Chapter 5: Implications and Thoughts about Training

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Throughout this text it has been proposed that halopathy is an advanced state of empathy development. In offering this idea there is also the suggestion that a human service practitioner may learn to improve from the level of novice empathy practice to an advanced level. The informants in this study, after experiencing halopathy, interpreted the event as a training tool, showing them what they could become as human service practitioners. This chapter is divided into three sections: 1) core concepts important to healing relationship training, 2) possible implications, and 3) training program design.

Core Concepts Important to Healing Relationship Training

This process of training to become a practitioner of advanced empathy is the focus of this chapter. Before entering a discussion of training there are two important ideas that serve as a foundation for such training. These two ideas are tied to concepts already presented in this text, and are as follows:

1) The developmental level of the highest advanced empathy that one could achieve needs to be given a name, and a definition, so that it may then be freely discussed as a part of the human service training process. Interpreting this definition is part of how one comes to understand advanced empathy (history affects interpretation) and understanding one's interpretation should become part of the training.

2) There is a core element to providing the helping relationship to others, one established in the relationship, and one which cut across culture, ritual (technique) and explanatory system. This core element is the healing relationship containing advanced empathy. It exists and its effects can be described. It can be understood to be at the root of all psychotherapy, and all human service helping relationships that aim to promote well being. Interpreting the nature of this core element and applying it in practice is a fundamental part of training.

Seeking a Definition for Halopathy

If there is something that is fundamental to the delivery of psychotherapy by very skilled practitioners, then naming it and defining it might help to promote it. Much of this text has focused on defining the new concept ***halopathy*** within the domain of psychotherapy. The information thus far has presented clients' reports of observations that are consistent with the observations of skilled practitioners. It has also been proposed that healer practitioners need a certain level of expertise in order to practice halopathy and that this expertise fits the definitional components of empathy. Communication about this empathy expertise, how it might develop, and what it might look like, may help in developing practitioner-training programs.

Psychologists, counselors, therapists and other human service professionals whose careers focus on promoting the well being of clients should find meaning in the information presented thus far. The emphasis has been on describing the characteristics of the practitioner-client relationship during the healing event, associated with a type of advanced empathy here termed halopathy. It has been proposed that the halopathic relationship has effects that are described

by skilled practitioners across all cultures. These are effects also described by the informants in this study.

The proposed model describing the effects of the therapeutic halopathic experience includes the following descriptors:

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

2. Healing Conditions: An environment is created where the practitioner is centered, demonstrates safety, compassion, genuineness, advanced empathy, and shows no judgment; and the client senses these conditions and is willing to enter into a working relationship.

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

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

5. Dramatic Shift into Well Being: Both participants experience a heightened sense of awareness, a shift in perception, accompanied by euphoria and new personal insights.

6. Translation Loss: After the experience, both participants explain that they can not find the right language to describe the whole experience.

Explanations that attempt to provide causal relationships for these effects include thousands of different explanatory systems, laden with cultural nuances including the use of ritual. It has been proposed here that these explanatory systems are necessary as a vehicle for communicating about the intangibles within the experience in a language that matches the client's worldview.

There are aspects of the experience that reportedly cannot be described accurately. As both practitioners, and clients, seek to abate their cognitive dissonance, they develop ways to share the mystery of what they have experienced with others, including trying to explain it by describing the experience as mysterious and sacred. This reported sense of the sacred may be an important part of how the experience is understood, and integrated into one's life as part of the search for well being. It is in this integration process that the human service worker needs to not only know how the people define the event, but also their own definition. Understanding the definitions used in communicating about advanced empathy helps us to communicate more effectively about the experience.

Halopathy is a new word designed to aid in this communication. "To give an account of the meaning of a word is to describe how it is used; and to describe how it is used is to describe the social intercourse into which it enters" (Winch, 1990, p. 123). The term halopathy is likely to be less generalized in public discourse than the terms sympathy and empathy, because it is linked to an expert level of skill development. It is a term that is suitable to the context in which it has been described, and perhaps expanded to other domains in the field of human service. It is a term that may allow skilled practitioners to speak more openly about a phenomenon that is occasionally associated with the skilled practice of helping another. In addition, having the term, and some descriptive material to support its definition, allows for further discussion, and disagreement, and the possibility of more evidence to support or refute the halopathy concept.

The concept of halopathy has been defined within the symbolism of the context in which it has been placed. It is framed within existing theories, e.g., theories on client centered psychotherapy and theories on the development of expertise. It is also framed within a particular approach to seeking the definition. The approach focused on acquiring a detailed description of the halopathy moment. It was a reductive and myopic focus, supported by the insider approach, which yielded a particular type of description. Halopathy was treated as if it were an event that needed to be described by those with the insider view. That was one of the basic premises of this research design. It was also presumed that those with an outsider view would not provide the same type of description. This places the definition of halopathy, as described herein, within certain boundaries.

The definition of a halopathy is dependent upon the context in which it is described. In this study, this context not only includes the methodology of the study, but also the frame of reference, point of view, used by the clients, informants, and practitioners to describe the phenomena they experienced. It is proposed that the point of view involved two shifts in perspective, and that these shifts were not only part of the experience, but also contributed to how the experience was described. These shifts in perspective represented essential components of the insider view that, along with the subtle vagaries of shared dialog, are known to the participants of the halopathic experience.

People will place the halopathy definition offered herein within their own frame of reference. As this integration process occurs they will develop their own ways of defining the core elements of “not doing – yet moving” within the healing relationship. Part of the training process is to help practitioners understand how they form their own definitions and how these may conflict with those they seek to help. Continuing to understand our own process of defining advanced empathy, and halopathy, will help us to make the concept

accessible to the audience of human service professionals seeking professional development.

Getting at the Roots of the Healing Relationship

Bergin and Garfield (1994) stated, "there is massive evidence that psychotherapeutic techniques do not have specific effects." (p. 822). This research revealed similar findings. The observed effects associated with the halopathic experience appeared across cultures and across a wide variety of techniques unique to each culture (or school of therapy). There was the reported observation of "not doing – yet moving" – of an experience that seemed associated with healing but could not be associated with ritual, explanatory system, or culture. The explanation for why such similar healing effects exist across a diverse range of psychotherapeutic techniques and rituals has yet to be discovered. What remained constant was the relationship between the practitioner and the client. Understanding the nature of this healing relationship may provide us with insights into some of the reasons for the non-specific nature of treatment associated effects.

Fancher (1985) proposed that skilled therapy was not a matter of book knowledge, but related to a person's skills as a healer. Does halopathy represent one piece aspect of therapeutic empathy that could assist professionals to become skilled practitioners in the healing arts? Does an understanding of halopathy get us closer to understanding the universal roots of psychotherapy?

Torrey (1972) offered the following components for a universal healing process: a) a shared world view between healer and client, b) personal qualities of the healer that facilitate the process, c) contribution of client expectations, and, d) the use of culturally appropriate techniques and rituals. Frank (1973) stated that the features common to psychotherapy and the healing process were: a) a socially sanctioned place to perform the therapeutic work, b) a

procedure of treatment, c) trust in the therapist's competence, and d) a therapeutic, empathic, relationship. Frank and Frank (1991) describe the universal components as a) a person in the role of healer, b) a person seeking to be healed, and c) a relationship conducive to the process of healing. This tripartite process is similar to that described by Benson following his research on gurus and healers in Tibet (Benson, 1984, 1996). Kleinman (1988) describes the following universal features:

> "Ethnographic accounts of healing rituals in non-Western societies…point to the universality of a tripartite process. In the first movement, an underlying causal agent is announced…In the second phase, the symbolic form that causes or materializes pathology…is manipulated via therapeutic rituals. Finally, the causal agent, on the plane of the interpretive system's core symbols, is removed…[and] the healing is affirmed, performatively, since it meets the authorized criteria, to be successful" (p. 121-22).

The components of the therapeutic healing process, revealed in this research, as presented in the above description of halopathy, extend beyond the schemes offered by previous authors, and may represent components of a more universal process.

As the halopathy model proposes, it may be that skilled practitioners know more about how to use the empathic relationship than do novice practitioners. It may also be that the focus of past research on the observation of technique (or ritual) in relation to outcome, using the outsider's view, has neglected this important part of the healing process. If the effects reported in this study are related to the nature of the healing relationship established between practitioner and client, then perhaps this is closer to the roots of psychotherapy than we have been before.

If advanced empathy is at the root of all psychotherapy is it necessary and sufficient? Advanced empathy is not necessary for all clients and cannot be applied by all practitioners. Not all clients are ready to enter into such a relationship and not all practitioners are capable of offering such a relationship. But it is through empathic awareness, even using basic empathy, which the practitioner can come to know how to adjust his/her approach to meet the needs of the client within his/her limits as the practitioner. Advanced empathy is also not sufficient. It must be accompanied by an expanded toolbox and a wealth of experience. The training program moving the practitioner from novice toward expert requires many years of empathy practice and reflection. It is also possible to make progress with a client using tools with very little accompanying empathy (e.g. in the use of medication or behavioral strategies). How the effects of such progress would compare with the reported observations in this study is a point for future study.

The question of empathy as necessary and sufficient also implies a causal relationship between process and outcome. The question infers that empathy is a necessary part of the therapeutic process and it is sufficient for successful outcome. Some type of therapeutic relationship is a necessary part of the process, but whether empathy is always necessary forces one to consider the myriad of ways the human condition can be improved. Although human to human contact is often involved, it is not clear that empathy is always part of the process. Empathy can be sufficient for a successful outcome, but it is not clear exactly what such a statement means. There are many different types of empathy and many different types of outcomes. In this study, a set of observations has been reported to be associated with the healing therapeutic relationship. These are only one of many possible sets of observed effects associated with therapy. The observed effects in this study were not clearly connected to positive outcome, although the outcome of well being was one of the effects. The question of necessary and sufficient is a simplistic approach to the analysis of a complex problem involving many variables.

Along the same simplistic line is the quest to match particular psychotherapeutic techniques to labeled pathologies; for example, using cognitive approaches, with medication, for the treatment of depression. The search for when empathy is necessary and sufficient falls under this same method categorization approach. Although such biomedically inspired systemics are music to the ears of the ordered mind, they may have great limitations in the real world of providing psychotherapy.

There are the obvious problems of applying such a rigid system when counseling persons from diverse cultures. There are the problems of using this disease-cure model to treat a specific diagnosis, regardless of etiology. There are problems with forcing practitioners to restrict their toolbox access to a particular method based on normative analysis, as opposed to using client-centered awareness. In the age of computers, profit-driven insurance companies, fiscal frugality, and the wide spread use of the medical model, it is likely that the therapeutic relationship will continue to be pushed into the back seat. But, if the results of this study have application to practitioners, it is that the relationship should take the front seat, for it steers how we decide what to do, and when, with each individual client. Without this relationship, we are back seat drivers relying on other sources to steer our judgments.

Some Possible Applications of Halopathy and Its Role in the Healing Relationship

The important implication that halopathy might be at the root of all healing relationships, that it might provide a map to guide treatment, suggests that as practitioners we need to consider how this knowledge could be applied. One of the applications is in training practitioners. This will be discussed later. The other implications of halopathy for the practice of mental health treatment are as follows: a)

caution should be used seeking to apply one's interpretation of halopathy and to avoid thinking of it as technique, b) there are direct implications for relationship counseling, c) the approach influences insight based treatment and the participant's exploration of self, d) the feature of the healing relationship might be able to be used to avoid fraud, and e) there might be and overlap between some features of spiritual healing practices and halopathy.

Understanding Halopathy Defined as a Relationship not as a Technique

The first application is that training is needed, and the reader should apply these ideas with caution in a health care system that continually seeks to link technique to cure. Since no training manual accompanies this text I caution all readers not to attempt to use their interpretation of halopathy in practice until they have received proper training. In addition caution should be used when seeking to apply the halopathy model as if it were a description of a technique. The model is not meant to serve as a universal technique applicable to all persons and all problems. Halopathy is more about a way of being with the client than a description of technique. In fact the concept of "not doing" and of demonstrating a healing presence while "not doing" can be seen as a way of being. Developing advanced empathy requires training and knowledge of how to immerse ourselves in the moment and what can happen when we immerse ourselves in the world of the client with the intent of promoting well being. The deep connected relationship is at the core of the healing relationship, but is also a relationship that needs to be approached with caution if you are a novice. Even if you have experience in exploring these oneness relationships caution is still advised. Share your experiences with a supervisor who understands both you and empathy work so that you can see what is happening in the reflection of another. A section describing the risks and possible side effects is discussed later.

The misuse of any technique or approach used in treatment must be addressed with serious concern. But caution should be used when attributing errors in application to errors in using empathy as a treatment technique. Advanced empathy could be viewed as developmental progress, the result of practicing technique. But such a hypothesis may be faulty because it does not lead to the "nothing was done – yet movement happened" observation associated with the healing relationship. Creating the place of the in between where the healing relationship is offered can happen using almost any technique (or ritual as was noted previously). Learning about offering the healing relationship is mostly learning about how we, as practitioners, sit in relationship.

> "Western psychological understandings of empathy have obscured some of the important ways empathy functions in human relationships… The pervasive bias in Western modernist psychology in favor of objectivist-materialism and instrumentalism has obscured the extent to which the psyche in egocentric contexts differs from that of people in sociocentric societies… Empathy has a more respected role in sociocentric human relations than it typically does in egocentric cultures."[1]

In our Western view of treatment, with an individualistic and applied technique focus and the medical model, there is often a misunderstanding of the intent and nature of halopathy and the healing relationship. This misinterpretation of advanced empathy contributes to the misuse of empathy, and then to failures in training programs to produce practitioners who can facilitate the healing relationship.

This relational, healing, view of empathy is an important part of its definition and without this relational component advanced empathy cannot be considered part of the healing relationship. Empathy is relational with a component of mutuality. It is a shared process with

the intent of promoting well being. If this is left out of the definition of empathy then the risks of misunderstanding, and misuse, increase.

Therapeutic empathy "does not mean 'being nice'. It means trying to be with the truth of another person's experience in all its many facets."[2] The purpose of this rich "being with" inside the therapeutic relationship is to facilitate the "patient's movement toward a more fulfilling life. The therapist's responsibility is always to work toward making it possible for the patient to bring more of her experience into the relationship."[3] The therapeutic relationship supports an unfolding of a more fulfilling life, a growth enhancing relationships where "each person can feel an increased sense of well-being through being in touch with others."[4] Within this relational process both participant and practitioner "tend to experience an opening of space around their own meaning systems"[5] allowing them access to the possibility of a shift in perception and the experience of well being.

Several authors have discussed the importance of the relationship in the practice of mental health treatment.[6] It is the intent within this special relationship, the proper orientation and history of personal healing experiences combined with years of practice, that can lead to the creation of a therapeutic space where people can experience well being directly. Designing training to help practitioners become facilitators of the healing relationship will need to include training on the difference between empathy as technique and empathy as relationship. The difference is affected by, and affects, the intent that is brought into the healing offering.

In addition to understanding the difference between technique and relationship as a part of understanding advanced empathy, the practitioner in training should also understand that therapeutic empathy is not one of describing technique but of understanding intent and therapeutic frame. Part of addressing the misuse of empathy is addressing when it might be harmful. One could ask the question, is it appropriate to force empathy on to the client?[7] But this

question should be reframed as, "Is the question of harm a question that is consistent with the relational, healing, concept of halopathy (as a form of advanced empathy)?" If the definition of halopathy is accurate than how can the oneness moment of healing than isn't the idea of harm incompatible with that moment? The question of harm may be tied to a misunderstanding of halopathy and to the need for some to equate it to applying a technique.

Carl Rogers in his founding work said that the three most frequently asked questions about client-centered therapy were about how to address different client needs, handle transference, and address diagnosis.[8] He responded to these questions by saying:

> "When the answers are 'Transference as a problem doesn't arise', 'Diagnosis is regarded as unnecessary' and 'Perhaps client-centered therapy applies to all cases', then there is likely to be a rise in blood pressure in the questioner but little further communication of meanings."[9]

Carl Rogers faced these questions 40 years ago, but similar questions are being asked about the application of empathy in counseling today. In part, these questions are framed from a particular view of healing practices within the field of mental health.

Our Western approach to care has placed boundaries around the "acceptable" definitions of healing practices geared toward mental health. The above questions come from a particular cultural perspective that includes the medical model and the perceived importance of medical knowledge.

> "What is usually called the 'medical model' of mental health care…[is reflected] in the idea that individual distress may be a matter of defects relative to human nature, and that these could be corrected by doctors using the tools of modern science."[10]

This medical model of individualism, focused symptomology derived from medical knowledge, and technique-based methods for “curing” sits behind the questions “How is empathy directed to meet individual needs?”, “How does empathy deal with diagnosis?”, and “What techniques are applied in what situations?”. They are question that originate from an inappropriate definition of advanced empathy that equates it with technique, much like thinking of it as a vaccine.

Although Carl Rogers’ above response is slightly satirical, he follows with stating that a client-centered approach “is applicable to all people. An atmosphere of acceptance and respect, of deep understanding, is a good climate for personal growth.”[11] This is the intent of empathy - to provide a individually tailored therapeutic climate of deep understanding, acceptance and respect, that facilitates insight and promotes well being. It is this climate that is the therapeutic frame within which techniques can be applied. If therapeutic empathy is not viewed as therapeutic frame, as creating a healing space in between, then the definition of therapeutic empathy should be changed. If advanced empathy is to be viewed as a technique then perhaps it should be defined as something else, like sympathy, care giving, skilled listening or being nice.

Therapeutic empathy is not a collection of techniques. Thus it becomes difficult to apply the medical model, often used in conjunction with technique, to answer the question of when does using empathy create harm. Therapeutic empathy is a way of framing the therapeutic relationship, within which techniques are used. The practitioner’s choice of techniques within that frame can lead to harm, but harm and the nature of halopathy are incompatible. Discussing Freud’s conception of the therapeutic process, Dr. Epstein described the therapeutic frame as creating a “container for the patient’s illness” and stated that “regardless of therapeutic orientation, successful therapy is founded on establishing a trusting relationship”[12] as part of that container. The trust created within in the therapeutic relationship is directly related to the way the practitioner creates the therapeutic frame (the container), with what intent, and with what boundaries.

The choices that a practitioner makes to act within the therapeutic frame (selection of ritual, explanation, persuasion, technique, communication approach) can lead to harm, even if placed under the disguise of empathy. Empathy used as a technique, without appropriate therapeutic frame, can contribute to clients' regression in therapy particularly with clients who have difficulty with relationship trust or are poorly motivated.[13] When practitioners use "empathy" as technique, some clients may "feel humiliated if the pain is noticed. The practitioner's empathic appreciation of his pain feels to the patient like an attack, like a perception that cuts rather then heals."[14]

If a client has difficulty with trust, then the intent of therapeutic empathy is to create an environment (therapeutic frame) where this issue can be explored, experienced, examined with the intent of promoting well-being. The intent is not to use empathy as a technique, as a weapon of power, breaking down barriers, and through "reading" the client, to expose their darkest secrets. Working with clients who have trust issues can be done using therapeutic empathy, provided that the proper intent is applied. It is also important to successful healing work to realize that the healing relationship is one part of an experiential triad. Empathy is a component within each part of the triad, but halopathy is only associated with the healing relationship. Some people are just not ready to experience facilitated well being.

Beyond the boundaries of trust is the use of the receptive qualities of empathy to manipulate,[15] and other ways use, participants. It is possible that "empathy" in disguise, or more appropriately persuasion, could be used "as an instrument of cruelty."[16] This is the risk of persuasion and why I have strongly advocated against connecting the term to the healing relationship.

Can advanced empathy be an instrument of cruelty? Advanced empathy, by definition, is meant to promote well being. Cruelty does not promote well being. The practitioner may disguise their practice

in the garb of therapeutic empathy and then act with cruelty. The practitioner is then following some agenda that is not tied to the intent of therapeutic empathy. There are certainly many different practitioner agendas related to the misuse of what has been termed "empathy" within the session, e.g., emotionally over-identifying or using the power of a self perspective combined with the "person reading" aspect of empathy to accomplish some practitioner agenda. But these abuses do not warrant an attack on the nature of empathy, on the healing intent of advanced empathy, nor on the beneficial aspects of the healing relationship. The attack should be on the lack of effective training to help practitioners develop beyond the novice level. Perhaps these perceived problems associated with therapeutic empathy have more to do with the practitioner's understanding of the empathy, the lack of understanding how to enter into the participant's world view, and a lack of understanding on how to facilitate an experience of well being.

The problems authors have associated with empathy are not related to the nature of empathy but rather to how the practitioner understands its use, and how the practitioner applies techniques within its frame. What intent does the practitioner have when she/he "pushes" the participant beyond a point that is beneficial to their well being? What technique is the practitioner using to push the participant? What intent is there when the practitioner becomes "lost" in the client's emotions and problems? These are not problems associated with the nature of empathy but with the understanding of the healing relationship.

The healing relationship is structured in a certain way that makes it unlike any other type of relationship. As described herein, it has certain characteristics. The model of the empathic "healer" has long been incorporated within the science of psychotherapy.[17] All practitioners of mental health enter into a therapeutic relationship that has specific characteristics akin to the relationship formed with a "healer" practitioner.[18] But we do not promote these "healer" characteristics, even though they cut across many types of therapy and

across cultures. Training needs to be provided that promotes these "healer" characteristics in training, both in academia and within mental health care agencies. Training must be provided to practitioners to address these issues if we are to help them become skilled facilitators of the healing relationship.

The Application to Improving Relationships

The second implication of the halopathic relationship, and associated effects, is that it can have direct impact on how one thinks about relationships. Relationship awareness and personal development continue to be central to the psychotherapeutic process.[19] The informants in this study suggested that by sharing the halopathic experience within the healing relationship treatment could involve more than talking through transference issues and interpersonal problem solving. The halopathic experience can be understood as a place where clients come to discover, and experience, a new way of viewing relationships.

In facilitating the healing relationship the practitioner creates a place where the participant can experience a relationship that has trust, safety, compassion, and that results in a deep sense of well-being. The participant may also conclude that is it possible to find all these traits in a relationship with another person and they begin seeking how to do that. The idea of a growth fostering relationship was previously hypothetical, but now it has become a real through experience. It is no longer a wish of something distant, but seen as an attainable goal. These discoveries can change how the participant relates to others and to their own model of what is a healthy relationship. These discoveries, when nurtured in follow-up, almost always contribute to successful therapeutic outcomes.

Much of the halopathic model is rooted in the importance of relationship awareness and relationship harmony. Relationships are

interwoven throughout the construction of meaning in our lives, serving as fuel for motivation and personal growth.[20] Relationship is used here in the broadest sense, a relationship of the self interacting with the world throughout one's life. The informants experienced a shift in how they perceived their relationships. Practitioners reported that such a shift in relationship awareness also applied to how one stood in relationship to his/her world, their worldview.

People use an experientially based foundation of values, memories, knowledge, heuristics and beliefs to frame their decision making, which is referred to as one's worldview.[21]

"A worldview...encompasses all the cultural norms, mores, and folkways that are passed on to successive generations in an identifiable form. Values, interests, and familial and interpersonal relationships, are greatly determined by those worldviews, which, in turn are hypothesized to influence career choice."[22]

Professional psychotherapy is largely a product of Western thinkers colored by their own worldview. The concept of rugged individualism helped to tame the "wild" west and when merged with autonomy, as an ethical standard of psychological well being, modern psychotherapy in this country had its worldview.[23] This individualistic worldview is still quite prevalent in American society and one that the shared relationship view of halopathy apparently contradicts. It is likely that people with this individualistic worldview will arrive at interpretations of the effects described herein that are quite different from the halopathy model, but the concept of being a part of a web of interconnected relationships is more universal.

As human beings we are interconnected to all that is around us. The air, the water, food and the people are part of this connection. Perhaps it is stating the obvious to say that human development occurs within our relationships. Each individual is a complex, adaptive, open-ended, evolving system[24] touched by relationships that influence the behavior of this interactive evolving system. We may

not consciously realize the depth and importance of these connections. We may think that it our individual nature that must be the focus of our daily attention. But the halopathy model suggests that empathy is important for promoting well being and empathy is not self focused but other focused. It has been proposed that this other focusing skill may be developed with practice. Could it be possible that such development might lead to a high level of awareness of our interconnectedness, and that this might affect the actions we take which in turn would affect interconnectedness?

A shift in our perception, similar to that reported by the informants in this study, may allow us the opportunity to see interconnections that were previously not noticed. The more we can come to know the significance of these interconnected relationships, the more we can act to enhance the relationships we desire and decrease the effects of those we dislike. The healing relationship offers us a way to learn more about relationships and their effects on our lives. Simply stated, one's understanding of interconnected relationships is directly related to one's awareness of interconnectedness in relationships. This interconnectedness is revealed within the halopathic experience, for both practitioner and participant. The healing relationship is a growth fostering relationship aiding the development of both client and practitioner within the healing relationship.

The characteristics of a healthy, "growth-fostering", interconnected relationship include the following[25]:

- **Interdependence**: A committed belief in interdependence as necessary for human development,
- **Mutuality**: The working relationship is based upon the belief that growth is bi-directional, and,
- **Reciprocity**: Both people have the abilities, and the willingness, to contribute to the development of the other.

Each of these traits can be found within the characteristics given for the healing relationship, as has been describe within this text. These facilitative relationship characteristics are enhanced through the individual's understanding of the healing relationship, which is a growth fostering relationship. The more experienced the individual in understanding the healing relationship the more likely it is that these types of relationships will occur. A person's experiences with relationships affects their understanding of the healing relationship.

Therapy is frequently about relationships. Transference and counter-transference and other personal boundary issues are about relationships. Communication and intimacy, loneliness, and often suffering can be about relationships. A person's sense of self worth is often related to issues they have had within relationships. The client may have issues with his/her parents, sibling, spouse, roommate, co-worker, employer, professor, or past therapist. All of these relationship issues frequently enter into the therapy sessions. In my experience relationship issues are the most frequent issues in treatment, followed closely by (and interwoven with) self-worth problems. The halopathy experience gives the client a new way of looking at relationships and a new perspective on self.

The third implication of the healing relationship is that it can directly assist with all types of insight based treatment. Therapeutic techniques that help the client to acquire insight have long been a part of psychotherapy. The procedures frequently involves asking the client questions in an effort to help them understand more about themselves, their emotional and cognitive processes, their patterns of behavior and how both of these relate to the presenting problem. The goal is to define a solution to the presenting problem that is rational and action based. It is often crisis management limited by the constraints of funding and management philosophy. Under such pressures, and influenced by the practitioner's training, the solution, and the path to discovering the solution, are often heavily influenced by the practitioner. This influence comes as an influence over intent,

the questions asked, the process, what is discovered, and often the solution itself.

In the healing relationship insight is acquired but not in the same manner as is typical of the solution focused approach. The informants do not speak of specific problems that were answered. Instead they describe a shift in perspective, a change in their perception of the problem. This awareness shift was accompanied by a different way of looking at their problems and in this way solutions were discovered. This is a different than most of the widely used solution focused psychotherapeutic approaches.

The first significant difference is that there is no period of question and answer aimed at discovering a solution. Instead the focus is on the relief of suffering. The problem with the question-answer-solution approach is that it often doesn't arrive at the shared experience of well being. It is an approach that can remove one from the healing relationship and put one into the support relationship. Its aim is often a quick fix solution wrapped in rational discourse prescribed from the professional. If participants leave feeling better it is often because they came with the expectation that the "doctor" would give them something. But, like what also happens in the medical profession, the symptoms are being treated not the underlying issues. In the healing relationship the underlying issues are the focus and not through talk but rather through experience. This is followed by the experience of relief from the suffering associated with these underlying issues. This cathartic approach, with its emphasis on relief (experiencing well-being), allows participants to understand their own healing path. It is from this understanding that they can find that path again, and that they then discover solutions to their problems – solutions that are self discovered and often more efficacious than ones practitioners prescribe. Skilled practitioners have learned how to share the halopathic moment with the participant and it is in the "being-in-the-oneness" that the participant discovers insight.

Halopathy and the Practitioner's Concept of Self

Becoming a skilled practitioner in facilitating the healing relationship is a life long journey and requires that one continually seek self wisdom. The definition of empathy is that it is a process where one person's experiences the emotional state of another for the purpose of promoting well being. Inherent in this definition are the processes of reception, reflection and mutuality. Each of these processes incorporates the practitioner's sense of self. When receiving emotional sensations in the "as-if" in-between place, the practitioner is constantly aware of his own sensations and link to the state of oneness. In reflecting back to the participant the practitioner must strike a balance between her own communication strengths (thus the need to know self) and the worldview of the participant. Mutuality often requires a delicate letting go of self so the practitioner can here the mutuality (and it should be heard if the healing relationship is present). In addition the practitioner should know his own level of skill development and practice accordingly. The practitioner must consider the role of "self" during the application of halopathy within the healing relationship. To forget to do so is to flirt with the disaster of projection and identification, of transference effects without awareness, and of doing harm in the name of promoting well being.

It may appear to some readers that the halopathy experience involves the loss of self. But this is not exactly correct. Although there is a merging with the other person the healer never looses his/her grounding in the business, or calling, of the healing work. If the healer practitioner does become lost then he/she can not serve as a guide toward well being because he is no longer in touch with the necessary process. This sense of being grounded helps the healer practitioner continue as a facilitator. Yet at the same time there is a sense that one's "normal" sense of self endures a shift in perception. The sense of self can, and often does, change.

Professor Taylor in his treatise "Sources of Self"[26] discusses not only the "modern identity" as used in Western civilization but also the history behind this modern identity. I will not attempt such a magnum opus. My aim is to present a brief snap shot of a modern view of the self and then to examine the nature of this snap shot with relation to the halopathic experience.

The self (in our Western culture) can be viewed as having resulted from the following sequence:

1) The self is the product of the interplay of nurture and nature.

2) This interplay, over time, yields personality, attributes and skills.

3) Personality, attributes and skills are acted out within social roles and over time a sense of self is developed.

4) This sense of self includes the free will to choose how we will act out these social roles and toward what purpose, including the purpose of personal development (striving to reach one's potential), and the purpose of individual expression.

5) Added to this sequence there is also something that is often termed soul. The soul may contribute aspects of self that are not included in the above description.

Hidden within this mini-portrait of "self" is the idea that there is such a thing as self and that each of us has a self. It is a self capable of free will and individual expression. Not only are we capable of individual expression it is the only thing the self can do – act, speak, or think,

from the <u>point of view</u> of the self. The self has no other worldview, no other way of entering relationships, except from the view of the self.

It should seem obvious to the reader that since I have offered descriptions of halopathy as being a shared state of “oneness” between two people that I might consider there to be some problem with the above self oriented point of view. I have offered the idea that there is not only the self view, but there is the “others view” and that within the moment of oneness we can know this others view. But getting to shift from the normal self view to the self view that allows the others view to be known requires special training. Healer practitioners, as part of their training (discussed later in this chapter), talk of “the self dying”.

The path to becoming an indigenous healer often involves a journey where the “self” dies and is then “reborn”. Exactly what part of the self dies? I know of no before and after studies that could shed light on the nature of this reported transformation. What can be said of this reported journey is that persons who have experienced it describe a change in how they view the world yet remain as human as before the reported transformation. They develop a different point of view, similar to how participants in this study said that it was the change in their point of view that led to personal insight. So perhaps what dies is the waking self’s point of view, replaced by a new point of view - the shifted self view plus space for the others view.

This new point of view seems not to be centered on the internal self but instead is focused on self in relationship to the world. This might seem like a fine distinction but it is one noted by both informants and practitioners. Instead of looking out from within the self chatter of a busy stream of waking consciousness the view is shifted. It is changed to where there is no chatter and the self is calm. The self’s relationship with the world appears to be more vibrant and alive as if the self was more in touch with its relationship to the world. Relationships with things and people seem to have a crisp freshness,

without social boundaries and preconceptions. These are descriptors that the informants speak of when they talk of letting go and moving into well being. It is during this shift that their perspective, their point of view, changed including how they heard others in relationships. Practitioners describe the same process – a shift in the perspective from self and a opening that allows others to be heard in a new way.

It probably necessary for practitioners wishing to practice the healing relationship to also understand such a shift in perspective, because to do otherwise would be to create a competing set of perceptions. It would be like having two in depth conversations simultaneously, one with yourself and one with you in connection with another. This is likely to happen at lower levels of empathic connection, but at higher levels a shift occurs. This is a shift in point of view where instead of self as observer, sensing the other from a distance, the self is a participant in the others worldview. It is also likely that with continued exposure to this shifted point of view the practitioner would develop some questions about the societies prevailing self-oriented point of view.

At this point in the research all that can be said is that these shifts in the self's point of view are reported observations associated with the healing relationship. But the idea that the self's point of view can be changed has significance in terms of the information contained within this study. It has been suggested that the shifted point of view involves a quiet mind and a fresh look at relationships (both with people and with the world). It is also proposed that continued exposure to this different point of view might enhance its effects. As one continues to practice looking through a microscope one begins to see with that point of view more clearly. Such an enhanced shifted point of view is what I propose as a component of the halopathic experience. As a part of the healing relationship, this shift is best described using the insider perspective.

Credibility, particularly when the insider perspective is used, often involves questions about the role of self. Is the self (the author)

so intertwined with the material being presented that his view has obscured the truth? These questions are drafted using a normal socially accepted understanding of the self's point of view, similar to the modern view presented above. With the shifted self's point of view incorporated, as described above, models of bias which rely on the normal definition of the self's point of view might need to be modified. If the shifted view from self can occur, and if it can apply to insider research, than what does that mean in terms of the definition of undue bias? I propose that the shifted self view, because it can leave more room for the others view, may reduce the risk of undue bias with insider research. Examination of these questions addressing qualitative research bias remains topics of future research.

The concept of a shifted self's point of view may also have implications in regards to the practice of therapy. From this shifted point of view it is likely that the how we describe the therapeutic relationship may be defined differently than how it would be described using the "normal" self view. This has ramifications for teaching various types of helping relationships in the field of human service. Further research is needed on this intriguing implication.

Seeking the boundaries of fraud within alternative medicine

The research herein has proposed that the healing relationship has specific conditions, effects, and characteristics. Given that this is true and universal that it can be used as a guide for those who seek healing relationships with practitioners. It can also be used as a guide to detect fraudulent practitioners who profess to be "healers" but who offer nothing but illusion.

Within the past decade people have, in ever increasing numbers, accessed various forms of alternative medicine.[27] These forms include food supplements (e.g. herbs), physical procedures (e.g. chiropractic, Reki, acupressure) and spiritual or energy work (therapeutic touch, laying-on-of-hands, shamanism). Alternative medicine practitioners,

and the sale of food supplements (e.g. St. John's Wort, Echinacea), are not bound by the same ethical rigors associated with conventional medicine. Alternative medicine practitioners fall outside the bounds of conventional medicine and as such often face the perception of fraud from those conventionally trained. But what are the boundaries of this presumed quackery?

Answers to this question can be viewed as existing along a continuum from profound disbelief, "they're all quacks", to the acknowledgement of care provided in some case, to "all forms of alternative medicine have something to offer". William Jarvis, past president of the National Council Against Health Fraud (NCAHF), stated that "quackery wins over its allies primarily because of people's inability to accurately interpret their personal experiences with health and healing."[28] The resilience of alternative medicine may be due to 1) being forced to survive in the market place, not within the medical system, and, 2) the publics demand for a view and an approach that was missing in conventional strategies.[29] In the search to meet these demands perhaps some practitioners have gone beyond practice and into showmanship. Perhaps what is needed is a broader view - one aimed at understanding the role of alternative medicine and discerning quality from quackery.

As the medical system continues to become more technologically based (more technique based) there will be an ever-increasing demand for "holistic, spiritualized" medicine.[30] The rising tide of alternative medicine is a threat presented to those vested in the current establishment.[31] In this backlash fraudulent practices are exaggerated and made quite visible to the public eye. That is to be expected, but it is not likely that all healer practitioners are quacks. The difficulty is determining which practitioners can be correctly inferred to be perpetrating fraud.

William Jarvis, after studying non-traditional medicine for 25 years stated[32] that alternative medicine worked because it, 1) presented user friendly language, 2) incorporated "feel good"

techniques, 3) fulfilled some desire or wish of the patient, and 4) was presented with a strong sense of confidence often accompanied by a "never quit" attitude. In addition, a practice works because it is successful in the marketplace.[33] This drive to survive often leads to exaggerated claims to draw more customers. The practice of fraud is a cancer on the true practice of the healing arts. It must be addressed if we are to move beyond public fear and into a deeper understanding of man's potential to help his fellow man with suffering.

The practice of fraud carries within it the connotation of malice, a direct and purposeful act in contrary to the founding oath of health care -- "Thou Shall Do No Harm". Well-meaning practitioners who offer a healing relationship, and, who are open-minded to acquiring more wisdom regarding the practice of healing, may provide services which simply "feel good", but which also have beneficial healing qualities. Fraudulent practitioners who seek some form of personal gain at the expense of the patient may also offer the "feel good" but not the healing relationship. This can happen through persuasion, magic and entertainment, or the use of mind-altering techniques (including drugs). Understanding the difference between the pursuit of what "feels good" and gaining access to personal well being through the healing relationship is an important part of distinguishing fraudulent practitioners from those skilled in the healing arts.

A charismatic individual, calling himself "healer", can use persuasion, and other techniques, to convince a person that they are feeling well because of the "healer's" actions. The experience often mimics the observations reported in this study. But there are perhaps a few differences:

1) With halopathy the practitioner is a guide to well being not a deliverer of it.

2) With halopathy the participant rarely feels "addicted" to the "guru" but, rather has a personal sense that this is his or her own journey to discover.

3) Seldom is there any group of "followers", but there may be favorable word of mouth.

4) There is the acquisition of personally discovered wisdom as opposed to spoon-fed information from a charismatic speaker.

These are but a few of the possible differences. This distinction between sensing charisma, along with "feeling good", and personally discovering a shift toward well being needs to be elaborated further through more research.

Understanding the boundaries of fraud within alternative medicine comes from understanding the role it plays within our culture, the effects of the backlash from the conventional medical system, and the need for discerning the difference between marketing ploys, fraudulent actions and true healing work. Fraud connotes the intent of malice that is not consistent with the halopathic model and thus not consistent with the healing relationship.

Discernment of fraud may be more skillfully accomplished through a deeper understanding of the characteristics that are reported to be part of a healing relationship. It may be that further research will clearly demonstrate these characteristics to be different than those found in a relationship with a "quack". Training for practitioners, and consumers, may help to eliminate some of the confusion, and some of the fear, about the skilled art of facilitating the healing experience.

In summation the implications of halopathy and the healing relationship are shaped by one definition of halopathy and by the struggle to integrate that definition into life. This struggle includes both the insider and the outsider views. The definition of halopathy provided herein incorporates this struggle along with other characteristics. Halopathy may be at the roots of all facilitated healing work and a deeper understanding of it may help to improve

practitioner's skills. As a deeper understanding is acquired so also is a deeper understanding of personal relationships. A deeper understanding of halopathy will also require a deeper understanding of self and a clearer demarcation between skill and fraud. Training practitioners to improve their facilitation of the healing relationship will include an understanding of one's definition of halopathy, the effects on personal relationships, the changes in one's self view, and a better understanding of presumed fraud. As practitioners we should continually be striving to improve our skills with the healing relationship as the core of our human service practice.

Spirituality as Part of the Healing Relationship

As discussed in the previous chapter, both informants and practitioners speak of the halopathic experience using spiritual terms. It was proposed that the shared holistic moment of oneness would not only include shared emotional experiences, but also shared spiritual sensations. The mystery of the processes that contributed to the observed effects, and the difficulty in describing them, further enhances one's spiritual interpretation of the event. These healing moments in session do not need to be considered religious, but may be interpreted as such by some participants (and perhaps some readers of this text). Spiritual topics can be considered as much a part of the healing process as behavioral, cognitive, or emotional topics. The intertwining of them is fertile ground for the skilled practitioner who is learning to be a facilitator of the healing relationship.

Daniel Sulmasy in his book "The Healer's Calling" discusses the importance of spirituality as part of the healer's work to help another: "True healing takes place only when the healer is related to the one who is healed through, in, and with a relationship to the transcendent."[34] It is learning how to sit in this relationship with the transcendent that becomes the point of training for those seeking to become facilitators of the healing relationship. There is no room for religious dogma here. This is a process of connecting to one's sense

of suffering and one's sense of relief from suffering. "If suffering has no spiritual meaning, then no spirituality of health care is possible."[35]

Professor Kelly discusses the relevance of spirituality in therapy and covers the issues in much more detail than I have room for here. He does not mention the experiential aspect, focusing more on the meanings people attribute to spirituality in interpreting both suffering and healing. Spiritual concepts are at the roots of humanistic psychology and client-centered counseling, by definition, must include an openness to explore spiritually related issues. Professor Kelly's definition of spirituality is that "it most significantly involves an inner awareness of and a trust in a deep sense of wholeness and connectedness along with an openness to a transcendent, infinite dimension associated with the meaning and purpose of life."[36] The application of this definition can be discovered within the healing relationship as part of seeking and understanding well being.

If the practice of therapy can develop to the point where a practitioner and client share a moment of "oneness", and if spiritual experiences are as much a part of ones being as other sensations, than the moment of oneness should include spiritual experiences. Using Professor Kelly's definition this means that the moment would include inner awareness, trust, a deep sense of wholeness and connectedness, and an indescribable feeling of a transcendent, infinite dimension (the sacred mystery) associated with seeking the meaning and purpose of life. This definition seems compatible with the experiences reported by the informants in this study.

The observation that participants use spiritual language to make meaning of their experience of halopathy within the healing relationship may indicate an important application. Perhaps halopathy presents facilitative conditions where spirituality is not just a focus of discourse or interpretation, but is in some way a sensation experienced within the session. As empathic practitioners, we have learned to notice the participant experiencing an emotion. The same can be said of the spiritual experience encountered within session. This spiritual

exploration can be another aspect of forming an empathic connection with the participant.

Dr. Kason coined the term STE – Spiritually Transformative Experience[37] (following in the tradition of NDE and OBE). The STE appears historically to have been a part of the human journey out of suffering. It is a phenomenon that is tied to a sense of rebirth, penetrating insight, a feeling of oneness, a sense of the infinite, a vision (a sense of being communicated to from outside self), and the experience of well being. It is also something that is difficult to fully describe. This mystical experience can come from sitting with a teacher, or from other spiritual interactions (e.g., meditation, prayer, within a holy place). It is possible that at advanced levels of empathy, where oneness is part of the experience, that the mystical nature of oneness enters into consciousness of both participant and practitioner.

It may be also that those practitioners who have practiced entering this state of oneness have also come to understand its mystical nature and to share that through a connected experience. "Although this phenomenon might seem inexplicable or even unbelievable to some, related phenomena are recognized in the yogic tradition. For instance, *sat sanga* is the practice of association with enlightened spiritual masters and sadhus, or saintly people. Such association is believed, in and of itself, to purify, uplift, and stimulate the spiritual process…The phenomenon might even be a kind of 'tuning fork' effect in which a type of 'resonance' that is created by Kundalini activity and that emanates from the practitioner might begin to stimulate similar activity in an individual in whom the transformative energy is ready to become more active."[38] Historically healing, well being, and the teachings of spiritual masters have been linked. Perhaps in learning to become facilitators of the healing relationship we can also learn how to "resonate" with the healing presence that helps to facilitate well being.

In order to facilitate a person's relief from suffering we must understand how that person experiences suffering. There is extensive

research to show that spirituality has long been a part of this process and continues to demonstrate itself as important to the work of healing.[39] Seventy percent of Americans polled consider spirituality important in their lives.[40] It seems reasonable that a participant would incorporate spirituality into defining a moment of directly experiencing well being and into explaining that moment. It is a way to interpret the event and in doing so to incorporate the experience of well being into life. The practitioner has a responsibility to help the participant with both the experience of well being and its understanding. Experiencing spiritual sensations and interpretations within session should be handled with the same degree of skill and training that is given to processing emotional sensations and interpretations. Unfortunately practitioners are seldom provided with such training, either in facilitating the in-session experience of well being or with the follow-up processing.

Dr. Karasu stated that "the therapist must tend to the patient's soul as well as his own."[41] "The healer has no preset techniques of his own… healing is a way of being with someone in a soulful manner that targets the spiritual center of man, independent of any technique."[42] Healers have always offered the journey toward well being within a sense of the sacred.[43] "Sacred space is a healing sphere that is pure, holy and safe. I imagine it as a shimmering upola above the area where I do my healing work… Everyone within this space is protected."[44] It may be that incorporating a sense of the sacred is a critical part of learning to become a facilitator of the healing relationship, and thus it must be considered an important part of designing a training program.

> "Healing means comprehending holiness, letting
> it work through oneself – nothing else."[45]

Spirituality and its relationship is discussed in greater detail within the book "Calling God Collect" found on the web site www.SacredHealoingNow.com

Training Using the Healing Relationship Model

Throughout this document his author has made reference to the training of human service practitioners. If the healing relationship can be (and has been) offered to persons seeking help, and, it presents with the characteristics described herein, then it should be something we can teach to human service practitioners. At all stages of the healing relationship training program the student practitioners need to be aware of the two core concepts: 1) their interpreting the definition of “healing relationship” is part of how they understand and practice human service, and 2) the healing relationship is at the core of all human service work that seek to promote well being.

There are no existing manuals describing how one practitioner should train another in the art of advanced empathy or in how to become a facilitator of the healing relationship. The professional programs used in training human service practitioners may be too heavily weighted on facts and doing, and may “tend to impede and even crush the student’s natural empathy.”[46] Yet despite this lack of published material on effective training programs that address advanced empathy we do have access to some knowledge that can guide us.

First, we have some understanding of how a person comes to know something (see Figure 2) and we can apply this to designing our training program. Second, we have reports of how the healing relationship presents (the six characteristics). As we train we should be able to recognize when the trainees develop relationship that match these reports and when they do not. And thirdly, we have some knowledge passed down from our tribal lineage about the training of healers (to be discussed later), which can be applied to our development of a training program.

This discussion of training is based on extremely limited information and is likely to be updated in the future. The topics to be discussed in this section on training are as follows:

- The risks that should be considered before teaching someone about advanced empathy.
- The teaching of advanced empathy needs to fit within our understanding of cross-cultural psychotherapy.
- Teaching advanced empathy may necessitate teaching an improved sensitivity for the sense of the sacred and the language people use to describe this sense.
- In designing advanced empathy practitioner training, we should attempt to use what we already know about training practitioners in advanced empathy and/or the healing arts.
- Based on what we know of the characteristics of the healing relationship, its risks and side effects, and its possible applications, as well as information from a tradition of training healers, we can describe a training program.
- Who do we select for advanced empathy training?

The Risks and Side Effects of Applying Halopathy

Before entering into a discussion designing training programs it is important to address what previous authors have cited as potential risks associated with the application of "advanced" forms of therapeutic empathy. The literature contains periodic reference to the misuse of therapeutic empathy.[47] "Over emphasis on empathy in psychoanalysis puts the analyst at risk of overestimating his capacity to know and understand the inner mind of the patient empathetically and undervaluing other sources of information."[48] Feeling the same feelings of another could lead to over-identifying with and trying to rescue the person.[49] These two risks attributed to the practice of

empathy – over reliance on empathy as a source of information, and wanting to rescue can be attributed to either a misunderstanding of the healing relationship or to its misapplication.

Too often empathy has been defined as a process by which one comes to know another while failing to incorporate other critical components into the definition. The components of well being intent, mutuality and developmental level, when included in the definition, and understood, can help to mitigate against the two risks cited above. In addition it is important to know that the healing relationship is one part of an experiential triad – the healing relationship, the support relationship, and the habitual relationship. This experiential triad should be expected by anyone seeking to apply empathy within their human service practice. Acquiring knowledge of this triad is an important part of the needed human service practitioner training in an effort to minimize possible risk of harm during application.

There are distinct practitioner risks (or side effects) in learning to become a facilitator of the healing relationship and they are as follows:

1. Practicing with an incomplete definition

2. Not matching the pace

3. Hypersensitivity and its side effects (including the contamination effect)

4. Exhausted, burnt-out

5. Playing out other relationship patterns (reacting to the attack-attract response)

Implications and Training

1. Practicing with an incomplete definition

Can we come to an agreement on what is therapeutic empathy? There are perhaps many ways empathy can be described[50], depending upon the empathic developmental awareness of the author. Perhaps, also it is a misused and abused term that has lacked clear definition and because of that has lost its meaning.[51] In this document the definition of empathy within the healing relationship includes the idea that, as with the development in other domains, empathy can be developed to "expert" levels where it is experienced as a state of "oneness". describes this "oneness" within the therapeutic relationship as:

> "A state of consciousness…a way of perceiving and knowing…It is an expression of *being* in relationship. It is not just a means to better healing relationship, but because it recenters relationship as a central organizing feature of psychic life, empathy is itself healing."[52]

Martin Buber describes this relationship as "a bold swinging, demanding the most intensive stirring of one's being into the life of the other".[53] This holistic, relational view of empathy contains within it proper intent - the intent of promoting well being.

The definition of halopathy within the healing relationship includes five components: reception, reflection, mutuality, the intent of well being and a developmental level of awareness that gradually improves ones understanding of these components as one practices facilitating the healing relationship. If any one of these five components is missing from the practitioners' working definition of advanced empathy then there is greater risk that problems could arise. "We must appreciate the boundaries of our individual capacities for empathy by understanding our own limits and biases."[54] This starts with understanding how we define empathy, how that definition affects its practice, and how both are shaped by our developmental awareness.

As practitioner's seek to understand the healing relationship, and incorporate developmental into an understanding of holistic empathy, of the oneness healing moment, then the practitioner may also gain an understanding of the healing journey. Mankind has a long history of seeking the healing (or enlightenment) journey. Seeking relief from suffering is part of that journey, and as practitioners we are but guides along THEIR pathway. As guides we can only offer the opportunity to take the journey, we cannot take the journey for them. The participants must be willing to seek. We must also be willing to return to take the journey again, to revisit when needed and to discover new again what was old.

Although there is exists a boisterous battle cry for improved bedside manner, there is little detail in the literature exploring the ethical implications of empathy.[55] In considering any approach to treatment one must address the ethical implications. But this is hard to do when such inconsistency of empathy understanding exists across authors and domains. The potential harm of empathy may not exist in the balanced definition offered within, but rather in the imbalanced application of its principles. The connection of harm to the phenomena of empathy is not so much related to its nature, but instead related the intent of the practitioner (again connected to the definition of empathy), the practitioner's experience (and to how one makes the link between their own definition of empathy) and the practitioner's understanding of the healing relationship as one part of a triad. These are problems that should be met with in the design of practitioner training.

Training the participant to broaden their understanding of empathy, its connection to halopathy, and the connection of both to the healing relationship can help to reduce some of the misunderstanding that can accompany the halopathy experience.

2. Not matching the pace

Not matching the pace of the participant is a risk presented to practitioners of advanced empathy. Some practitioners may use the insight gained from empathy too quickly thus impeding the client's self discovery process.[56] This will actually prevent well being from occurring within the session. It means that the practitioner, experienced and having developed advanced empathy, has advanced reception skills (one should also have advanced skills in the other definitional components) and uses these to reflect back to the participant information faster than the participant can process. When this occurs the participant may become confused, distant, and sometimes even hostile. A gap occurs between the practitioner and the participant.

There are some good reasons for this gap, and again they have little to do with the nature of empathy and more to do with learning its application. The beginning practitioner who is just starting to have experiences that equate with advanced empathy may notice that reception of the participant's state of distress is clearer and seems to come quicker. But the practitioner may also notice that this increased clarity of shared feeling does not necessarily equate with an increased ability to accurately reflect that state to the participant. A gap between the process of reception and reflection can occur.

This gap may be attributed to the common human service practitioner role of "advice giver" or "fixer". If the practitioner attaches this role, along with its intent and orientation, to the process of reflection then the connection that existed during reception can be lost. In place of the reception connection is the practitioner's own voice, the voice of the "advice giver". Another reason the gap may exist is that the practitioner takes the reception experience and interprets it, attaches causality and perhaps cure, prior to reflection. This again is part of the mental shift of the "fixer" and contributes to a break in the reception connection. Advice giving should be kept within its role in the support relationship, as it can lead to risks when

incorporated within the healing relationship. This also should be part of practitioner training.

Other reasons the creation of a gap between reception and reflection can be related to the practitioner's ability to maintain concentration. Part of learning about advanced empathy is learning how to stay with the participant's state of distress, in that in between place, while reflecting only characteristics of that state and simultaneously being aware of mutuality effects for confirmation. There are many things that can distract the practitioner's attention, but this lack of attention, inability to continue the reception connection into the processes of reflection and mutuality, should not be interpreted as a problem with the nature of empathy but rather as a problem with practitioner application and training.

If one is not keeping pace then one has lost the empathic connection. One good way of seeing if you are keeping pace is by using some technique of "checking in". Checking in is a way to add to the clarity of the process and to avoid practitioner exaggeration. Checking in means simply to ask where the participant is at that moment (and there are many ways to do this) and to check in to see if it matches the practitioner's empathic perception of that moment.

3. Hypersensitivity and its side effects (including the contamination effect)

Empathy is the art of being open, sensitive, to another's state of distress with the intent of promoting well being. As the practitioner continues to practice empathy, and moves toward the advanced levels of empathy awareness and application, the practitioner also increases his/her sensitivities. S/he may become hypersensitive. This hypersensitivity may mean that the practitioner becomes keenly aware of all human emotional expression, even if it is non verbal and hidden.

What used to be barely recognizable is now loud. What used to be loud can become almost unbearable.

Practitioners' difficulty with empathy may be related to their inability to be congruent with their own painful experiences, while seeking to deeply share the other's pain and suffering.[57] This sharing of suffering can only be done to the level that we can enter into the healing relationship with the other. Unfortunately with little training given practitioners have been forced to use sympathy, or cognitive empathy, and, that has not yielded either gender, or cultural, sensitive empathy.[58]

What often accompanies this increase in sensation intensity, this hypersensitivity, is also an increase in the intensity of the shared moment. If this moment enters into sharing suffering without shifting to well being then there can be a "contamination effect". This contamination effect can be as simple as thinking about the person's suffering for sometime after the person has gone. The contamination effect can also be as severe as adopting the person's characteristics of suffering, consciously and subconsciously. These contamination effects are minimal when the participant has experienced a shift into well being – as if both participant and practitioner are cleansed. The problems associated with the contamination effect pose their highest risk when there is no shift into well being. Strategies must be learned to minimize this risk. And the risk becomes further heightened when the practitioner is exhausted, over tired, or burnt-out.

If we are to offer the healing relationship then "we must be able to tolerate the tension of opening to another's experience."[59] The deep empathic relationship is "built upon emotional, empathic knowledge; this cannot occur without emotional resonance that depends on a flexibility of boundaries and a surrender to affective arousal on the part of both participants."[60] But this surrender to emotional arousal becomes more problematic as the arousal becomes more intensified. Such intense arousal can be overwhelming. It is possible to have flexible boundaries, to remain open to the emotional

arousal and to also not become lost in the experience. But without the proper training it is harder to avoid these risks.

The problems of hypersensitivity do not just involve a heightened awareness of others distress, but also a heightened awareness of the practitioner's distress (or state of self distress). The more the practitioner increases his/her openness to hear the suffering of others the more s/he also will hear his/her own suffering. At times the sound of one's inner turmoil can become very loud and there can appear no relief. This is particularly so when the practitioner is exhausted or burnt-out. Training program must address this important issue by teaching the importance of self healing practices.

It is important to understand that as one increases the resilience of the healing relationship, as one learns to sit with suffering in a compassionate manner, and as one finds an environment that supports both, then the issue of hypersensitivity begins to change form. It becomes less of a problem, but not because the stimuli change, it is because the reaction to the stimuli changes. The more empathic the reaction the less likely it is to occur in the same way again provided there is environmental support for such awareness to occur. This can, and often does, result is decreased problems associated with hypersensitivity.

4. Exhausted, burnt-out

Hypersensitivity without relief can lead to burnout. It happens in almost every human service profession – people get overworked, exhausted, and burnt-out (definitions of this are provided in the document on barriers and relationship patterns). Some of the side effects of empathy, e.g., hypersensitivity, can exaggerate the problems that accompany burnout (we can have less energy because of feeling emotionally overwhelmed, or having to put up defenses). It is a symbiotic relationship.

Most human service agencies recognize the problems of burn-out. But there is little training given that links the problems of burnout with being trained to become a facilitator of the healing relationship. This must change if an effective training program is to be designed. In addition there must be corresponding systemic changes to help address the practitioner through this developmental process. In doing this, both the agency and the community will be rewarded.

5. Playing out the relationship patterns (the attack-attract response)

Sometimes the practitioner offers the healing relationship in its proper form and it still generates a level of discomfort with the participant. Discomfort should not be equated with doing harm. Getting to catharsis and to letting go often does have an associated level of discomfort. Halopathy, with its deep compassionate connection, formed during the search for well being within the healing relationship, can be interpreted as being uncomfortable, even frightening. Despite this uncomfortablity, and feeling guarded, some participants have moved beyond this feeling to experience the healing relationship. This was reported by some of the informants in this study and continues to be reported by participants with whom I engaged in their search for well being.

But this was not the case for all the participants, students, with whom I offered training. Some practitioners in training brought their past relationship issues into the training and were not able to move beyond them. Yet as a trainer I had the responsibility to point out to these students the potential danger of doing this relationship transference. Some students refused to hear this training advice and instead of moving toward well being they exhibited what I have termed **the “attack-attract” response.**

Table 7**: Risks and Side Effects of Halopathy -- the Attack-Attract response:**

1. "It's Too Intense. I Can't Work That Hard" or "The Feelings Became so Intense I Thought I was Going to Explode": This type of counseling work can be viewed as "very intense". The meditative stillness often leads to concentration on your feelings in the moment. As this concentration increases you may have the sensation that your feelings are expanding, like a surge inside your body pushing out your head and/or chest. This surge may be accompanied by intense fear, pain, nervousness, sadness, or some other emotion. You will experience, not just talk about, your own feelings. With help, breathing and meditation work, you will learn to move past this feeling and discover their meaning. You can learn to "let go". In learning to let go people have said that it can feel like the therapist "knows everything about me...he can read my mind" and they then say that they feel "naked and vulnerable". People are used to their walls, protection, and having them feel like they disappear is an "intense" experience. If people are sincere about discovering their own healing then they usually work past these fears. Discover trust and safety with the counselor and learn to let go so that you may discover your self.

2. "I feel awakened...I see the world in a new light": Some people come away from the experience with a sense that there is a greater meaning that they were missing, or forgot, and now it has been "awakened". The details of this meaning making process are very individual but it seems important to talk about it. In talking about it, and sharing it (which some say they feel a desire to do) people seem to say, at first, that they have difficulty finding the right words to explain what happened. But with practice they learn

ways to share the experience with others. This is an important part of the healing process.

3. "I Felt That My Space Was Invaded": A few people feel uncomfortable or invaded, because of the deep empathic connection that is established with halopathy (the majority feel a sense of trust and safety). I have found that providing information (continually describing the therapeutic relationship), asking for permission before doing anything and showing you, the client engaged in treatment, that you are ALWAYS in control can help. Be assured there will be no physical contact or physical proximity during treatment without your permission. There is no reason to fear the closeness of the therapeutic relationship as it is there to promote your well being. This fear is usually attached a relationship view, a projection upon the moment. The fear of "being hurt" is the blockade which most frequently contributes to treatment failure using halopathy. It is possible to overcome this fear and discover a sense of trust in the therapeutic relationship but it has to occur with your permission.

4. "I Want to Run Away": Feeling uncomfortable during the halopathic experience can become so intense that you may feel like running out of the room. This is an emotional reaction associated with the "flight or fight" biological response. The breathing and meditation work will help you move past this feeling to a feeling of "it's all right, everything is fine, I'm OK". Trust the counselor to guide you through these difficult feelings to a place of calm introspection.

5. "I feel numb, frozen, like in a place of nothingness": This feeling of "not feeling" is often experienced during treatment. But it is possible to move beyond this to a place

of feeling your own state of well-being. Listen to the counselor's instructions.

6. "I Want to Stay There Forever": Once you have experienced your own state of well being and healing you may want to have it return. You may also experience confusion with trying to discover how to return. You may develop an increased dislike for certain aspects of your life, certain people and relationships, as your desire to return to well being increases. It is important to learn that this is a process not a goal. This is a struggle which is very much a part of one's personal journey toward well being. It is important that you share this struggle within the group.

7. "He Made it Happen": In the beginning you may need a guide to help you discover your own healing process. You may have some feelings of awe and deep respect. You may feel as if you can not help yourself without the counselor's help. But it is possible for you to discover your inner well being without a guide. Beware of attributing your own recovery to the therapist. It is *your responsibility* to direct your own recovery and to move beyond the guidance from the counselor. It is your mind, your body, your spirit, and your behavior which you seek to change and to then integrate this change into your life. You are in charge of this not the counselor. The counselor is there only as a guide to assist you in the healing process as you define it. Use the counselor as your guide in discovering your own personal healing and then move on.

I place the seven side effects described above under the term **The Attract - Attack Response**. The attract-attack response is the first response that occurs between the participant and practitioner offering the healing relationship. In some way it always occurs when the healing relationship is offered. How long this response lasts is

related to how well the participant can move beyond their habitual relationship patterns. Offering the healing relationship places the participant in the position of interpreting the relationship being offered. Past relationship experiences become visible within the mirror of halopathy. This relationship reflection almost always includes some aspect of the Attract - Attack Response. It is a response that often interferes with one's personal development of well being within the healing relationship. It can also affect how a student practitioner performs his/her duties – particularly if she/he cannot clearly see how these responses affect practice. Further discussion of the issues related to habitual relationship patterns is presented in the book entitled "The Habitual Relationship".

A distinction needs to be made here between the therapeutic (support) relationship used by the novice and the healing relationship used by the skilled empathic practitioner. The novice will present a therapeutic relationship that is affected by his/her own concepts of what it means to be in relationship with another. The above list of "risks and side effects", written for participants, frequently applies to novice practitioners when they are exposed to halopathy training, and when they seek to apply empathy in practice. Training programs designed to advance novice empathy practitioners to advanced empathy practitioners need to consider the attract-attack response and that trainees are likely to demonstrate such a response. Trainees can be educated about this response and taught how to move beyond it as part of understanding the healing relationship. Moving beyond such a relationship pattern based response is tied to the trainees understanding of the barriers and relationship patterns that cause resistance.

Perhaps the simplest thing that the practitioner can remember is that each participant will experience the journey toward well being in their own way. This means that the practitioner needs to be able to sit with the participant, in the between, at what ever spot in the journey the participant happens to be. This can be any of the following:

1) No agreement or struggling to make an agreement.

2) Difficulty making an empathic connection.

3) Resistance, the "attract-attack" response, barriers, difficulty sitting with suffering.

4) Able to sit with suffering, but not able to "let go".

If the participant experienced a "letting go" then they will have also experienced a shift in perception and a shift toward well being. But that is not the end of the work that needs to be done by the practitioner. Because of the deep empathic connection that occurs there often needs to be some work done on **separating from the healing space**. This should be made conscious, that is the feeling of wanting to stay in the space but having to leave it to go on about one's life need to be made clear. In addition the practitioner needs to take the time to process through the separation.

Processing sitting in the healing relationship is difficult for our culture. We do not have a well developed dialog or a well developed history of such experiences to draw upon. It is easy to become confused about the experience after one leaves the practitioner and attempts to integrate the experience into life. Follow-up help of some kind is an important part of reducing the negative effects of the risks associated with halopathy.

Unethical Multicultural Empathy as a Risk?

The risk of imposing ones cultural bias exists every time a practitioner seeks to offer help to another. "Culture is the profile of learned behavior transmitted by the members of a particular society"[61] and "well-trained empathic helpers can establish, with minimal difficulty, effective relationships with people from other racial or

ethnic backgrounds."[62] But if empathy is not framed properly, if it misunderstood and misapplied, it can easily contribute to a chasm instead of a bridge between persons from different cultures. The abuse of certain techniques, under the guise of being empathic with clients from diverse cultures, increases the potential for unethical practices.[63] The concept of "culturally sensitive empathy" remains poorly defined[64] with a significant aspect of this poor definition stemming from misunderstanding. These points were discussed above and are applicable to the risks encountered when offering help to persons from various cultures.

The full range of problems surrounding multicultural training of practitioners is beyond the scope of this investigation. What is important to note is that empathy, and furthermore advanced empathy, is critical to the success of the bridging the gap across different cultures. Understanding advanced empathy, and learning to develop it within the therapeutic environment, should help practitioners become more successful with persons from diverse cultures. As was discussed earlier, aspects of halopathy can be found to be universally across cultures but also need to be culturally communicated. The practitioner needs to remember the distinction between the core components of the healing arts and their delivery through culturally distinct rituals. Hopefully this document will shed some light on this necessary distinction - an important point to be incorporated within practitioner training.

The application of therapeutic empathy contains risk related to the misuse of therapeutic frame and the misunderstanding of the intent of empathy. It can also be related to the misuse of technique within the therapeutic frame – the use of a technique that is not matched to the worldview of the individual. While the characteristics of the "healer" may be cross-cultural, the language and rituals remain culturally specific and a practitioner can become more culturally sensitive through an exposure to these cultural variations. This exposure can be further enhanced through working with people of diverse cultural backgrounds in an effort to promote well being. The

more one practice advanced empathy the more one comes to understand its links to promoting well being across cultures.

It is important to understand to what level one's level of empathy has developed and to what level it can be applied across cultures. This requires experience that most novice practitioners do not have. At the level of halopathy the risk of unethical multicultural empathy is non existent – but this is a rare phenomenon. What is more common is some partial empathic connection combined with a disconnection.

This means that the practitioner must practice "checking in". Do not assume that you know what a person of a different culture is feeling, check in to be sure. Then also be wiling to quickly agree that your perceptions were off. Develop the skills to adjust and keep pace with the participant, and be especially attuned to this if the person is from another culture.

Practitioner Training – What Do We Know?

It has been noted that the field of counseling psychology is slow to incorporate changes that are already a part of other disciplines, and it is "resistant to new ideas...guilty of disciplinary ethnocentrism."[65] But this is not true of just counseling psychology but of all domains when faced with new ideas, or new paradigms.[66] How we currently design advanced training programs for practitioners may be not only be the recipient of idea entrenchment but also neglectful of a long history, a tradition, behind the training of healers. Healers have for millennia been part of our survival, contributed to the stability and health of the community, and been a sacred source of wisdom and well being guidance. If we loose this, if we fail to train others, then we are headed away from our collective health and well being.

In addressing our knowledge about the training of those who could become facilitators of the healing relationship considerable

information has already been presented within this document. This information is summarized in Table 8. This information is based on

Table 8: **Concepts Important for Training Healing Relationship Facilitators**

Training Concept	**Description of Concept**
Foundation Concepts	The foundational components of a helping relationship which promotes well being help to place the healing relationship within a broader context of services the practitioner might offer.
Empathy Definition	Understanding the five components of the empathy definition helps to frame the healing relationship within a proper intent.
Developmental Level	Each practitioner should know his/her own developmental progress toward becoming a facilitator.
The Characteristics	The healing relationship characteristics should become understood and recognized within practice.
Contamination Effect	Steps need to be taken to learn and practice "cleansing" and the art of sacred health.
Risks and Side Effects	The many risks and side effects should become well known by the practitioner, as they are the source of misunderstanding and allegation of harm.
Interpretive Processes	Because of the sacred mystery involved there will always be interpretation. The outsider and the insider views, as well as one's worldview, are involved in this process. It is also a part of facilitating well being.
The Shifted Self View	Within halopathy and the healing relationship is the experience of a shifted self view. Part of becoming a facilitator is recognizing this view and incorporating it into practice.
Being not Doing	Facilitating the healing relationship is more about being than about doing.
Maintain the Sacred	Being in the oneness of the healing moment includes knowing its sacredness and honoring that in practice.

the characteristics and interpretations associated with the healing relationship. Information addressing a training program can be found scattered throughout the literature written by, or about, healers.

Perhaps some insight into an answer can be provided through the narratives by, and about, skilled practitioners. The discussion about training is one of the most consistent themes reflected throughout the narratives that served as a database for this study. In nearly every biography, interview, testimonial, and practitioner authored methods book, there is some discussion of what is involved in the training process. Yet despite its frequency the discussions often lack detail making it difficult to design a detailed training program based solely on this narrative information.

Table 9 is a compilation of quotes on the topic of training healers. The points made by the healer practitioners are those that should be considered as important to include within the design of a halopathy training program. What is not included in Table 9 are the vast number of references describing training in ritual, technique, and the supporting explanatory systems. Such information would fill many volumes. There is little in the literature that is specific to the details of training healer practitioners outside the description of ritual and the supporting explanatory system but a few points can be gleaned from the narratives. These points are as follows:

1) The healer starts with a calling.

2) Personal transformation is part of the process.

3) There is an extensive period of training, often more than ten years.

4) The training involves understanding the nature of the healing relationship experience (also see Table 8).

These four points are described below (after Table 9).

Table 9: Quotes Discussing the Training of Healer Practitioners

Background	Quotation
Doctor – w/Native American healers.	"No traditional Indian healer I know ever asked to become one. Unlike modern practitioners, they didn't choose their vocation, it choose them. They accepted often with great reluctance…"[67]
Priest and healer	"Those who would deal with healing love should be guided, encouraged, and directed to raise themselves as well as the client's consciousness to a spiritual reality, wherein all healing power originates."[68]
Therapeutic touch, and nurse	States that the development of the healer involves a shift. "Once the self is deeply engaged, the surge of inner commitment arises from a very different realm, a place of highly personalized experiences whose implications may be very difficult to communicate to others, but which thereafter play a central and unifying role in personal life."[69]
African healer and professor	Speaks of being called, "everyone is born with a purpose, and that this purpose must be known in order to ensure an integrated way of living."[70] "The very purpose of mentoring is twofold. One is to recognize and awaken; the other is to facilitate the delivery of the genius to the community."[71]
Native American healer	"Their training and development is very difficult. It usually starts with a dream, followed by a mystical experience of enlightenment…They undergo an extensive apprenticeship and training."[72]
Native American healer	"To get these sacred powers you have to go through four stages. When you reach the top, the spirit will come and communicate with you. He will give you your instructions, that's the first power, it takes four years to acquire it. Then you have to go through another four stages to get the second power. And there's a third power and a fourth, see? Each of them requires four years."[73]

Native American healer	Author recounts a speech by the healer Rolling Thunder who speaks of the training as being a "long and difficult path of spiritual pursuit and training from birth through apprenticeship, to becoming a healer. He told of the process of self realization, of seeking and knowing one's own identity. He talked about self-purification and cleansing…"[74]
South American Healer Mexican healer	"The development of the powers of the Desana shaman requires a long and systematic learning process."[75] "The work of the Huichol shaman is extraordinarily complex and demanding requiring vast knowledge, aesthetic abilities, abundant physical resources, and keen social skills."[76] "Matsuwa, a renowned shaman amoung the Huichols… [said that] his apprenticeship spanned a sixty-four-year period."[77]
Minister and healer	"It has taken me a half century of divergent experiences to realize that all approaches heal the body in the identical way; the only difference is in how they limit their options."[78]
Eskimo healers	"There is considerable evidence that a high level of intelligence is involved in the kind of shamanizing that reaches the stature of full accreditation… Finally for a shaman to become a successful healer he had often to display an exceptional ability in emotional control and in taking responsibility."[79]
Ojibway Native American Healers	"The tribe's shamans are special individuals who have deepened their dream and vision experiences of the cosmic forces by extensive learning and solitary meditation."[80] "He is required to develop the resiliency that can endure the rigor of shamanic practice. He must also practice restraint so as to not be psychically overwhelmed… Finally the shaman must creatively channel the power that he is given if he is to obtain the approval of his tribe."[81]

Becoming a skilled practitioner may not be a matter of book knowledge but related to a person's skills as a healer.[82] But how does one learn to progress from being a good technician to being a healer? During my discussion with peers on the nature of therapeutic healing I am often asked, "Do you think you can teach this to someone?" I always answer with, "I think that each person can improve his or her empathic abilities." It has been proposed here that empathy is a critical component of becoming a healer. Several authors view empathy as a skill that can be developed in others[83] and that some people may have a predisposition to being more empathic (see Chapter One). I think that there are people who have a predisposition to learning advanced empathy and that all practitioners are capable of some improvement in how they offer empathy. Learning to facilitate the healing relationship is a long journey and not all practitioner will reach the top levels of performance – but every practitioner can improve.

1. The "Calling" – A predisposition to becoming

Predisposition may be a necessary component of becoming an "expert" healer much like it is in becoming a prodigy in any domain. In the selection of people who will serve the community as healer practitioners there is special attention paid to the innate characteristics of the person at an early age. Something we do in our culture with respect to some domains (like music and sports), but not empathy. Perhaps certain people have a predisposition to becoming skilled healer practitioners while others will remain good technicians. Both are needed by the community but one will advance to demonstrating the art of the practice. This is the fulfillment of the prodigy's destiny or calling, a match between one's innate nature and the duties one is asked to perform on behalf of the community. He will only be called when his powers are needed to restore health.[84]

But "calling", as used among indigenous healers, also involves the receipt of a "vision". This vision tells the person, and the elders

who will provide tutelage, that this person is being called to receive the wisdom of the ancients. Thinking of certain novice practitioners as "gifted" may also fit into this idea of being called to becoming an expert in a human service domain. In our culture we may not embrace the use of visions as guiding our vocational decision making, but we do respect the concept of finding the best match between one's abilities and one's job duties.

Entering a profession as a matter of choice is not the same as being driven due to some innate predisposition or calling. Many will be asked to serve but few are called. As in every domain there are some who are gifted, called to move beyond the level of technician and to become an artist. In every domain there will be a Mozart or a Michael Jordan. Entering college to get a degree, or completing that degree, does not mean that one is ready for to become a facilitator of the healing relationship, that they are called to become the artist. In our culture, I know of no assessment tool that would delineate the novice who was called from the one who was not.

2. Personal Transformation

Whether it is through the vision quest, a near death experience, a spiritual awakening, or a healing encounter, those who are called to become healers also report experiencing a transformation as part of their preparation to serve in the healer role. There is a "death of the self" and a "rebirth". This is followed by a new perspective on doing the helping work. This reporting of self transformation is evident from the quotes in Table 9.

The training of the healer can be described as composed of "the call", the "sickness or withdrawal from previous activities" and the "emergence of the formed shaman."[85] In the process of becoming a healer moves through a symbolic self death and rebirth that is then followed by a different way of perceiving the world.[86] The concept

of the wounded healer, moving through one's suffering to being healed, is prevalent through out the literature on healers.[87]

This heroic journey of overcoming of personal obstacles is an important part of the healer's training:

> "Individual shamans, as they gradually become heroic personalities to the tribe, cease to pursue the powerful spirits and begin to identify themselves as a manitou [powerful spirit]. They see themselves as having compassion on their patients just as the manitou had compassion on them as fasting visionaries."[88]

This struggle with self and rebirth has also incorporated the concept of the "wounded healer".[89] The practitioner battles with his past trauma history and his present suffering and proceeds through it to some place of greater peace and understanding. She has moved through her own pain to experience a deep state of well being accompanied by clarity and wisdom. What was once broken is now less broken. The journey of the shaman, the healer, the human service practitioner, often involves self healing.

> "My own journey into shamanism was guided by my desire to become whole. In healing my own soul wounds, I learned to love myself and others. I walked the path of the wounded healer and learned to transform the pain, grief, anger, and shame that lived within me into sources of strength and compassion. I was able to feel for another's pain because I knew what it was like to hurt… Every student embarks on a journey of self healing in which he or she transforms soul wounds into sources of power. Students learn that this is one of the greatest gifts that they will later offer to their clients: the opportunity to discover power within pain. Students also learn that healing is a

> journey that their client embarks upon, not a procedure the healer performs."[90]

Dr. Elvin Semrad, psychiatrist and trainer of practitioners, was asked "What do you think helped build your capacity to help others bear intense feelings of lonliness and loss? He answered, "a life of sorrow, and the opportunity that some people gave me to overcome it and deal with it."[91]

The healer must struggle with his/her own suffering and accomplish some movement toward well being in order to understand the nature of the journey from suffering into well being. As I mentioned earlier (the attract – attack response) if a student, during practitioner training, refuses or cannot, demonstrate the smallest aspect of this movement then they should be asked to leave the program in order to work on the issues that prevented this movement from occurring. Experiencing this movement does not guarantee one will become a skilled practitioner as it must be followed with extensive training and coming to a deep understanding of the healing relationship.

3. An Extensive Period of Training

After the practitioner is "called", and this calling is confirmed, then there is training. When training healers in Rhodesia, it was believed that the calling was passed on genetically within families, but "it appears that many healers who claim to have inherited their healing spirit have, in fact, also had a long apprenticeship."[92] The training of a Malay healer starts training at an early age with special attention paid toward finding children with specific traits.[93] Historically, healers across cultures have always had to endure long periods of rigorous training.[94]

Dr. Santorelli, director of the renowned Stress Reduction Clinic in Boston offered the following personal story:

> "In 1976, my sufi teacher, with fierce, falconlike matter-of factness, loked me straight in the eyes and said, "To be a healer, you must be willing to take as your own the patient's illness. I felt disarmed, completely stripped, yet strangely held. Stilled, yet struck like a gong. Drawn forth. Yet convinced I was incapable of taking up this job. Then, sitting quietly, he cocked his head slightly to the left, as if listening to something distant yet absolutely at hand. His face softened into a deep, tender knowing, and turning toward me he said, with enormous compassion, "This eliminates 99.9 percent of all of us." In that instant I knew, beyond a doubt, he was including himself in the percentage and that, like any good teacher, he had escorted me to a threshold, leaving me free to step through or to step aside. In essence he was saying, If this is your way, then this is what it will take. For a long time I danced around the doorway. I did not step through until there came a rather ordinary moment when I knew that I could no longer not step through. I was never forced, but there was no choice.
>
> In that moment he was inviting me into the true nature of this Way. Helping me to see that this was not going to be particularly romantic, no easy task, and most important, this was as much his "work" as it was mine. I remember nodding my head as if I understood. Perhaps I did, somewhere in my being. Now, twenty-three years later, I have begun to understand what he really meant. He was reminding me that to walk this Way, to do this work, to fully engage in the healing relationship meant that the "I" that I imagine myself to be would have to go. Disappear."[95]

The story points out that a seed can be planted early in the healer's training but that the practice of it doesn't come to fruition until many years of practice have passed. This idea of many years of training needed may be supported in the mental health field.[96]

In Table 9 the quotes illustrate clearly that skilled practitioners go through an extensive period of training. This supports the concept that expertise is something acquired after long periods of training. It is this extensive training, and practice, that, in part, leads to the development of the "flow" experience during one's practice in the healing arts.

Similar to this author's proposal of the development of empathy, training of healers has been described to occur in stages and not all practitioners make it though all the stages. Native American healer Dhyani Ywahoo said that the training involves passing through many initiation ceremonies but "not everyone goes through the complete cycle."[97] Training of healers in the Eskimo society of the St. Lawrence Islands indicates this developmental process:

> "The St. Lawrence Islanders had a system of their own by which differences in shamans' proficiency were indicated. In English, the evidence lay in such phrases as 'really shaman', 'sort of shaman', 'partly shaman', and 'foolish shaman', the last term being used for anyone considered a 'quack'."[98]

This developmental process is illustrated in the description of Apache healers who are described as using the healing power "like lightning" [99] and that some healers are stronger in this power than others:

> "There are celestial and terrestrial classes of power of varying strengths. According to Mescalero shamans, one who is entitled to call upon the 'little whirlwind' or 'little star' has 'little power'; one who can summon the strength of the *diyin* on the sun or moon has 'medium power'; one who can invoke the lightning wind, or large hail has 'big power'."[100]

The Ojibay Indians training of shamans involves a number of different developmental levels, or degrees, and that "occasionally a

shaman undergoes all eight midewiwin degrees, over an extended period of time."[101] Andean shamans are described as having to go through as many as seven levels.[102] Holger Kalweit, in reviewing many healer traditions, stated that stages of training are common across cultures.[103] As proposed herein, it appears that there are developmental levels in practitioner healer training, and that not all healers reach the maximum level of training possible. The reasons for this are not exactly clear but they may relate to the same conditions that affect the development of a prodigy in any domain – predisposition (calling) plus environmental support, plus opportunity and motivation.

The training path of the indigenous healer was not so much about learning techniques but about learning how to negotiate shifted states of awareness on behalf of the individual seeking relief from suffering.[104] Characteristic of the healer's shift in perception on behalf of the participant is the dissolution of the world of things replaced by a radiant world, a sense of time without boundaries, it can be considered a form of enlightenment belonging to the natural history of man.[105] Holger Kalweit offers this developmental sequence in learning shifted states of awareness as part of the healer's training stating "the principle that binds the various levels is an increasing feeling of unity with the surrounding world"[106]:

> "1. In normal consciousness the separation between ego and external world is the greatest. At this level the unity of being is either not experienced at all or is experienced only as mechanical exchange.
>
> 2. With a slight intensification of emotion, the sense of sekf connects directly with the environment, with things and beings. At this level the capacity for sympathy, empathy and compassion develops – the ego extends itself beyond the boundaries of normalcy…

3. With increase in intensity of emotion, the separation between self and environment can temporarily disappear. With greater emotional concentration, with fear or strongly conceived desire, but also with love, hate, and anger, we identify ourselves in such a way that ego consciousness is almost replaced by the object of emotion.

4. An altered state of consciousness would be seen as an extreme of strong emotion. This can result in a complete splitting off from the normal ego, to that contents completely fill consciousness…

5. The next level is where the appearance of paranormal phenomena could be placed…

6. We could regard the highest level as that of unconditional consciousness, free from all concepts and human concerns."[107]

The author continues stating that the focus of indigenous healer training, of shamanism, is to "broaden and deepen the normal emotionality that we all know. Shamanism is thus not a somehow obscure or incomprehensible or mysterious magical path, but a simple heightening of the emotional experience of the world."[108] The parallel between this description of healer training and the developmental sequence described in Table 1 is obvious.

The design of a healing relationship facilitator training program will need to consider the different levels of empathy development, match the training to the individual and evaluate the students potential for moving to a new level of both empathy development and training. But there are obstacles in accomplishing this evaluation as the starting point. Human service practitioners have a tendency to be quite sensitive about their perceived caring nature. Most joined the service because they felt they were caring and wanted to live a life of caring. Any challenge to their perception of their caring nature can be

difficult to process. Both the trainer and the trainee need to move beyond this ego fragile battle and accept that the journey of growth and development includes expanding empathic abilities. It the trainee cannot move beyond this then s/he is not likely to advance.

Understanding the student practitioner's level of empathy development may not equate to strictly the teaching of skills (except at the beginning levels). Empathy development may have more to do with becoming an empathic practitioner. This process of becoming can be described as a developmental sequence but it likely to be experienced more as a journey of personal growth and an intensification of compassion. It is a journey where the practitioner develops a deeper understanding of the healing relationship.

4. Understanding the Nature of the Healing Relationship

Perhaps one of the most consistent themes throughout this text has been the focus on the importance of understanding the nature of the healing relationship. This is a critical part of the practitioner's training. This understanding includes (a) communication, (b) facilitation, and (c) processing through the interpretation. The student should learn how to communicate, and receive communication, about the nature of the healing relationship. This communication should then become practice as the student learns how to create the conditions where the healing relationship is allowed to unfold. The components of this learning are summarized in Table 8. They are not going to be reiterated here as they have been the focus of discussion throughout this document.

Three points are critical to understanding the facilitation of the healing relationship. First as facilitators we will need to sit in suffering, ours and theirs. Second, we will need to practice moving through that suffering. And third we will need to know the sacredness of not doing. These are the key points to understanding being a

facilitator and the training needed to support understanding development often must exceed most academic programs (although academic programs can plant the seeds by exposing students to the concepts contained herein). Dr. Karasu addresses the training needs:

> "We pay too much attention to the training of therapists and not enough to their formation. The latter encompasses personal growth, broad education, and a life philosophy. It addresses the issue of one becoming… That is why the therapist is not what he does, but who he is, and there are no such things as schools of therapy, there are only psychotherapists."[109]

Advanced training to become a facilitator of the healing relationship will include personal growth, a quest, a journey into the distance between the trainee and his/her ability to sit in suffering and offer the sacred healing space while doing nothing – just by being. It is not just about discovering sources of pain but moving beyond.

> "Among the curses that come with causality are psychologists. They pick at the weeds that were seeded during childhood, raking leaves and cutting off their stems, but never pulling up their roots. They continue harvesting pathology and forget to plant the seeds of future possibility."[110]

There are many different factors that need to be considered when designing this facilitator training. First the trainee needs to be exposed to the concepts associated with the training program (as outlined in the document). Second the training needs to be placed within the context of the trainee's worldview. Third the training will need to be domain specific (geared to the practice the individual is doing). And fourth the training should incorporate what we know about adult learning and post academic training. These general considerations need to be described before a more specific training program can be offered.

<u>Healing Relationship Facilitator Training – General Considerations.</u>

> "Empathy is a teachable skill that can be developed and nurtured in our relationships with each other… We can learn - and we can teach others – how to take another persons perspective, listen empathically, control our impulses, regulate our moods, find a balance between emotion and reason, resolve conflicts, and create intimate, long-lasting, loving relationships."[111]

Four components of the healing relationship training program have been identified: (a) predisposition, (b) years of training, (c) self development, and (c) healing relationship development. It has also been proposed that each of these components would be applied at a level of empathy training appropriate for the student. It is also assumed that basic empathy skills training have already been provided for the practitioner (from schooling, life and practice). This basic empathy training can take many forms and need not necessarily come from academia alone. Advanced empathy training as part of learning to be a facilitator of the healing relationship would not be provided to practitioners who could not demonstrate basic empathy attributes (see Table one). Other authors have discussed learning how to progress from instinctual empathy to basic empathy.[112]

In both Table 9 and in Chapter Five, understanding the self, and developing the shifted point of view, was described as part of learning the healing relationship. This is quite difficult to do if one is "stuck" in patterns of self-expression inconsistent with empathic awareness development. Authors have stressed the importance of self awareness and self development as part of practitioner training.[113] The mistakes that novice practitioners make seem not to be related to technique but to how they relate to others as presented through their own self-awareness. Carl Rogers stated, "once a student has clarified his own attitudes toward people, then a detailed consideration of the ways he and others operate in the therapeutic environment is highly fruitful."[114] In other words if you can't see yourself clearly within

how you relate to others than studying therapy is not going to do much to improve your skills. that psychotherapy "has direction only insofar as the therapist is whole and can communicate his sensitive perceptions and experiences of another"[115] "If the therapist is going to involve the client in a process leading to change toward more effective ways of living, than he [her], himself [herself], must be functioning at effective levels."[116] The practitioner must experience the healing relationship if s/he is to become a facilitator, and to experience it s/he must re-examine self.

There are problems with this proposed self examination component of the healing relationship training program. The issues are as follows:

1) In a training program there can be the conflict between the evaluative role of the trainer, or teacher, and the non-judgmental role of the therapist who is seeking to guide the person through the healing relationship.

2) In our litigation phobic society many institutions require documentation of progress, or failure to progress. Clearly delineating the student's self nature, and lack of progress toward a nature more conducive to empathic awareness, is problematic. It may also be difficult to document progress toward understanding the healing relationship, but steps in that direction may begin with the components listed in Table 8.

3) The training of the trainers who would be helping students with this self awareness needs to be considered. Some trainers have not resolved their own self awareness issues. Some have not experienced the healing relationship. These developmental issues interfere with how they interact with students desiring healing relationship training (which is not to say they can not offer training about the support relationship).

4) Training that is offered outside the realm of on site practice (as is most training) must face the problem of skills generalization – will the student be able to take what is learned in training and then apply it in practice.

5) Applying the healing relationship in practice and expecting peer support, or community support, may be problematic but it is necessary. Without a basic awareness of the healing relationship and its characteristics the peer and community response can be like the "attract – attack response". The practitioner without any peer or community support will have great difficulty becoming a practitioner of the healing relationship. If the community rejects the healing relationship it is an obvious obstacle to training and developmental improvement as a practitioner of the healing arts. Facing this widespread rejection the practitioner will spend too much time in battle with the community and not enough time in the healing space, there will be limited opportunities to practice, and the healing work that is done will be attributed to other causes. Part of creating the environment where healing is to occur is to have support for such work.[117]

Finally, as a general consideration, the training program must focus on the nature of the healing relationship and not on technique. Carl Rogers stated this in numerous ways throughout his book on client-centered counseling.[118] The student cannot come to understand the nature of "not doing" if she/he is always focused on doing. The novice, by nature of domain developmental progress, will have such focus on learning about doing. But more skilled practitioners, seeking to move further in their understanding should be able to grasp the links between being a person and being a practitioner. Conditions of facilitation are not guarantees that healing will occur. In addition the

conditions are not so much observable actions as they are qualities of being. The practitioner presents as a being of compassion, with absence of judgment, one that can be trusted, who is empathic, genuine and knowledgeable. In addition there is a component to the presence that is spiritual, an element of the sacred mystery. "Such personalities heal because within themselves they are a moving presence. They influence others in ways of which they are not aware. They appeal to the healing dimension in our personality."[119] Any action of the self (in relation to others) that would interfere with the practitioner becoming this presence in session will also interfere with the potential for a facilitator of the healing relationship.

Training in understanding the healing relationship also includes processing the interpretations following the healing event to help maintain the healthy integration of the experience. This process is not only different in different cultures, it is different in different contexts. A nurse practitioner might process the meaning different than a guidance counselor or a psychologist. In addition the clients that these practitioners see would vary with the context. Training in processing interpretation is a part of the healing relationship because people struggle to make sense of what has transpired, to deal with cognitive dissonance, to relieve the uncomfortability of the unknown, and to share with others.

Integrating the halopathic experience into one's life is not as easy as it may seem. The experience, with its shifts in perspective, personal insights and relationship insights, can yield a sense of information overload. In addition the participant seldom has the internal framework, or external network, upon which to rely as a grounded source to aid in this accommodation and assimilation. The image of going to a religious site, or person, to be healed and then walking away, simply has no application. This image needs to be replaced with the concept of taking a journey and using the guide to aid you in this journey. The healing relationship training program will need to incorporate this image of the journey and teach the skills practitioners need to assist participants in follow-up processing as

they walk their own path toward incorporating well being into their lives. Student practitioners will need to be trained on how to do follow-up, training that is best done at the work site.

Jane Holcomb (1998) did her Ph.D. research on how to design effective training programs for organizations outside academia. She offers a simple structure within which to frame the design of a program aimed at working professionals. This structure is as follows:

1) Understand the management style and philosophy of the organization. Design and market the training accordingly.

2) Establish training goals and objectives that meet the needs of the participants and the organization.

3) Include the following steps in the design of the training: (a) inform before the program starts, (b) make the program specific to the given environment, and, (c) reinforce and reward progress.

4) Evaluate the effectiveness of the training and make changes where needed.

The healing relationship training program will need to be delivered in a manner that speaks to the general philosophy of the organization. As the program will be delivered to small groups, probably from a single part of the organization, it is also wise to understand the management style and group dynamics within that part of the organization prior to delivering the training. Obviously if the work place is strictly behaviorist oriented they may not seek halopathy training. But if the organization is more humanistic and realizes the importance of human relationship in the healing process they may seek additional training. How the managers think about the

training and the role of relationship could affect the trainees' ability to practice what they have learned. Halopathy is about forming relationships and one's understanding of halopathy can be affected by the nature of current relationships in the trainee's life. In addition the philosophy and management of that work place may affect the delivery of advanced forms of empathy as such philosophy often affects the delivery of care. Preparation beforehand in tailoring the program perhaps could lessen these concerns.

The training program should also be tailored so it speaks to the specific needs of the audience. If possible it works well if the instructor can use specific case directly from the setting, or at least those that mirror the setting. It also helps to include stories of practitioners, similar to the audience, who have used the skills (approaches) that are being presented. The trainer can involve the audience by having the practitioner trainees give their own examples. The trainer can then use these as case examples throughout the training. It may even be possible to call on a volunteer from the audience to act as a subject for a halopathy experience – although this author has never tried this as a teaching tool. The important point to stress is audience involvement through presenting the material in a way that speaks to their worldview.

Every work place has barriers that inhibit the implementation of new approaches. Sometimes these barriers are physical, related to time, paper work, staffing, access to appropriate clients, etc. There may also be barriers presented by the organization philosophy and the managers. The practitioner trainee may also have personal barriers that prevent appropriately practicing the use of advanced empathy. A discussion of these barriers should be part of the training provided.

If forms of advanced empathy are to be incorporated into the delivery of human service then some form of reinforcement should be established to encourage continued practice. Halopathy contains its own reinforcement as part of the process. But with other forms of empathy the natural reinforcement may not be so easily recognized. It

may be that what could be put in place is ways to emphasize documentation of the positive effects of advanced forms of empathy. This could then bring into focus the natural reinforcing nature of advanced empathy and perhaps further its use.

The steps of training that have been outlines thus far have been as follows: 1) basic empathy training, 2) initial understanding of the material in this document, 3) on site application training, and 4) experiential training (personal journey through the healing event). It has also been stated that this training would occur over many years, implying that this training would have to be repeated several times as the practitioner continued to develop his/her skills to the level of the "expert". It is important to note here that training in technique is different than learning the art and mastery of a given domain. This is where some confusion may arise. Occasionally institutions offer training in the application of various techniques ranging from acupuncture to shamanic ritual. Across this country there are numerous schools that provide such services. But learning the art of facilitating a healing relationship goes beyond the application of technique and nearly any non-harming technique can be applied within the healing relationship. Learning technique alone will not provide the student with the information needed to become a gifted practitioner in the healing arts. One must learn to become the healer.

Who do we Train?

The training process to become a gifted healer appears to be long and arduous. "The art and discipline needed for so special a relationship are enormous and do much to explain the reverence in which the shaman has been held for millenia"[120] It requires personal transformation, many years of study, and many years of practice. Healer practitioners often say that they did not choose to follow this difficult path, but that they were chosen and have no choice but to follow their calling. Any person who seeks this path to become a

practitioner of the healing relationship should know that it will require a commitment to the journey.

In order to decide if one wishes to make such a commitment one should have information about the effects of the healing relationship. This is one of the reasons for this document. The information presented herein can be taught as knowledge to all persons seeking to become human service practitioners – not because they will all become healing relationship facilitators, but because they should all have the opportunity to make such a commitment. In addition they should all be aware that others will make the commitment and that they will become healers. It is information that can be presented as "Characteristics of the Healing Relationship". These are characteristics that cross across cultures and may cut across schools of treatment. Presenting the information to persons in training exposes them to a description of the effects associated with facilitating a professional relationship that contributes to a person's well being. It also exposes them to the idea that this is a model of what the "experts" do in therapy. It may take a long time and considerable effort, but the potential exists for any student in human services (counselors, therapists, nurses, doctors, psychologists, psychiatrists, social workers, case managers, alternative medicine practitioners) to develop proficiency in facilitating the healing relationship.

One the commitment is made then the student practitioner should demonstrate basic empathy skills. Advanced empathy cannot be taught to someone who cannot demonstrate basic empathy. These are the only requirements for beginning training.

Learning about the healing relationship, both as information and as practice, does not preclude learning and using therapeutic tools from a wide variety of domains (e.g., cognitive, behavioral, vocational, medical, etc). It is expected that techniques will be employed as part of any practitioner's use of the healing relationship. These are techniques that are part of the person's training, culture and the expectations of practice. Over many years of practice, skilled

practitioners may develop a broad collection of techniques, and may stay on the cutting edge of new techniques, always expanding their toolbox. None of this technique training should detract from healing relationship training provide the techniques are applied within the spirit of the healing relationship. Almost any healer practitioner, using any technique, can benefit from healing relationship training.

In addition to who do we train it is important that the "who" is appropriately paired with the right trainer. Halopathy is a form advanced empathy discovered within an apprentice relationship but it is not obvious how a trainer would act with the advanced trainee in order to facilitate the advanced trainee's knowledge within the apprentice relationship. Such advanced training will have different characteristics than the basic/intermediate training offered by most institutions. Also most students are not likely to know what to expect from the training, even after reading this document. Exploring the healing relationship would occur under an apprentice relationship that would explore the points defined earlier – calling, self exploration, journey, and the characteristics of the healing relationship. It would be training that was both educational, experiential, and guided by the student's needs. In order to meet the student at his/her place of needs, and then move beyond, the trainer would have to know the nature of what moving beyond meant for that student and be prepared to not just educate but also offer experiential opportunities.

Throughout the history of man there have been myths and stories of great heroes taking perilous journeys. During the journey they discover themselves and find something worth bringing back to their people. These are the journeys of heroes spoken in nearly every religious text. The training path of the healer is also experienced as a heroic journey. It is an inner journey into the depths of ones being and it is an outer journey into the nature of the healing relationship. As the healer takes this journey she discovers and then returns to her "tribe" to share the wisdom of the discovery.

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