herein, is freely available to the public.

But with practitioners there is a slight wrinkle in this logic. The informants may not have had any published exposure to the effects of the healing relationship, but practitioners are often trained by teachers coming from a long line of practitioners who used the same information to train them. There is a history of sacred knowledge that is passed down from generation to generation. Often the knowledge is viewed as so sacred that to reveal it to the uninitiated is to risk losing one's talents. Although lay persons may not have had a preconception of what was to transpire, it is likely that the practitioner was informed. It is similar to the information that this book offers to practitioners prior to their first healing experience. It doesn't describe exactly what

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the experience will be like, but it does set up some expectations. The practitioners cited in this text may be acting on, and reporting on, the expectation of their training. This is training that often has hundreds of years of trial and error behind it, a long history of passing on the wisdom of the tribal healer, a history to which we have become distant.

What this individual cultural training program bias doesn't explain is why the effects of the healing relationship are so similar across varied cultures. It is not likely that they all come from the same lineage of trainers nor have read from the same manuscripts. Yet, somehow they arrived, independently of each other, at describing the same effects (although the associated rituals and explanatory systems are extremely varied). In addition these effect descriptions match the views provided by participant (see the next chapter). An explanation for this that simply relies on the informant's response to suggestion flies in the face of evidence to the contrary.

The combination of the reports from the participant informants and the reports from practitioners across varied cultures suggests that the effects described may be related to a natural human process. The halopathy model proposes such a link. This model proposes that a practitioner of empathy expertise can facilitate a relationship where both participants report that they are part of the same deep empathic experience. Verification of this is likely to be impossible because we cannot know exactly what transpires in the minds of both. But we can do further studies on skilled empathic practitioners and examine the effects that occur in more detail. The detailed study of these effects will help us to understand the character of the healing relationship. The effects described here offer the scientific community an avenue to explore without detracting from the potential to discover more about what lies outside the boundaries of this study.

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