

Chapter 3 – The Pilot Study: Describing Halopathy and the Healing Relationship from the Participant's View

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The multidimensional model of therapeutic empathy described in the previous chapters contained characteristics of advanced forms of empathy as described by practitioners. The descriptions lacked depth and only briefly exposed the concept of “oneness” within the healing relationship. Exploring the narratives of practitioner's did shed some light on the nature of the halopathic experience within the healing relationship. But what is missing is a description of how the participant experiences the healing relationship. Surprisingly there is little published on this topic. Hopefully the research that follows will improve our understanding of the healing relationship by adding the participants' perspective to the practitioners' perspective already described in Chapter 2.

The initial pilot study to explore the descriptors participants would give to the healing relationship used seven informants. They were selected because of the type of experiences they had within the therapeutic relationship. This selection helps to focus on describing the effects that seem to be associated with halopathy. Tom, Alison, Stan, Mary, Dan, Jane, and Linda (the names have been changed to protect their anonymity) all shared experiences with the therapist that could be described as an advanced form of empathy. What follows are excerpts from their interviews where they each try to describe what happened during this moment of experiencing something more than the empathy they had known previously.

During this research project, qualitative research methods were used including the analysis of notes from this researcher's observations, interviews, researcher commentary and participant commentary. Seven informants were selected, three male and four female. The informants were students who shared the experience of

Participant's View

halopathy with this researcher. Each of the informants had expressed to this researcher that she/he had experienced a state of well being as part of the counseling experience and that they were willing to be part of further research on that experience.

Although my informants did enter into a therapy relationship as a client (not a role play) they also served as co-researchers. This concept of informants serving as co-researchers is described as part of qualitative research focused on examining processes of change¹. As co-researchers the students were asked to examine and reflect upon the therapeutic relationship in an open and honest manner. Emphasis was placed on an open exploration of all aspects of the halopathic experience, to explore the nature of the experience in as much detail as possible. It is hoped that an environment of trust and openness decreased the bias that can be associated with impression management². This trusting relationship is often described as part of successful therapy³ and hopefully was carried forward into the interview relationship. For more information on the question of "good science" see Appendix two.

Only students with training in counseling/psychology, and who would have no further academic contact with the researcher, were selected for the interviews. These participant informants were selected so as to have informants who could act as co-researchers and comment on the application of advanced empathy in relation to counseling practice. Of the seven informants, one was a student in psychology, four were students in school counseling, one was a student in rehabilitation counseling, and, one was a paraprofessional continuing his education in psychology. Of these seven, four had been students of mine, but they were not students during the interview, nor would they be students of mine again after the interview. They were students during the counseling experience. The informants were given written assurance (informed consent) that their anonymity will be preserved. They were not given any detailed information about what they might experience during their session with the therapist. They were not provided with an outline of what

Participant's View

one might experience within the healing relationship, but they were provided with counsel after.

All of the interviews, except one, were completed in an office setting (one occurred in a student lounge). The healing experiences happened in a wide variety of settings, four in an office, one outdoors, and two in a student lounge. The interviews were done within two months of the participant's halopathic experience. Four of the informants were interviewed twice. Transcripts were made of all of the interviews and researcher comments were added to the transcript (comments on the interview process and occasional comments on the therapeutic process). The focus of the interviews was on attaining a rich description of the participant's experience. This researcher categorized the information within the transcripts developing themes present across multiple informants. These themes became the focus of the description provided herein – the participant's view of the healing relationship.

The participants' view of the healing relationship is merged with other the views of other participants describing similar experiences. This historical information included practitioner and "participant" perspectives across many cultures, including Western psychotherapy. The result is a rich portrait of the healing therapeutic relationship that helps to expand our understanding of the helping relationship.

As the interviewer, I was initially interested in getting from them a detailed description of what they thought happened. I asked my informants to describe, step-by-step, the experiences they had during the role-play counseling session in which this "phenomenon" occurred. What was revealed were the following observations of a process common to nearly all the informants (except Mary, this is discussed later):

- 1) The agreement (trust, safety, charisma),
- 2) Empathy perception (oneness, a guide, safety),

Participant's View

- 3) Letting go (deep relaxation, catharsis, time loss),
- 4) Well-being experienced, and,
- 5) Translation loss (informants can't describe it).

The reported characteristics of the healing relationship extend beyond the schemes offered by previous authors. Table 6 contains a

Table 6: The practitioner's view of halopathy compared to the participant's view.

<i>Practitioner View</i>	<i>Participant View</i>
1. The practitioner has a particular view of healing that often includes holism and balance.	1. Not explored in this study, but it is likely that participants had some viewpoint on healing.
2. The practitioner know that a certain set of conditions must exist before the healing experience can occur – including the conditions that facilitate empathy.	2. The participant enters into an agreement that includes trust.
3. An empathic connection is described.	3. An empathic connection is described.
4. Catharsis is described.	4. Catharsis is described.
5. The practitioners make reference to a shift in perception connected to a shift in well-being. Researchers apply the term - altered state of consciousness.	5. Associated with catharsis is a sense of time loss and a dramatic shift toward well-being.
6. Practitioners describe problems in using language to describe the experience.	6. Participants report difficulty in describing the experience.

Participant's View

brief summary taken from the practitioner's narratives, as presented within this chapter, and compared to the participant's view described in the previous chapter.

Each of these themes in Table 6 can be seen as elucidating one part of the practitioners' reported experience within the healing relationship. As is clear from the above, side-by-side comparison the sequence of events described by the practitioners is quite similar to that described by the client informants. Participants were selected to be informants for this investigation because they experienced a dramatic shift in well being during the counseling session. This focused informant selection allowed for a concentrated study on one particular phenomenon – here termed halopathy.

What follows in this chapter is a description of each of these reported halopathy effect observations. These reports are based on the information presented by the informants used in this research. At the end this chapter there is a discussion on the credibility of the participants' reports. The following chapter (Chapter Four) will present a discussion of how participants, including practitioners, interpret the experience of advanced empathy.

The First Participant Characteristic: The Agreement

The term “agreement” here refers to an understanding of the halopathy event that by both practitioner and participant. It is an understanding by both parties of what will happen within the relationship, something to promote well being, and that what is about to happen will be safe (no harm). During the interviews this was not a direct part of the communication transcribed, and not directly asked about, but it is illustrated in how the informants described the nature of the therapeutic relationship into which they entered.

Participant's View

Jane comes to the therapist after a difficult visit with an old friend. She is confused and in personal turmoil about what to do. In a sense she is stuck and she wants help. She describes the agreement she established with the therapist:

“Well I had a bit of a crisis, and called this person and said, “Look, can you help me out?” Because he had this understanding [I wanted to see him]. I was pretty shocked at his invitation to come right up and talk. Naturally I jumped at it because I wanted to get out of this [emotional] state... I feel that I can say anything to this person. I can say things that I wouldn't even say to my best friend. I can say things that I would not even say to my husband because I know that there are no hidden motives (pause) behind the relationship.” She follows this by saying, “He is accepting and I know that anything that I bring to him will be accepted for what it is and I will not be judged for it.”

Jane states that she knows she is entering into the relationship with the expectation of “getting out of this state” (well being is sought) and that the relationship is safe (“I can say anything”).

People enter into helping relationships for a variety of reasons and although it may not be as clearly stated as Jane's response the meaning appears to remain the same across different helping relationships. One person acknowledges that they need help and another person is willing, and able, to give it ad they both agree to pursue well being under an umbrella of safety.

The agreement also can have it's own cathartic nature. Stan described that he felt his personal growth benefited from entering into the arrangement, “I would say that the biggest part of it [my changing] was me saying that I needed some help”. Part of the participant's moving beyond being stuck in some state of suffering is often recognizing that one is stuck and needs help. This insight can be both cathartic and healing if nurtured by the practitioner. It is the

Participant's View

participant's willingness to seek help, and the practitioner's acceptance of responsibility to provide help, which is the foundation of the agreement.

Even though the participant may recognize that she needs help, and wants help, the fear of harm may be too great to pursue asking for help. This fear can be tolerated, and often partially overcome, if the participant has the feeling of safety and trust within the healing relationship. Linda came to the practitioner emotionally overwhelmed and nearly incoherent in her description of her condition. She says that she was as tight as a "snare drum". The practitioner offered to help her relax which required some instructions in deep breathing – something they had not done previously. Linda describes her response to being asked to engage in this unconventional counseling activity: "I felt comfortable. I felt very comfortable. I trusted the situation. I didn't feel threatened... I felt that I could [do this], that I had a trusting relationship." Mary, who had a long history of distrusting men, stated something similar: "With me, I can relate to someone or I can't.... I can always build on something and relate to someone adequately, but it's either yes, or it's not there. I think it [being able to relate] was just there. And I think I knew it from the first minute.... There was never a point where I had to get past something uncomfortable [in the relationship]." Jane said, "Well I kind of knew going in that everything was going to be OK because I trusted the person implicitly and I just knew it was, that I was, safe."

This idea of "feeling safe to say anything" and "feeling comfortable" is an important part of the agreement. Alison's words summarize the experience, "It was a sensation of deep acceptance of whatever it is you are and whatever it is you think it is OK". These are participant generated feelings that occur at the onset of the session before any additional progress happens. Participants are open to experiencing themselves within the context of "feeling safe" and the practitioner acts in a manner that helps to generate the conditions allowing these feelings of safety to occur. The reader might recall

Participant's View

that the practitioners described certain “Characteristics at the Onset of the Healing Relationship” of which safety was one.

Another presenting characteristic noted by practitioners was “centeredness”. The participants noted something like centeredness, or proper attitude. Alison says of her first meeting “he was emanating such a powerful chi... He was projecting calm and peaceful energy”. Jane said, “I knew this person had an essence about him that was beyond what a normal person that I would come into contact with on a daily basis... In conversation with this person there’s a depth to him that goes beyond normal situations and normal existence”. Jane also describes the practitioner as seeming “confident” and full of “enthusiasm”. “Whenever he spoke about his work he was bursting at the seams”. These characteristics can be grouped under the terms centeredness and confidence.

This combination of agreement to work, safety, trust, centeredness and confidence is the initial therapeutic climate as reported by the informants, and it closely matches the description provided by the practitioners. This is the context in which the agreement is made. The practitioner created environment in which healing is to occur, which both parties have agreed to explore, is reported to have certain characteristics.

The Second Participant Characteristic: Empathy Perception

Since my informant sample includes persons schooled in psychology and counseling, they are familiar with the concept of empathy as a way of connecting to others during the practice of counseling. But they report that way they experienced empathy with the practitioner in this research was reportedly different than their book learned perceptions. Dan, who describes himself as a scientific

Participant's View

oriented thinker, presents his view of the empathic connection he experienced:

“I think I have confidence that the counselor would be able to understand me. Because that’s just the definition of empathy. And I sort of got the impression that was probably there. I think that the actual experience of it was different than I sort of expected... I guess it’s different because I’m a student and I’ve been studying these things, and when you study them you always kind of imagine what people would feel when certain techniques are used with them. They go through certain kinds of things in counseling. And you think you know it, when you’re a student, and then when the shoe’s on the other foot, and you’re actually the person, the participant or counselee, it’s different than that. You, it’s different than that. So it kind of, I took my studies seriously before, but I didn’t really want to understand any more than the textbook, I didn’t really think there was much more to it than what the textbook was telling me what it was like. And until I actually been through that, and felt some of those things, then it made me take it more seriously. It made me want to question what I was reading, and to understand deeper what that meant that I was reading.

Interviewer: What that meant in terms of?

Dan: In terms of the kind of affects it has on people, like all these techniques that people talk about, the way that sometimes the books and professors will describe these things, it was a lot different than maybe what people experienced those. Because I kind of read about empathy and things like that, and I thought I pretty much understood what that would feel like if you were a person who had an empathic relationship with a counselor. But I didn’t really, I didn’t really understand that.

Participant's View

Interviewer: So there was a gap between what you got from books and studies, and what you then got from the experience.

Dan: Yeah, yeah. And that's what I think needs probably some more detailed descriptions so that people would understand that better. I think it was a lot different, and that there isn't really an explanation that I've ever come across that really talks about what it's like.

Dan follows this with his description of how he experienced empathy with the therapist:

Dan: He [the therapist] wouldn't let me off the hook. It was ummm...I guess thinking back on it I guess it was starting to feel like he knew something about me that I knew about me, but it was kind-of weird that he knew it about me...and that was also probably contributing to the frustration because hey (he laughs) someone sort of knows where I am going before I go there. And that was a little weird at first".

He follows this description with more supportive aspects of the connection:

"In fact, I thought about it later, and it was sort of like I had reached out of myself a little bit and was kind of being met halfway there. He did, the counselor [met me half way], kind of by allowing myself to realize that that was a safe place to be. And that there was a level of understanding there that ummm kind of reached out to me too, and let me know that it was OK to go that deep.

Interviewer: So you felt that there was a level of understanding or "ok-ness" that kind of reached out to you.

Participant's View

Dan: Yeah. It's kind of hard to explain. It is sort of like, well, to go back to the pool analogy once more. It is kind of like he offered me a life raft or something, and that was always just a few feet in front of me, just a few feet deeper, but I knew that it was OK to go deeper because I knew that was there for me if I needed it. It was kind of like, just not being alone in that pool.

Interviewer: You felt that he was right there with you. You weren't alone.

Dan: No [I wasn't alone]. Otherwise I would never had gone. I wouldn't of thought it was OK or safe to do that. So I would never have attempted to go where I did. I didn't feel like I was alone, which made it possible for me to do that. I don't think I would have ever done it otherwise".

Dan also says, "I guess thinking back on it I guess it was starting to feel like he knew something about me that I knew about me but it was kind-of weird that he knew it about me". He also states that the relationship involves the practitioner knowing how to move within the session, "knowing about the person, knowing how much emotion they can handle at one time".

In basic counseling training the student is taught about empathy, about basic reflection of emotions and states of distress. But this knowledge doesn't explain the deep sense of "being known" that Dan describes, and as we will see later it is something he struggles with as he seeks a way to interpret the experience.

Mary looks at the empathic connection she experienced with the therapist as a way of relating:

"That it was a way of relating to people that's very unique...it's rare and you don't have it with just anyone, and you don't know when you will ever have that form of relating

Participant's View

to another person like that again. It's on another level. It doesn't necessarily have, it's not verbalized. It's something that you experience and I don't think you could have with just anyone. I don't think I could meet someone on the street. It's like a separate person has to have that quality to have that, to have that interaction with you... That instantly you are relating to someone and one minute you are talking as you would talk to anyone on an abstract level and then the next minute it's different. It's a different way of communicating. It's relating to someone on a different plane. I guess you would say, a more spiritual plane. Um, and it is not even a verbalized communication. It's different. Spiritual I guess you would say but I don't really know how to explain it, because it is not really a verbal communication so how do you explain it verbally. It's a connecting. It's ah, I don't know. I don't know how to explain it...But as I said, I don't have the ability to communicate well with people and I was able to communicate well with him...It's not just two people talking about things. It's two people experiencing something that happened together”.

Mary starts off saying that the empathy she felt was “unique, rare” and like Dan alludes to the difference between her training and the experiences she was having.

Stan states that he felt the practitioner was “in tune with him”, connected, and follows by describing this:

“It is difficult to find the words. I guess that there is that sense of empathy, that you care, that you are really in tune with what I am saying, and you are helping me make sense of what is going on now and making sense of where I was at a month ago, you are showing me progress and you are relating the progress back to me and I am saying, yeah that makes sense to me”.

Participant's View

Linda also describes her relationship with the practitioner as being “connected”:

“Sure. I spoke with my visiting, adopted daughter about it. With the connection between she and I being very similar as it was with the counselor. We have some connection between us that we’re both like these two little dynamos when we’re together.

Interviewer: You make a comparison here? I need some kind of clarification on the nature of this, this connection. When you say you’re like “two dynamos”, I need some clarification on that.

Linda: We feel each other’s energy. We kind of, we have a bond, we have a relationship, we have a bond between us such that I don’t think there isn’t anything that we can’t discuss, or a feeling that we can’t share.... There is this connection. I don’t know how to explain it. Intuitively, I guess would be the best word. I don’t think it’s a total description of a situation. But I think there was a connection of energy at a different level, a connection of a different conscious level.

Interviewer: OK, Did you feel it, sense it, I’m trying to figure out how you came to that conclusion, supporting information for you coming to that conclusion that there was a connection at a different level.

Linda: I didn’t feel it. I didn’t feel it at the time, I felt it afterwards. Um, a lightness, that had to have been done to me on a different level of consciousness, because I was not physically touched, I was not really spoken to other than calming direction, and any other form of communication wasn’t there. So it had to be on a different, I guess it’s process of elimination”.

Participant's View

Like the other informants, Linda struggles with describing a type of deeper connection that is beyond the knowledge provided by training. There is something about the relationship that is beyond normal empathy, as they knew it, something that might be described as advanced empathy.

These informants each describe a special type of connection with the practitioner. It was a connection allowing them to feel known and understood within a safe environment. They also report the sense that this is not happening just on the level of verbal communication but that it is also happening on other levels of communication (which fits with the theoretical definition of advanced empathy).

Alison met the practitioner almost by accident. She was not a student of his. The practitioner, while reading in a study area, was watching her tutor a student and became intrigued with her patient, student-centered, style of teaching. After the student left, the practitioner went up to Alison to compliment her on her teaching approach. They entered into conversation that quickly progressed to something deeper than a normal social interchange. Alison describes the relationship as she talks about how the meeting ended:

“I could feel like me centering, like breaking the bond that was going on, like it was a really intense bond. So it was more like, I don't know, it wasn't like two separate entities, two people, but like two parts of a whole communicating. That is what it was like essentially. So then we sort-of separated ourselves and became two separate entities”.

In a second interview she provides further clarification of the experience:

“At the beginning stage we were just communicating I felt really safe and really comfortable. And then there was this sort of sense of unity, not exactly like we were one being but sort of like we were really close, on the same level, and there was a flow between us so that we

Participant's View

could communicate really easily. I could tell him anything and he would understand or at least if he didn't exactly understand from previous experience it would not be held against me in any way.... It was a sensation of deep acceptance of whatever it is you are and whatever it is you think it is OK. And if there is anything wrong it can be fixed. It doesn't make you a bad person or anything. This is pretty unusual to be found in real life".

Alison's reported observations support the observations of the other informants. Each talk about sharing a deep level of communication that they feel comes along another level beyond just talking. The reader is reminded here of the halopathy model and how at advanced levels of empathy development such multiple modes of communication are to be anticipated.

The following excerpts provide a summary of empathy descriptors indicating that the empathy experienced could be a form of advanced empathy: "It was weird that he knew that about me", "[He] knows where I am going before I go there", "I was not alone [he was by my side during the inner journey]", "It's not really verbal communication... It's two people experiencing something that happened [in the past] together [in session]", "a connection of energy at a different level, a connection of a different conscious level", "It wasn't like two separate entities, two people, but like two parts of a whole communicating", "There was this sort of sense of unity". The therapeutic concept of sharing a moment of oneness with the participant during a therapeutic session precedes this author and it seems a reasonable interpretation for the above excerpts. These descriptors suggest that the empathy event was experienced as more holistic, and not your average empathy.

The reader should also note the struggling nature of the informant's attempts to describe this holistic effect associated with the advanced empathy experience. Providing a reductive account of a holistic experience is quite difficult, but I believe the informant's words imply that some type of special connection was made between

Participant's View

practitioner and participant. I apply the term “oneness” with reservation because I feel no term adequately describes this particular human-to-human connection. This problem of language is discussed in more detail later. Yet I like the concept of oneness because it connotes that both people enter into a shared state and because the term has been previously applied to mean this. Within this state of oneness both are safe, both are in control, neither loses their identity, and both share an experience which is similarly reported. Some of the fears, risks, and side effects of this oneness experience are discussed in Chapter Five (and further elaborated upon in another document – The Habitual Relationship).

This reported “oneness” feeling in the moment with the practitioner “knowing” what is not spoken, or demonstrated physically, is well articulated in Jane’s description of her experience with the practitioner. During therapy she discovered that she was feeling trapped, not knowing what to do. As she describes what happened to her during relaxation exercises within the session she conveys this “oneness” connection she had with the practitioner:

“When he counted back I guess I could feel there was still a level of skepticism in me. It doesn’t come from me it comes from what other people tell me, because I am a true believer if someone is very honest with me which this person was. So I’m waiting, I’m sitting waiting in this comfortable state and then he proceeds to tell me to look where I am...I was in this box and I am looking around. I’m physically looking around with my eyes but it is not what I see it’s inside. So I guess I am visualizing something that is happening inside of me. There was still a kind-of skepticism in me and he said “OK move out” while still physically staring at one another straight in the eye. He said, “Move out. Move out.” And the experience that I had (long pause) I don’t think visually a person could see it and take note of it, but the experience that I felt was that my whole body moved beyond this barrier. And as soon as I felt that he then said, “OK you’re there.” And right then it was such a freaky experience for me that I had to regain control. But it also confirmed the fact that this was something

Participant's View

that wasn't made up, conjured. I was no longer skeptical is what I am trying to say. Because I knew that nobody could have perceived it the way that he did and to me that means that he knew what was going on.... I realized was that I could no longer be skeptical. Something had happened to me that was beyond explanation and the person in front of me had the explanation, knew what was going on, and could see and sense (vocal emphasis) on multiple levels what was occurring, what was happening for me... He drew me out of this box and there were no indicators that I was there physically. There were no indicators that you could read on my body that I was there or that I had moved out of this area that I was in. And he knew exactly (vocal emphasis), he pinpointed the exact time that it happened. When I moved from this box out in front of it, at least that is the way I perceived it, he knew exactly, and said, and confirmed with me to let me know that he knew I was there by saying, "OK you're there".

Jane's description focus not only on the connection she felt with the practitioner but also the fact that she was skeptical about the relationship contributing to a shift in her well being. She maintained a poker face, and communicated little, throughout the above described session yet she reports the practitioner "knowing" what she is experiencing and as she comes to realize that he knows this changes her skepticism. This is not you basic empathy, but can be considered advanced empathy. The two of them, for a moment are as one, sharing the details of that experiential moment, despite the absence of verbal exchange. The practitioner uses this shared moment to help guide Jane out of her feeling stuck in suffering and into a state of well being (a description of this by Jane is provided later in this section).

The empathy descriptors the informants use center on attempts to portray a feeling of shared experience, a sense of oneness in a moment during the counseling session. This sense of oneness is not only reported by the participants, but also experienced by practitioners (as discussed in the previous chapter). There is the sense from the informants (both participants) that this is not simply the empathy of vicarious introspection, paraphrasing of the participant's worldview,

Participant's View

or of only verbally reflecting a person's emotions and meaning accurately. Instead each report a bond, unity, connectedness, sense of oneness, that happens for a moment inside the healing relationship, where two people are sharing the inner journey for the purpose of exploring and promoting well being. There is a sense that this shared state involves communication that is different then what usually occurs between people, that it happens on "another level" but that it is safe and it can be trusted. It is proposed here that these descriptors fit with the concept of holistic empathy – halopathy.

Some informants describe this state of shared communication as if being guided on a journey, like the therapist is right there, by their side, walking along the same path. Tom stated, "I know that he [the therapist] guided me into a place of Nowness, like I have never before been aware of". Stan describes this sense of the therapist "being right there. I guess (pause) wherever I was going he was there with me." Dan reflects this idea of a guide through his metaphor of the swimming pool:

"I hate to use this analogy again. But with my logical mind, I have trouble explaining it other ways. It was sort of the difference between having the life jacket just a few feet in front of you and having somebody standing at the other end of the pool with the life jacket at the deep end. Of course you are going to be more afraid if someone says, 'Just jump and swim to it. You will be fine, just jump and swim to it', rather than having someone there with you at whatever point you are at".

Mary attempts to describe how she experienced this sense of being guided:

"You know that something is happening and you can tell that it is being guided, not controlled, but guided by the person, the counselor. It is almost for safety purposes that the participant is, um, I would say, not really aware of, it is almost like uninhibited. They are exposing things about themselves, becoming more aware of things about

Participant's View

themselves (pause) more readily than they would normally be able to due to the support and the guidance that they are receiving.

Interviewer: And you said that it, that you couldn't really tell that something was happening but that when you got to the end you knew that it was happening?

Mary: Right.

Interviewer: Seems almost contradictory (pause). I mean you don't know that anything is happening and then when you get there you know something is happening.

Mary: You don't know that you are in the middle of the process until you see the end result. I guess that is what I am trying to say.

Interviewer: OK. Does that mean there is a flow to it or something? [This is a leading question as I feel her struggle. But she doesn't follow it.]

Mary: Right (hesitant) but there is a quality and I don't really know the word to use, um.

Interviewer: Yea, that's what I am trying to help you with.

Mary: I know. Um, it's a different form of awareness. I guess you would say, um, knowing that you're in this process but, it's very difficult to verbalize, knowing that you're in the process but not really being conscious of it, but you are in a way but you don't know where it is going until it is all over with and I don't know. It's hard to put into words really.

Later in the interview Mary adds to this description, "It was almost like, as I said, journeying, maybe, through feelings, experiences, hypotheses that I may have had, or that other people have had, with

Participant's View

someone else that served as a guide and a protector almost from things maybe that I wasn't ready for, or maybe that I may not have been sure of myself. And that was an added safety measure".

These metaphors of being guided contain the overprint of a deeply connected relationship. It is as if the practitioner is right there and knows everything that is happening in the participant's journey at that moment. He is not on the other side of the pool but instead is in the water right next to the person. He is not leading the therapy, but instead is flowing with it. A guide helps to provide warning, a sense of safety, when the journey seems to be perilous. In all cases the participant is in control of the journey's character and path. The practitioner is there for support, wisdom and safety. The participants' reports of taking a journey are similar to the reports give by practitioners that use the metaphor of a journey as a way to describe the experience.

Halopathy is defined as an experience of within the healing relationship where the empathic moment is observed as a whole event without it's separate parts. These informants' reported observations are consistent with the concept of "oneness" as a part of the proposed halopathy definition. In addition the informants descriptions closely match the descriptions provided by healer practitioners of the deep type of empathy associated with the healing relationship.

The Third Participant Characteristic: Letting Go

Once trust has been established, and the oneness connection made, and the journey begun, then the informants report the observation of a sense of letting go. The process of "letting go" is reported to have three components: a) a release of tension, social boundaries, and allowing the self to relax, b) a catharsis, or movement through pain, and c) a sense that time is suspended. There doesn't

Participant's View

seem to be any consistent order across informants regarding the sequence of these three components. The informant's sense of "letting-go" appears to contain mixtures of these three experiences in ways that vary with each person. This appears to be slightly different than the suggestion from practitioner writings that catharsis precedes letting-go. It seems that sometimes a person must let-go before catharsis and then there is a natural flow into well being. At other times a person must let-go during catharsis in order to move into a sense of well being. In both cases there is a sense of time suspended.

The reported feeling of "letting go" of normal social boundaries, thus allowing self to become engaged in a deeper conversation about emotions, is expressed by several of the informants. Mary is a student who, with the practitioner, had explored her struggle with how she formed relationships and how that struggle influenced her role as a counselor. Mary describes her sense of letting go of "control" as a part of this exploration process:

"As I said, I was aware and experiencing things, but I did not really have control over what I was experiencing, but that is not a bad thing. You do have some control over it, but you just let things out without having to worry about letting them out...it is almost like uninhibited. They are exposing things about themselves, becoming more aware of things about themselves (pause), more readily than they would normally be able to due to the support and the guidance that they are receiving...."

Alison talks about release of social boundaries as her way of describing letting go:

"And since I was in this state, I was past all the cultural and social things, and all the rules, and relating on a completely human level to another human person that sort of made me realize how the things I do, and the diagrams I have in my head should be like that also. I should be relating to people

Participant's View

on a more human level than according to all the stupid rules that society has devised, you know, all that artificial politeness and stuff’.

Dan provides a clear picture of this release of social boundaries:

“You kind of start off in these relationships where you are talking to someone and you are kind of guarded. You sort of slowly let go, and he kept pushing me to let go of it more, and at times I didn’t want to, but I did. And I would let go and let a little more feeling out, and I think the shift is when that final, that final piece was let go, and that was sort of, and you feel kind of free to do whatever. And that’s sort of the free, the calmness that you feel. It’s like you’re in a tug-o-war or something, and the rope keeps breaking. And that last, the last thread of the rope just breaks and you are free. You know, you just kind of fall back a little bit, you know, and you just sort of become calm... I had a safety net. I didn’t feel like that if the rope was to break, or whatever, that I would fall... It was OK to let that go. Because there was no tension there. You just let go. Nothing else. And then, I don’t know, a sense of calm really just sort of followed that and just kind of reinforced that, that this was OK”.

Often there is reportedly an overlap of letting go, catharsis and a sense of relaxation. Tom, a man suffering with both physical and emotional pain, who was met outside the academic environment, shares his perspective:

“[It was a] real passage through doors of hang-ups, like emotional pain, and physical pain leading to the eventual place of a special calm and pleasing stillness where healing was allowed to occur (informant emphasis)”.

Tom sees the process of letting go, as a passage through hang-ups, of moving beyond “force and fear” followed by catharsis and then deep relaxation. For him these experiences seem to be intertwined.

Participant's View

Like Tom each of the participants comes to the empathy event with something that is troubling them. Stan says that he was unhappy for months prior to seeing the therapist. Jane says, "because of his experience he knew I was in a place that I kept on going around and around that I couldn't get out of." This acknowledgement of one's state of suffering can be viewed as a pre-cathartic condition in that the pain recognition is part of the cathartic process. This is illustrated in Dan's recounting of his catharsis and letting go:

"The big difference was me letting down my inhibitions a little bit. First, I was inhibited. I was distracted. When I think about the later stages my inhibitions were gone and I was feeling just the feelings I was just talking about before they were there... And it was tough. It was tough to because I was feeling them at the time. It was hard to keep a clear head. But it ultimately got down to feelings of self disgust. Some really dark emotions that were coming out".

Dan provides a nice description of the relationship between this letting go of barriers, relaxation and catharsis:

"Ok, so we were at this place were these dark emotions were coming through and we talked about those. And I felt surprisingly comfortable talking about those darker feelings at that point. Cause I think I was probably in the deepest water I could get into at that point and I was swimming and I was realizing that I was OK and that I felt pretty safe there any way. Um, so here I was in the deep end (he laughs) and struggling a little bit but feeling pretty safe and then after a period, I really don't know how long we started to relax a little bit and sort of come out that a little bit, to go from the really dark feelings to, sort of, moving past those a little bit, getting to a little bit more relaxed state... We just started to let it go, I guess. And he asked me to take some deep breaths and to concentrate only on those feelings and kind of letting them go, acknowledging them and then

Participant's View

letting them go. In the mean time just breathing, holding the breath and then letting it out real slow and just concentrating on those feelings for a while”.

Although Dan's description has a degree of linearity to it, not all informants describe the experience in this way. With some, the relaxation comes before the catharsis, with some it is after, and with some it occurs both before and after. After the relaxation exercise Linda described the physical events that transpired she describes how she felt:

“The feelings were of major release. It was like letting go of stuff that was eating away at me and I couldn't do anything with it, so I just let go of it.

Interviewer: Letting go of it. That's good. Tell me about this letting go, what's it like?

Linda: It's a relief. It's stuff you don't worry about, it's stuff that's been taken away from you that it's off the list, you check it off the list and it's gone.

Interviewer: So that's what letting go is for you, it's just...

Linda: Let it go and not have to worry about it, and have faith that somehow it's going to work out. Whatever it was that I was worrying about, and it seemed that I had that attitude anyway, a lot of times, but at that point in my life I really needed it, because I had done all the work that I could do and then it wasn't my work any more, so I had to let it go. And I just had to put my faith in God and I did. And it seemed much easier at that point. It seemed, I always believe that things happen for a reason when they're supposed to happen. And I think I know that this happened for a reason, when it was supposed to happen, because I needed to release that. So I can go and build. It was cathartic. It was, I'm trying to compare it to experiences that have

Participant's View

been similar in my life, and there aren't an awful lot, but there are a few. I guess basically it was cathartic.

Interviewer: Tell me about some of the experiences that were similar.

Linda: Um, (p) I'm trying to think what year it was, probably two years ago in June I went to see a person who is considered a psychic. I was having a really difficult time with the death of a very close friend, death by suicide. It threw me, my family, our community into a tailspin. And I had to have some answers, I had, I guess I had to hear what my heart was telling me from someone else. At that point in my life I went to see this woman and I spent two hours with her. She told me things that no one would know about me, other than me, or the situation with my friend and committing suicide. It was totally, she brought it up, she discussed it, and at that point in time, when she brought up a couple of other things, I just instantly began to cry. It wasn't tears of, I guess I would call them "non emotional tears" because they just came. It was like washing yourself, it was like a cleansing and that's the feeling after that experience that I had after the experience I had with the counselor. It was very cathartic. It was an emotional release".

Dan describes the catharsis similarly, "It was kind of like when you need a good cry and you get it and you just feel like...you just feel so much better afterwards and so at peace with yourself. It was sort of like that. And at the time, when you're at this emotional point you don't really realize how long you are there".

Chapter Two includes a lengthy discussion of the importance of catharsis as part of the healing relationship. Each informant in this pilot study reports cathartic experiences. The journey to experiencing well being, within the healing relationship, includes a deep understanding of one's suffering and then a shift through that suffering to experiencing well being. The informants reports serve to strengthen the practitioner reported already given – being able to

Participant's View

explore suffering, in a place of safety and compassion, is critical to allowing the shift into the experience of well being.

Letting go is an important part of the cathartic process and a precursor to the facilitated experience of well being.

In connection to the catharsis and deep relaxation the informants express experiencing a shift in the sense of time. This sense of a loss in time is reported to happen in direct association with the catharsis-relaxation part of the experience. Dan talks about his sense of time during this part of the process, "We talked about feelings for a while. I don't know how long because it was weird. It was just, like a dream... time just started to be suspended a little bit. I really do not know how long it was". He is not the only informant to mention this aspect of the healing phenomena. Linda says, "I had no concept of time". Jane answers, when asked about time, said that time did not exist. Alison responded:

"Really I have no clue. I lost complete sense of time. It was all very, very, intense. Like the intensity of it is not that of a normal conversation one has with a friend. Because then all the blocks, all the social things are in place, even if it is a friend who knows one very well. This was sort-of beyond that. So I really had no sense of time. I really couldn't tell you how long it lasted".

Participants appear to have a sense of the time that transpired before and after, but during the deep cathartic/relaxing event they experience time differently, as if time were suspended. With this sense that there is a time perception change we have a hint that the healing event, as reported by practitioners, has within it a shift in perception (similar to that described by practitioners).

The Fourth Participant Characteristic: Well Being Experienced

Directly after the catharsis/relaxation/letting go experience the participants report a dramatic shift in well being. Tom, a human service provider, came to the therapist with a disabling back problem compounded with depression. After several sessions, it appeared that his struggle with chronic physical pain was limiting his ability to cope with life. Tom describes what happened within the healing session:

“My most special moment came around mid-March or so. David knew I was very uncomfortable and in enormous pain in several areas of my neck and spine...We went into our deep breathing exercises, gently - not forcing, David guiding. Soon I was able to move through and away from force and fear. David and I came to that special place and together worked on, or asked for, or allowed, a healing of chronic pain to take place.

This was a special session for me because relief was like a miracle. I left glowing and feeling like I was touched by the finger of God. I had relief of pain in my low spine for the first time in twenty years, and without prescribed medications or alcohol. [He walked out of the session without the aid of his cane.] When I came into my home being greeted by my wife, she commented on how I appeared to be glowing.”

Tom experienced not only a psychological shift in well being (glowing) but also a physical shift where he reports that his back pain felt significantly reduced. It is important to realize that the participants' shift from suffering into well being can include physical changes as well as psychological changes.

Participant's View

Stan comes to the therapist's office, for his first session, after a great deal of life confounding issues - sick relatives, stress at work, overloaded at school and says " [I was] just not enjoying myself". He then describes what happened:

"But we didn't talk long and then we got right into an exercise.

Interviewer: So then we started doing the exercise. Tell me, in as much detail as you can, in your own words, what you remember that happened.

Stan: I guess I remember being very close, like we are now, that you were looking at me, very closely intense, very intense, and you were also working on my breathing using your hand to help with that, controlling my breathing. We worked on that a few times and then as we got into it I started to feel really good like a high, like a real euphoric kind of feeling. I really do not remember getting any negative thoughts. You talked to me about that life is supposed to be about focusing on the moment, like being in the moment, and that's how I felt. When I walked out of there everything was intensified similar to something that you would get from using a drug. I guess something in the brain caused it."

Stan shares with us an alternative description of Tom's "glowing" and attributes it to physical changes in his brain (his explanatory system). His description of shifting into a state of well being is clear. Alison describes how she experienced well being:

"I think we talked about life and what I was feeling then was very, very, very centered and calm and at peace and happy. Which I have never been induced into this state by the presence of another person. Normally it would come after extended periods of meditation".

Participant's View

Dan shares his perspective on the well being experience:

“Well the deeper I went the more the outside environment disappeared and I really sort-of just concentrated on his voice and what he was asking of me and what I was saying. The other member that was there did not exist anymore and the people that were occasionally walking by didn't exist anymore even though I knew they were there. I just didn't care because I was really getting into some kind-of a dreamy state almost. I really felt like I had left that setting and I was feeling very comfortable at a different place.

It was sort of like the things that were worrying me before were just gone and I was just so, so, calm... The things that would normally get me a little stressed out didn't seem to matter... I was very care-free, very calm, and relaxed... It was like this was my space and it was safe again. As opposed to when I came in... where it wasn't a great world and it was out to get me if I let it. And to contrast it at the end it wasn't that evil place anymore. It was just where I was”.

Jane talks about how she felt after the letting go experience:

“What happened to me? I don't know what I would call it. I've seen other people trying to find occurrences like this.... It was a state that took me to a different level. I don't know if it was higher, or lower. If it was to the left or if it was to the right. I have no idea. But it was a peaceful state of being on a level that I have never experienced before”.

In addition to feeling “cleansed” Linda describes how she felt after her catharsis:

“I noticed a very huge difference in my whole physical being. When I stood up, my instant reflex was to stretch my whole body. I felt like a cat. I had to stretch. And when I walked across the room I think my first comment was, “I feel like a feather, I feel like the weight of the world has been lifted off my shoulders”. And physically I felt like a

Participant's View

feather, like I was floating. Very relaxed. And my mind felt clear. It was only a short time, though (laughs)... I felt like I was in total control, I was totally aware, totally conscious.

Interviewer: So then you sat down and you're feeling clear, light as a feather, weight off your shoulders, but also clear, and aware. Any other descriptors you might use?

Linda: Calm. Peaceful. Very peaceful experience... I maintained that feeling for about 4 days. Developed a natural high, I guess. That was on a Monday, and I think Thursday I kind of just slowly, either slowly disappeared, or I became so used to it that I tuned it off.

Interviewer: But what happened when, right after when you left, and went back out, sort of out into, what was it like?

Linda: I left and I maintained that calm, peaceful, aware, alert feeling

Interviewer: So what happened to all the stressors and all those other things?

Linda: It unloaded them. It gave them away, wrapped them up and said "here". They were taken away from me".

The state of well being, as described by the informants in the above descriptions, is a sense of physical and emotional wellness. It is something that is directly experienced as part of the facilitative relationship with the practitioner. There is a "glow" which is described as an intense calmness or peace, and a release of stress and/or pain. There is a sense of a shift in awareness, as to a different level, accompanied by a "natural high" sensation with few side effects (e.g., distortions commonly associated with a drug induced state). There is also a sense of clarity and insight (this is discussed further in the following chapter) that is not found in an artificially induced state.

Participant's View

This deep sense of well being is not reported at the same intensity for all participants. Some will describe the phenomena as the informants above have, but others, like Mary, will describe a deep sense of trust, a sense of self-fulfillment in letting-go and gaining insight into self and her relationships. Through this she felt an improvement in her well being.

It is important to point out here that, for the purpose of this study, the people selected to be informants were selected because they had experienced this shift in well-being during a healing session. The practitioner had worked with many other students, approximately 30, over the course of four years while at Syracuse University (although no specific data were kept). About one third of these students experienced a shift in well being similar to that described by the informants, one third a gradual improvement in awareness, and another third simply a good teaching experience (except for one student who left unsatisfied). The sample for this study was chosen purposefully to highlight the characteristics surrounding this shift in well being.

Empathy, and advanced empathy, is about helping people to help themselves out of suffering and into wellness. All forms of empathy contain within their definition the intent to promote well being. With the advanced forms of empathy this intent is realized more often and with greater clarity, and with the most advanced empathy as a dramatic shift. This portrait of a *dramatic shift* toward well being is the major component of the definition of halopathy, the focus of this research. Empathy is provided to people because it is hoped it will help them progress toward well being. Those who experience advanced empathy should report more advanced characteristics associated with this progress – a more dramatic shift toward well being (as well as describing the other characteristics associated with the healing relationship).

In addition to the observation of how the shift in well being was experienced, the informants report the juxtaposition of being in

Participant's View

suffering one moment and then in a “calm state”(well-being) the next. Dan adds that the contrast was important to him, “Kind of contrasting that calm feeling with the beginning when I felt a little nervous and a little scared to go deep or to even talk about anything. So to go from that to going to that feeling of being relaxed and safe and relieved was a great feeling... It was just this sense of being very calm and very relieved that I had gone through that and that I had felt those things but yet I had gone past it and I knew that I could go past it and it was very empowering to know that I did that and that I could get to that state of being calm”. The juxtaposition of suffering, the pre-cathartic condition, with a dramatic shift toward well-being that has a “natural high” to it provides participants with the hope that they can learn to find relief from their own struggles with pain and suffering.

Participants experience this shift toward well-being at different times over the course of therapy and often follow-up is needed to help them integrate the experience into daily living by finding answers to the question, “How can I rediscover this sense of well-being in my own life?” In seeking such answers they often struggle with how to talk about the experience – even when they return to the therapist who shared the experience with them.

The Fifth Participant Characteristic: Translation Loss

As part of the healing event there is almost some interaction with another that places the participant in the position of having to communicate about the experience while still feeling the effects of that experience. It is important to note that when the participant leaves the advanced empathy event it is not the end of the experience. Participants report that the effects of the shift toward well being can last from 4 to 48 hours after leaving the presence of the practitioner. As the participant leaves s/he enters into the world, a world that requires communication, but s/he must try to communicate in their

Participant's View

world while in this shifted frame of mind, while experiencing the shift in well being. This is the last observation informants report as part of the advanced empathy event – the struggle of how to communicate what they are experiencing as they move about in their world. They also have trouble communicating to themselves about it as they seek interpretation (see Chapter Five).

Then as the effects of the halopathic experience change from present to past the problem of communication still remains. There should be follow-up to the healing event where both members of the dyad communicate their interpretations of the empathic encounter while seeking to make meaning of, and rediscover, the well-being experience. The interviews were a type of follow-up, a way for the participants to talk about their experience and through listening to their own talk perhaps clarify their own interpretations.

In every interview there were comments that demonstrated the informants difficulty in describing the phenomena they experienced. Sam tries to explain how he did not experience any negative feelings during the event -- “If they were there, they were not making me feel bad. I can’t really explain it.” Tom says “with David’s guidance, I was able really to slow down my anxieties and the “chatter in my skull”. Words cannot say exactly what it was, or where we were being “guided.”

During the interview Alison was asked what the counselor did what action to bring about this intense feeling of well being. Her response clearly shows the struggle she had in describing what happened:

“No, he did not wave his hands around. It might have been words but it was more of an empathic...I don’t know. It was like, ummm... It is extremely difficult to describe in words. Hmmm...what did he do? I don’t know what he did... He just sort-of was there and because, I don’t know, maybe because he was centered, I became centered too in his presence. Just sort of a calming...it’s much more, its way beyond

Participant's View

calming. It's sort-of like when you are past the point of, past all the cultural things and stuff, social things, and you stop even regarding the person as an actual physical being. You start regarding them just as a being. You forget that you yourself are a physical being. You just concentrate on whatever it is that you are talking about, and it is just thoughts and emotions, and it's just focused on that and not on the actual two people sitting there. I don't know. It is extremely difficult to describe.... I was going to say it wasn't really a conversation on the physical realm. When I was talking about myself I wasn't picturing myself as look like doing things. Which is what we normally do during conversation. If I say that I went to the store yesterday then I am going to picture myself going to the store while I am saying it. But that part wasn't present in it. Like the whole thing was from the inside. It was just thoughts and it...OK this is just really not...I'm really not explaining this right. I don't think. It's very strange".

Alison also used phrases like "I'm pretty much getting stuck for words now". She follows this with:

"I feel like an artist who is trying to paint this gorgeous picture that they have in their mind but their hands are not following along with the vision. The words are just not coming. I am sure that there would be, like, the correct words to explain this. They are just not coming".

Each of the informants' struggles with translating the experiential components of the phenomena into words, which they feel accurately described what they experienced. This struggle is not only a part of the experience but also can become an important part of the interpretive process. It is an examination, an introspection (if handled right by the practitioner) into the personal process of what happens when one struggles with integrating the unfamiliar with the familiar.

In addition to this struggle with verbal explanations there is the struggle to fit the way one describes the phenomenon into one's existing frame of reality. Dan says, "But to identify exactly what

Participant's View

happened? I don't know. I mean I really...I can say sort of what he told me to do, or...not what he told me to do, where he kind of lead me, a little bit. I can identify that, but I can't say what made me feel that calm. It was just this sense of leaving myself for a while... And I realize it doesn't sound... I'm not making it that clear, maybe. It's kind of hard to explain. It's like explaining an emotion and it's really hard to explain an emotion. It just kind of a state where you are at... ” He follows this with how he thought about watching another participant experience the phenomena after he had his experience:

“As I looked at the experience I would have to stop myself from saying “Oh my gosh this is weird.”

Interviewer: That is interesting that you would say that. You had to stop yourself from saying “Oh my gosh this is weird”.

Dan: Oh yeah.

Interviewer: Can you explain that?

Dan: Because it gets to a, kind of a, I don't know, almost like people are talking about out-of-body experiences and things like that. Things that science kind of shuns you know, kind of doesn't like to talk about. And when you sit back and when it is not you, it is very easy to, it is really easy to say that it is not happening because there is no scientific explanation for it. If she (the other student) had said to me, before I had gone through the experience, “Oh it was like having an out-of-body experience.”, I would have probably, not to her face, laughed a little bit. And said to myself, “Oh my God she's wacked out. She thinks she had and out-of-body experience.” And it sounds just completely out there. It sounds like people like, like those people science people like to mock. Um, but yet again I can't do that. I can't do it anymore cause I had, I've gone through the experience. Something that I can't explain or that I don't have a theory

Participant's View

for. But occasionally it would arise, it would come up again. I would think, "This is very strange and odd. I need to get up and get out of here. This isn't science. This isn't psychology." But, maybe it's not. But it doesn't mean that it's not something that I would want to have happen again, occasionally. Cause I know it works. Again I feel like I am not making any sense here.

Me: It looks like you are presenting two sides, two faces, two ways of looking.

D: Cause I get lulled into looking, into the experience again and then I snap out of it again and I think "Oh my gosh I can't believe I just said that. That sounded so hokey." You know. (we both laugh). I can't believe I said that it was like having an out-of-body experience. You know it sounds ridiculous".

In asking her to explain what happened Linda shares her view:

"I don't need to figure it out. I don't need to figure it out. I know.

Interviewer: You know. What do you know?

Linda: I know that there is a connection on a different conscious level... I didn't feel I entered into it, I felt like I was a part of it, but I didn't enter into it... There are not words to describe it, I don't think. I don't think there are words, it's hard to describe. It's a nonentity, it's not anything, there's nothing that as human beings that we have in our five senses to describe that situation. There's not. There's a vocabulary but I don't think, I don't think it sizes up the whole feeling, the whole emotional experience.

Interviewer: Um-hum (agrees)

Participant's View

Linda: Because there's too much unknown.

Interviewer: So you're saying that there's the whole experience itself, cannot really be described with words and the vocabulary that we have. We can't really get at the richness of it.

Linda: Yes, exactly. Exactly, you can't get at the richness of it. Not with my vocabulary. Maybe someone who's done some reading and research and given this a lot of thought and puts it together and maybe has an understanding of energy flow and things like that, but I don't.

Interviewer: But you have an understanding of what happened to you.

Linda: A definite understanding of what happened to me, and I don't feel like I need to have a better understanding, I just know, I just know, I can't explain it. It's one of those unexplainable phenomenon.... How did I explain that? I didn't. I didn't need to explain it".

Dan struggles to fit his understanding of the phenomenon into his scientific frame of reality. Linda states that she doesn't need to do this and is comfortable accepting what happened without seeking a more detailed explanation. But both struggle with finding words to describe what happened in a way which they feel can portray the experience to others. This struggle with interpretation is discussed further in Chapter Five.

The problem of translation loss is also a characteristic reported by the practitioners. Working through this translation loss helps participants, work through the cognitive dissonance they have connected to the experience, helps them to gain insight, and helps them to discover ways to verbally share their meaning of the experience

Participant's View

with others. The process of interpretation is an important part of the healing work. Follow-up, and the issues associated with follow-up as part of becoming an experienced empathy practitioner, will be discussed further in Chapter Six.

Another Look

As I interviewed people I expected them to recount their experiences in temporal order and perhaps this expectation influenced how they reported the experience. But I remained open to the possibility that all participants did not all experience the empathy event in this linear manner. One informant saw the process as a relationship without linearity. Mary describes this:

Mary: And it was almost counseling to your own personal issues to enhance the person's role as a counselor, by dealing with personal issues that may cloud or interfere with the person's ability as a counselor. So that you are aware of your own issues so that don't interfere with the counseling process.

Interviewer: Right. So during this process of exploring your own personal issues, with respect to being a counselor, um, there was something that happened.

Mary: Right.

Interviewer: Can you set that up? How did we get there?"

The interviewer is trying to explore with Mary the nature of the process, expecting a linear answer, a progression from A to B. But instead she answers:

Participant's View

“I think. I'll try... When you experience it for yourself it's different. It's um, you can tell it's not the average counseling session. It's almost deeper than that. When I first watched it, it was interesting, almost cyclic in nature. Watching it you could see the process unfolding but um, you do not know it is unfolding, until the end and then things come around. It's almost like a circle”.

Mary viewed the process more as a circle rather than a linear progression. She also stated “You don't know that you are in the middle of the process until you see the end result”. It is as if she saw the process as a whole. No linearity, but rather a sense of being part of a whole experience.

The metaphor of a circle as being an important part of how the personal journey of discovery is described is found in other cultures. Native Americans see the circle as fundamental to their understanding of life. Teachers in Tibet use circular mandalas as part of their teachings. The halopathic experience is theoretically defined as a moment of oneness in the therapy session where a shift to well being is experienced. Within Mary's definition there is no account of linearity but there is still the report of connection, journey, and well being. One possibility for this difference is that the perception of linearity is more an artifact of the interviewer's questions, the practitioner's approach, or the scientific methodology used, than of the experience itself. It is reported to be an experience that has components that are ill defined. Perhaps describing it as a whole experience without linearity provides another glimpse at the holistic nature of the healing relationship.

Mary shares her insights about inner exploration, stressing the experiential quality of the process:

“I guess what I came away with was a sense that I was able to communicate with someone on this level without necessarily dealing with ONE [her emphasis] particular issue. It was

Participant's View

deeper than that. It was the core of all issues basically and being able to communicate to someone about that, not necessarily with words, but to just experience it and to later be able to reflect upon it... It's not your abstract thinking about things and analyzing things and reflecting on things. It's experiencing."

She exemplifies this further with in the following statement: "I don't really think that having a succession to everything is necessary.... I don't think it is important [to know] how the house was built. It matters what the house is now".

Like Mary I often view the development of the healing relationship as a circular process. For some the healing relationship is not viewed as something linear or hierarchical. Rather it is seen as a holistic process that exists as a full and rich experience. It is seen more like art than science. For readers who would like more on this artistic view they should read the "Healer's Journey" and "Calling God Collect".

Reports of the Healing Therapeutic Relationship – Excerpts from Published Participants' Accounts

As the pattern of themes revealed themselves in the informant's words, I found it necessary to return to the literature. I immersed myself in the literature describing the healing therapeutic relationship and how practitioners from all cultures viewed this relationship. I found very little information that presented the participant's voice, information that described their experiences with a dramatic shift in well being within the healing relationship. In part this may be due to the low frequency of such phenomena within the practice of human service in Western society. It may also be that a study of such phenomena is difficult to construct and probably even more difficult

Participant's View

to get published (one of the reasons this is being published on the internet).

If the halopathy phenomenon is viewed as an intense emotional experience with the juxtaposition of two emotional states, suffering and a dramatic sense of well being, then perhaps we can get a glimpse at the frequency through a study done in 1999⁴. The researchers in this study started with a data sample of 450 audio taped sessions representing 85 therapists with a mean of 18 years of experience. The tapes were reviewed by trained judges for containing at least two incidents of strong participant emotion. Because the researchers wanted an even distribution across multiple therapeutic styles they limited the number of tapes from any one therapist. Given that constraint they had 15 of the 450 sessions that met their criteria of containing strong emotion. Of these 15 only 2 contained what they identified as strong good feelings, those which might be equated with the strong feelings of well being described by the informants in this research. Such a low frequency of intense good feelings within an average sampling of experienced therapists suggests a possible reason for the absence of published accounts. Would such a frequency also be noted across other human service disciplines (e.g., psychiatry, nursing, direct care support)?

Professor Klienman, in his work on transcultural psychiatry stated:

“All forms of healing create conditions for catharsis, although some are much more effective than others at eliciting this important therapeutic process... Catharsis is a therapeutic process in most non-Western symbolic healing systems.”⁵

Although it has been stated by practitioners that catharsis is a critically important part of the healing process we have little published information on how participants experience this shift from suffering to well being. (The reader may recall that there is also an absence of detailed practitioner descriptions). There is research on participant variables (age, sex, race, expectation, etc) compared to

Participant's View

various measures related to psychotherapy⁶ but little that can be used to distinguish the effects of catharsis on the participant's perceptions. The scant quotes that follow do little to remedy the problem except to show their similarity to the healing relationship characteristics already described.

Reverend Harpur, a journalist and ordained priest, interviewed a few participants who had experienced catharsis with healers. This is the report of one account told by Dr. Roland K. Harrison who met the healer Godfrey Mowatt:

"I've never forgotten the experience. It was quite remarkable... I am about to be ordained, and on the principle that I need all the blessing I can get, I'm going to go up [to Mowatt]... The moment I felt Mowatt's hands there was a sensation like a weak electrical current flowing down my neck and spine. It went down my arms to my fingertips and down my legs to my toes. It remained like that for a few seconds until he lifted his hands from my head. It was really a terrific experience of a kind I had never experienced before nor have since. The surge of current felt slightly warm and left me with a sort of inner glow for a long time afterwards."⁷

Delores Krieger, founder of therapeutic touch, also interviewed by Reverend Harpur stated that patients who had been with the healer Estebany could sense heat from his hands and a "great sense of relaxation."⁸

Dr. Kakar, a psychoanalyst and researcher, studied healers in India. He recounts how one patient described meeting a renowned healer:

"I saw the Master for the first time. He met me at the door and took my hands in his. I looked upon his face, a kind, beautiful face, unlike any other. My throat constricted and I

Participant's View

couldn't speak, but he looked into my eyes and said, 'I'm so glad you've come'. At that moment the world was mine! The love and warmth and power emanating from him filled me with joy... I wanted to burst into tears, to fall at his feet, to let out every problem inside all at once... and again[that]... look that makes one feel that one in the master's sole concern and that the Master knows each and every hidden nook and corner of one's being."⁹

Dean Kraft in his autobiography talks about his healing work with the actress Lucile Ball and stated she reported, "I can't remember feeling so relaxed... You made me feel so good I could've left my head on that table and walked out without it if it wasn't attached."¹⁰ Kraft commented that such relaxation often accompanies the process of letting go in his healing work.

Professors Villolodo and Klippner, who did ethnographic research on healers in South America, presented this participant's response:

"It was a very warm and calming experience... I felt a sensation of surrender: simply giving in, letting go and trusting. I felt that I was conscious or alert all the way through, but it was just out of the corner of my mind... I felt myself uplifted and surrounded by an energy or force I cannot describe."¹¹

Mr. Grazier, a journalist who interviewed healers, describes his wife's visit to the healer Frances Hunter:

"Debbie, at my left, was shaking. Her eyes were tearing. This wasn't like her. She said afterward that she felt extremely emotional until Frances gently, but firmly, grabbed both her upper arms and held her. At that moment, she said, a sense of warmth and peace suffused her, and she became calm."¹²

Participant's View

Author Noll quotes parapsychologist Janie Veal from West Georgia College who visited with the African American healer Ma Sue:

“There was a presence about her... She would almost croon and would talk about the things that were deepest in your heart... The time I spent with her was a magical time. She was an extremely religious person. Extremely gifted. She gave a person a wonderful feeling”¹³

Dr. Margulies talks about his meeting with Elvin Semrand, professor and empathic psychiatrist who he says was more of an artist with therapy than a practitioner:

“He had a talent for knowing the depths of one's soul... A colleague once commented to me that he often had the sense that Semrad knew him better than he knew himself. This was my experience too in Semrad's powerful presence. For me, the feeling of being empathized with by Semrad... was that he moved into those aspects of myself that were not easily held in my consciousness, even secret – but doubly secret, a secret to myself. These were undeniably ‘me’, I did not dispute that even to myself (well, maybe for a moment) – but a part of me that was troubling or painful and that only at that moment became attached to words.”¹⁴

Phil Edwards, a healer in England, describes the following two accounts, the first a young man studying to be a doctor, and the second a woman with arthritis:

“Jeff describes his second visit as ‘a quite extraordinary experience. I was on a high when I left – all my senses were heightened. Even the music I played in the car on the way home seem somehow more profound... It has opened me up to all sorts of possibilities that I had not thought of before. It has made me more aware in my own work of including the mind, body and spirit – the whole person – when I am treating a patient.”¹⁵

Participant's View

It was like a mild shock. I was embarrassed to find myself crying, but I could not help it. I just felt an overwhelming sense of peace... The sense of peace and well being I felt during healing was so intense, I remember thinking at that time that, even if the pain did not go away it would not matter. For the first time in my life I was at one with myself.”¹⁶

The above quotes have much in common with the informants of this study. There is mention of trust, of letting go, and of feeling a deep sense of peace and calm. There is also mention that the practitioner “knows each and every hidden nook and corner of one’s being”, that there was a presence, something happened that triggered a shift in perspective, there was a deep sense of peace and well being, and that something happened which could not be described. This is a small sampling across several cultures and several different types of practitioners yet the themes remain similar to those reported by the informants in this study.

Chapter Summary

Empathy is considered a characteristic that cuts across a wide range of therapeutic approaches¹⁷ and as such may be considered a “core condition” central to a healthy helping relationship across all human service domains. Understanding the various qualities of empathy, and understanding advanced empathy, helps us to understand what it means to offer a helping relationship that promotes wellness. It has been proposed that empathy, in some practitioners, is developed to advanced levels and that at these advanced levels empathy becomes more holistic and more capable of directly facilitating well being. The participants cited in this chapter provide us with a glimpse at the character of this advanced, holistic, empathy here termed halopathy.

Participant's View

The sequence from basic skills to advanced skills follows a progression similar to that described for developing expertise in any domain. At the advanced level empathy, like in other domains, therapeutic empathy is experienced, not in pieces, but as a whole. Yet we have little published information of what this “whole empathy” would be like – from either the participant’s view or the practitioner’s. An understanding of this, whole empathy experience as a “oneness” with another for the purpose of promoting well-being, is an important to understanding the multidimensional therapeutic empathy model presented herein and for understanding how to teach others about the healing relationship. It may also be useful in expanding our understanding of the effects of a healing therapeutic relationship across multiple human service domains.

Halopathy in a “oneness” union with an accompanying dramatic shift in well being as part of a healing therapeutic relationship. Mary describes this “oneness” as “relating to another person ... on another level”. Dan uses the analogy of the having the therapist in the pool with him. Alison clearly described the experience as not like “two separate entities, two people, but like two parts of a whole communicating.” Jane describes the experience where the therapist knew what was happening to her in her inner journey without words shared. This state of “oneness”, characteristic of halopathy, is a deeper, advanced form of empathy that is accompanied by a second characteristic of halopathy - a dramatic shift toward well being. It is this state of shared “oneness”, accompanied by an experiential shift toward well being, that serves as the foundation for the definition of halopathy.

Halopathy is a form of empathy used within the healing relationship and as such has characteristics overlapping with the understood use of empathy (as described in Chapter One). The difference between empathy and halopathy is more related to magnitude, intensity, and skill development than of defining halopathy as something totally separate from empathy. In addition it is difficult to fully describe a holistic experience making it difficult to

Participant's View

clearly delineate the differences between empathy and halopathy. There is a holistic aspect to the halopathic relationship, which is unavailable to the reductionist approach because as soon as you apply the focus to describe the experience then it is no longer viewed holistically. Problems of communicating about the experience exist for both practitioner and participant yet remain an important part of the interpretive process that is integrated into the journey toward wellness.

The informants in this study each experienced the empathic event, which is described containing effects that exceed the definitions typically ascribed to empathy. Their descriptions of the effects experienced lend credence to the idea that they may represent a description of an advanced form of empathy. Informants describe these effects as including the following:

- 1) The agreement (including particular practitioner characteristics),
- 2) Empathy perception (oneness, a guide),
- 3) Letting go (catharsis, deep relaxation, time loss),
- 4) Well-being experienced, and,
- 5) Translation loss (participant can't describe it).

In my many years of practicing healing work I had never asked participants how they experienced, in detail, their well being in connection to an empathy event, nor had I ever read such accounts. The informants accounts, plus a small sampling of published participant accounts, describing their experiences with healer practitioners suggests that these five components may represent parts of a process that is applicable across cultures and across human service domains. These five components combined with the practitioner's view (Chapter Two) may present a portrait of the

Participant's View

healing relationship, which can add to our understanding of what it means to be a skilled human service practitioner.

It is important for the reader to contemplate of the significance of the similarity between the accounts of the practitioners and the

Halopathy, and the healing relationship, are experienced mutually and account descriptions demonstrate this mutuality.

accounts of the participants. This is further evidence suggesting the importance of mutuality – both practitioner and participant are mutually involved in the process, both experiencing a shared journey. If this mutuality does not exist, if the two are describing very dissimilar events, then they are not describing a facilitated healing event. They are not describing the healing relationship, but they could be describing the support relationship or even the habitual relationship (perhaps in the disguise of the healing or support relationship). The nature of this mutuality has far reaching ramifications for the study and delivery of human service. A discussion of these ramifications is beyond the scope of this document, but may become the topic for a future document.

The Credibility of Participants' Reported Observations

The credibility of any set of statements that assumes to represent reality rests on understanding the set of conditions within which the statements are made. The conditions surrounding this investigation are important to understanding the nature of what has been described. These conditions were as follows:

- 1) The informants were human service practitioners (in school) who, in each case, also wanted help for themselves, and in that sense participated in the

Participant's View

experience. Five of the seven informants were, prior to the interviews, students of this researcher. Two informants were not students of this researcher. But during the interviews, from which the above observations are garnered, none of the informants were students, or participants in treatment, with the researcher.

- 2) Little information was given to the participants before, or during, the halopathy experience. They were not told what or how they should feel (except for some guided deep breathing instructions). The focus was on asking them to describe, in detail, how they were feeling both during and after the experience.
- 3) The researcher's long years as a practitioner healer overlays the entire research project with an orientation that is unmistakably theory dependent, written toward an audience of practitioners, and, according to this author, necessary.
- 4) The researcher was also the practitioner who facilitated the environment in order to assist participants in experiencing the healing event described by the participants. As stated earlier this insider view was purposeful, and necessary for this research. For more detail addressing the question of "good science" see Appendix Two.
- 5) The number of people interviewed was small as was the published supportive research.

Within these conditions there are some key points. First, the participants were willing to take part in this experience. Second, the practitioner was willing, and able, to facilitate the experience. Third,

Participant's View

there was an authority relationship established, between practitioner, as former teacher, and participant (ex-student) that may have affected some of the interviews (five of seven). And fourth, not stated but underlying, the researcher's theory-dependent bias may have affected the reported observations.

Authority, Suggestibility and Willingness to Participate

I would seem an obvious point of skepticism to suggest that the participants in some way biased their testimony in response to the perception of authority. The philosopher Gadamer stated that the influence of authority is one that is often labeled as dogmatic and pejorative¹⁸. But this is a bias that is often presumed, and sometimes falsely applied to all situations where authority is perceived. The presence of presumed authority does not equate with pejorative bias.

In this research the interviewer possessed some perceived authority. At one time he did instruct five of the seven participants. That relationship did not exist during the interview. Also during the interview the five students were informed that this was research seeking to discover everything that they thought about in relation to the phenomena they experienced. Nothing should be left unsaid. This was the setting that presents the possibility of presumed bias due to the influence of authority.

Pejorative bias due to the influence of authority is connoted as influencing the participants in a way that limits their freedom of expression. The participants choose to exercise these limits because they distrust the possibility of reprisal. They distrust the person who is could exercise the authority. Can this idea of pejorative influence be applied to this research? Is their evidence that distrust was strong enough to shape the participants descriptions?

Rather than indicating distrust, the participants' report a deep trust in the interviewer. They describe a trust that was felt as safety.

Participant's View

They felt that they could say anything and felt same describing some of their darkest fears, things not shared with anyone. Such trust is not compatible with the perception of authority induced pejorative bias.

What is also not compatible with the reported bias of authority induced pejorative bias is the fact that two participants (Tom and Alison) did not have a student-teacher relationship and yet their reported descriptions are similar to the others. Alison's descriptions are rich and detailed. There is little doubt that she experienced something that might be called advanced empathy. There is no indication of authority in the manner that would "force" her to make-up such statements? If her statements are made without the pejorative influence of authority, and they are similar to statement from the other informants, then it is possible the other informants made their statements without the pejorative influence of authority.

A possible influence of authority could occur as a "forcing" of the participants to be willing participants. Willingness to participate is an important ingredient in therapeutic success, but not a necessary one. As Mary describes later, she had a long history of unsuccessful relationships with men and it was many sessions with the therapist before she had the "willingness" to participate. Alison's experience happened within minutes of an initial meeting. Perhaps she was subconsciously willing, as she was sitting with a stranger and knew nothing of him and his "techniques". But the term willingness also implies suggestibility – that is some way the informants were pliable individuals who were more willing than others to succumb to the effect of this experience.

The concept of suggestibility relies heavily on having information that then becomes the focus of inner suggestion. Then willingness and suggestibility go hand-in-hand. But how did they know the nature of the experience to which they were supposed to succumb? As stated earlier the researcher purposefully made no mention of its nature, because he knew it would be a point of contention later in the research. Could his reputation have preceded

Participant's View

him? It probably did, but as will be discussed later the reputation rumors were not filled with the types of descriptors provided by the informants. Perhaps the informant possessed some prior knowledge of this type of experience, brought it to the session, and then knew that it was time to succumb to that prior knowledge. On a conscious level, the participants report that in their past they had no other relationship similar to the halopathic experience. The descriptors of the experience also do not (like alien abductions) appear to be part of our cultural mythology beyond the description of taking a personal journey (enlightenment, personal development, self-actualization). There may be some archetypal awareness, but it is not possible to evaluate the influence of the participant's subconscious knowledge.

Perhaps the informants have a willingness to please the researcher. This is likely to be so and along several avenues. There is the student who wishes to please the teacher. These students were not students at the time and were not under the pressure to please for a grade. These students were informed that they were part of a research project and that it was necessary to be as totally honest and as descriptive as possible. They knew this was research and being in academia they were familiar with the nature of research. They knew that the research depended upon open honesty. This open honest facilitation in the interview is enhanced through the level of trust developed with the interviewer. The participant informants stated that they felt that they could be open and honest, that they could say anything. With these conditions in place it is hard to imagine how suggestibility was an influence.

There is also the willingness to say the right thing and to do the right thing in front of the therapist. This is combined with the pressure that the therapist was there, in the room with the participant, during the experience. This is the effect of the power differential between the two persons in the relationship. This is one of the major drawbacks of the insider approach. Other than relying on the relationship trust, a sense that anything can be said, and the student's scientific honesty, there is no relief from this pressure. But even with

Participant's View

this pressure present it is difficult to imagine how the informants became willing subjects to non-existent suggestion.

Perhaps this willingness to say the right thing could be minimized through the use of a second interviewer. This was attempted with a second interviewer interviewing Alison. It was presumed that it would be easier for the informant to honestly express herself to a “outsider”. But this experiment in the use of a second interviewer proved ineffective. The informant stated that she spent too much time explaining what happened, repeating often, and left not feeling understood. The interview revealed little in depth information about the effects associated with halopathy. The use of an “outsider” may have helped the credibility, by addressing this willingness to participate, but it may have also stripped the accounts of the rich details needed for this study.

Another aspect of this willingness to participate is that the informants were learning, seeking, to become skilled practitioners. One of the tensions students experience during training is the feeling that they will make a mistake and “do harm”. To counter this some are willing to engage in any activity which they think will further their skills. So when presented with “a new therapy approach” they often are willing to get involved. But again the willingness to get involved does not explain the detailed description of phenomena not part of their reported history.

Bias and the Therapist's Agenda

In addition to the possible bias from the participant's willingness there is the influence of the therapist's/researcher's willingness. Not only is he willing to do this research he is able to facilitate the conditions needed for the halopathic experience to occur. What this means is that he has spent a good portion of his life dedicated to the development of the skills necessary to this process. It is more than research. It is a description of a part of his being. It is a therapeutic

Participant's View

process that he has seen bring great joy and healing to many lives. The influence of being intimately involved with this type of therapeutic experience cannot be overstated. It becomes a mission to whom one has to be diligent and cautious. Such a mission requires personal sacrifice and remaining alert so as to be a servant to it and not a slave. It is a driving force which also involves a struggle with the accompanying sense of “magic” and power so that the therapist can remain balanced and in touch with humanity. I make these statements to make clear that the boundary between getting lost in self and getting immersed in research about mankind can sometimes appear fuzzy.

The combination of being deeply intimate with the process and driven to speak about it is quite dangerous with respect to this boundary. There are two actions that helped to keep this in check; the use of empathy along with Rogerian type methods during the session, and the use of honesty when reporting the informants' information. The use of empathy and Rogerian methods allowed for the participants to speak with little or no interference from the therapist/researcher, except to focus the discussion on describing the effects of the experience. The use of honesty has, to the best of this author's ability, been represented in the previous reporting of the participant's observations that has been done with little commentary. The commentary on the participant's view was reserved for this section of the chapter. Most of the author's commentary is absent from the participants' reports.

But despite these attempts at safeguards from the effects of the author's particular orientation, one cannot escape the glaring conclusion that the material is narrowly focused. This has been done purposefully, with the intention of bringing into focus the characteristics of an advanced form of therapeutic empathy. The focus is on therapy, on the practice of therapy, on practitioners in therapy (and training to become skilled therapists) and in particular on the MOMENT within therapy when a shift toward well-being occurs. Anything else was considered outside the scope of this study. In

Participant's View

creating such a myopic view, like looking down the microscope, there was much that was missed surrounding the subjects and the researcher, but much that was gained in the detailed descriptions of halopathy.

Much of what was missed might have had direct impact on the credibility of this study. For example, if the questions from the interviewer had focused on having the informants describe all similar past experiences then a historical comparison could have been made and more information would have been gathered on the informants' background with respect to the halopathic experience. But instead the researcher has to rely on the statements that indicate the informants describe this as a unique experience. The interviews could have included more biographical material. This might help to place the informants' responses in more of a human life context. But again this was not the focus, and there was risk that confidentiality would be compromised if detailed biographical material were presented.

There are other lenses of focus that could have been applied to this study. The subject of halopathy could have been examined from a cultural or ethnographic perspective. There are questions about the nature of self, intimacy, human relationships, and society that seem related to the concepts being explored. There are spiritual undertones and their implications in terms of peoples spiritual quest in our society. And there are questions about human growth, awareness and potential. But addressing all of these is far beyond the scope of this study. Each could use its own research study.

The focus within this study is on the practitioner-participant experience and on practitioner training. The study will briefly touch on many of the above mentioned frames of reference, but the focus will remain on describing the halopathic experience from the practitioner-participant perspective to an audience of human service practitioners. It also happens to be the lens with which the author has the greatest degree of expertise. Even though this myopic bias exists I

Participant's View

do not think that it affects the credibility of the study. Perhaps studies in the future may branch off into other realms of discourse.

The willingness of the author to engage in this myopic study does not explain how the participant informants came to describe observations that were not previously part of their conscious experience. One possibility is that the author selected, from the transcripts, only that information which proved his model of halopathy. Although it is not presented as such in this text, the actual order of discovery was a) researcher goes through decades of empathy experiences, b) develops an early version of the halopathy model, c) starts this research, and d) develops a latter version of the theory and modifies this version through the course of this research.

Although the theory was presented first in this text it was grounded in decades of empathic experiences, whose descriptions are beyond the scope of this text. The research then was supported by academic study and developed to focus on exploring the possibility of acquiring a better description of one part of the empathy model – halopathy. Over the course of the research the model was changed to fit the information and not visa versa. In addition the effects described by the informants, and the thematic categories under which they are described, are generated from the descriptions given in this research. What comes from the research is not just the halopathy model but descriptions of the effects associated with the halopathic experience. In places, particularly within the section on practitioner's descriptions, I have added my own voice of experience. These personal additions should be as obvious to the reader as they are here.

The author's drive to engage in this research contains a bias to orient this material toward practitioners. This bias is apparent throughout the text. This bias affects the slant of the material and of the informant's information. The informants were selected from a population that would possibly contribute information to the question of how halopathy might affect student training to be human service practitioners. To some degree the bias may affect how the effects are

Participant's View

described by the informants. "Participants" and "practitioners" from other walks of life and other cultures may have different ways of describing the effects, and most likely different way of explaining them. Within the pool of informants there is a professional and cultural bias in the information presented here, but that is done purposefully. The material in this text is addressed to an audience of human service professionals and the language contained herein represents that bias. There will be scattered references to multicultural awareness but the focus remains on the culture of American human service professionals.

It is obvious that there is a strong willingness by the researcher to present a particular concept, idea, image, to the audience. There also is a selected audience to whom he is writing. This is the orientation of the work. Yet the willingness of the author to present the information does not imply that he consciously provided suggestive comments to, "put words in the mouths" of, his informants or slanted the selected narrative quotes to fit his particular views. In fact extra care was made to avoid this during the interviews and to keep personal comments separate from informant observations in this text (as is being done here).

The agenda of the author, and the suggestibility of the informants, remained a bias throughout this research that was strongly guarded against, particularly in a study using an insider investigator. But no research is without bias. In studying the characteristics of the healing relationship, and choosing how to describe them, the author is using judgment. The author is also selecting explanatory criteria suitable to the audience of practitioners and their Western culture. There is bias in such judgment, but it is hopefully not so pejorative to make the information contained herein false. Ultimately the decision regarding the validity of the information contained herein rests on each individual reader. Taking the path to become a skilled healer practitioner is an individual journey that starts with some conception of the journey. The information herein is to help the reader with that conception.

References for Chapter Three

To find a reference locate the appropriate numbered footnote, remember the author's name and the year, then locate the author in the reference list at the end of this document.

Participant's View

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¹⁷ Eagle & Wolitzky, 1997.

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