Effect of "Clearing a Space" on Quality of Life in Women with Breast Cancer

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Abstract

This pilot study (N=17) explored the effectiveness of a body-oriented psychosocial intervention called Clearing a Space (CAS) on the quality of life of women with breast cancer. The format was six weekly 40 minute CAS interventions delivered individually with a wait list control. Our hypothesis was that these interventions would improve the quality of life for the participants. There was a post-intervention exit interview that produced qualitative information on the participants' evaluations of the experience. Both the quantitative and qualitative data demonstrated the effectiveness of this brief intervention.

Keywords
Focusing - Complementary and alternative therapies – Cancer - Clearing a Space

Introduction

Focusing is a body-oriented process of attending to subtle inner cues that successful therapy clients naturally use. Developed by Eugene Gendlin in the 1960s, it is a method that accesses meaning that is carried in the body by attending inwardly to somatic experience (Gendlin, 1981, 1991).

Clearing a Space (CAS) is the first step in Focusing and also can be used alone as a freestanding stress-reduction method. Following a CAS protocol, participants are guided to sense what concerns or burdens their body is carrying in the present moment and imagine sequentially placing each issue outside of the body or at a distance. This allows participants to experience how they would feel in the body without those burdens. Participants then spend a few moments in this "cleared space," which typically results in a sense of physical relief and psychospiritual well-being. (Grindler, 1991; Klagsbrun, et al., 2005; Pettinati, 2002).

Over 80 research studies since the 1960's support the efficacy of Focusing in psychotherapy (Hendricks, 2001). Previous studies of body-based Focusing interventions have shown that subjects achieved an improved ability to process and resolve emotional and psychological issues in their life (Grindler, 1991; Klagsbrun, et al., 2005).

Focusing has been linked to emotional benefits for people with physical illnesses and physical pain (Klagsbrun, 1999, 2001; Pettinati, 2002). Similarly, mindfulness has demonstrated improvement in psychological function, a reduction in stress symptoms, and enhanced coping and well-being in cancer patients (Ott, Norris, & Bauer-Wu, 2006). Focusing and meditation are both examples of complementary and alternative medicine (CAM), methods, which 80% of women with early stage breast cancer have chosen to use to improve their quality of life (Wyatt, Sikorskii, Wills, & Su, 2010).

The benefits of a Focusing intervention are of potentially great relevance to persons with cancer. Research on the treatment of cancer patients has demonstrated the need for interventions that address the social, emotional and psychological needs of individuals and families dealing with this life-altering and life-threatening disease (Carlson & Bultz, 2003). Holzner et al. (2001) presented data suggesting that five years after initial treatment and beyond, women with breast cancer are still in need of psychosocial support. Studies have shown a high prevalence of distress, i.e., fear, depression, anxiety, insomnia, etc., in patients across all stages of diagnosis, treatment, recovery and remission. In addition to biological correlates, social isolation and disruption along with the stress of receiving care and making significant life changes, may contribute to the prevalence of depression and other symptoms of distress in cancer patients (McDaniel, Musselman, Porter, Reed, & Nemeroff, 1995; O'Leary, 1990).

The most common psychiatric disorder experienced by cancer patients is major depression, with prevalence rates ranging from 13% to 56% (Croyle & Rowland, 2003). Depressed cancer patients experience more decline in quality of life, more rapid symptom progression, and increased mortality, pain, metastasis, and medical utilization than cancer patients who are not depressed (Ciaramella & Poli, 2001; Parker, Baile, DeMoor, & Cohen, 2003; Spiegel, Bloom, Kraemer, & Gottheil, 1989; Spiegel & Giese-Davis, 2003).

Studies have affirmed that psychosocial interventions can help alleviate distress and improve immune functioning in cancer patients (Fawzy, Fawzy, Arndt, & Pasnau, 1995). While researchers currently disagree as to whether psychosocial interventions improve survival rates, a number of meta-analyses have shown other beneficial effects of psychosocial interventions with cancer patients. A 1995 meta-analysis of forty-five studies of adult cancer patients found significant, positive effect sizes on outcome measures of emotional adjustment, functional adjustment, and treatment/disease-related symptoms in adult cancer patients (Mayer & Mark, 1995). A more recent meta-analysis of 37 controlled studies evaluating the effectiveness of psychosocial interventions for quality of life in adult cancer patients reported an overall effect size of .31 for

the 3120 cancer patients suggesting that psychosocial interventions are indeed beneficial (Rehse & Pukrop, 2003). (See also, Newell, Sanson-Fisher & Savolainen, 2002).

Method

In this study, each participant was guided through the CAS protocol by a Focusing coach in six weekly half-hour sessions, administered in person during sessions one and six and over the telephone during sessions two through five. In each session, the coach guided the participant in the CAS protocol and then completed a post-CAS checklist to score the degree to which the participant was able to place her difficulties aside and reach a "cleared space" during that session. (See Appendix for the complete protocol). In addition to the checklist, which was completed after each session by the Focusing coach, the participants filled out the following four instruments both before the treatment began and after the treatment sessions were complete: 1) The Functional Assessment of Cancer Therapy-Breast (FACT-B), 2) Grindler Body Attitude Scale, 3) Inventory of Attitudes 32-R, and 4) Brief Symptom Inventory (BSI). Using a waitlist control group, these four instruments were administered to the participants before session one and after session six and after six weeks for the waitlist controls. In addition to the quantitative findings, qualitative data were gathered by the Focusing coaches both during the six CAS sessions and during exit interviews conducted several weeks after the conclusion of the interventions.

Participants

Seventeen out of the initial group of 24 participants completed the study. All were Caucasians ranging in age from 43 to 65 years of age. Twelve had spouses or partners and four were divorced. All but two had one or more children, with three of the participants coping with school-aged children at home. Sixteen were college graduates, six with graduate level education. They ranged broadly in the length of time they had been dealing with their cancer, cancer stage, and their course of treatment. Five had stage I cancer; six had Stage II; two had stage III; and the balance were unknown. Nine of the participants had been diagnosed within three years preceding the study, and eight been diagnosed from 4 to 9 years prior.

Results

Quantitative Findings

It was hypothesized that the intervention would result in improvements in the participants' quality of life, as measured by the four instruments listed above. A statistically significant difference was found for the FACT-B measure between the participants and control group (Table 1).

Table 1

FACT-B Treatment versus Controls by Time

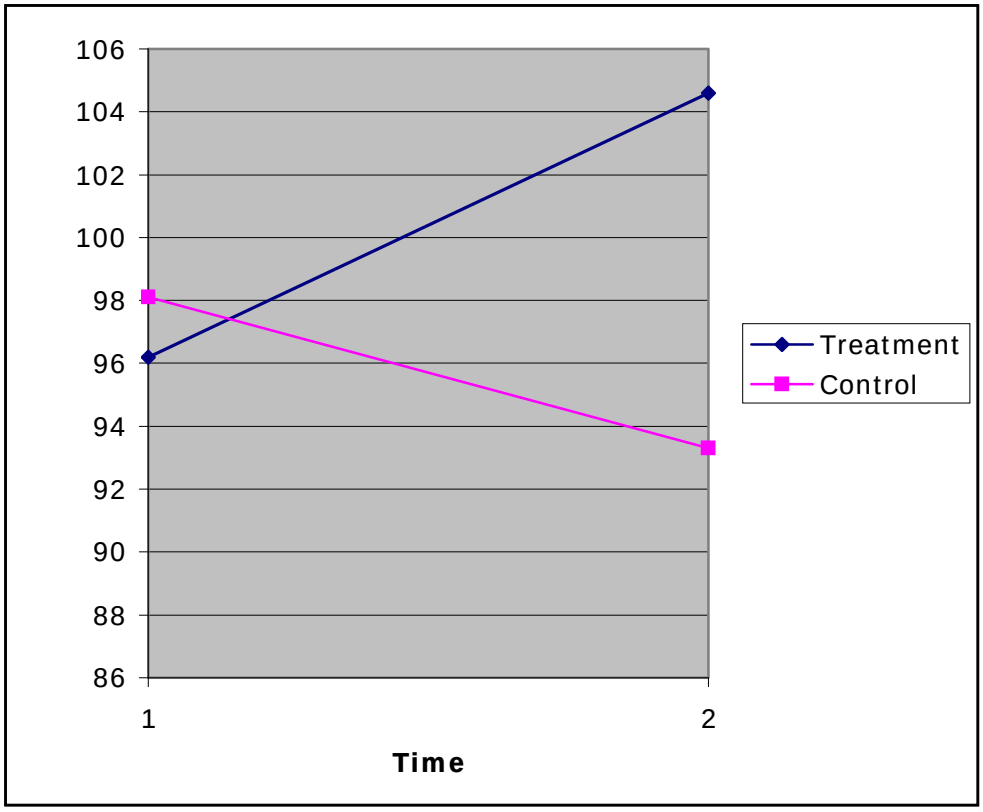
Condition	T1 Mean (SD)	T2 Mean (SD)*	T3 Mean (SD)
Treatment	96.2 (25.89) (N=11)	104.6 (23.03) (N=12)	-
Control (N=5)	98.1 (17.64)	93.3 (20.3)	112.7 (17.89)

* p=0.03

Figure 2. FACT B TOTAL by Time for Each Condition

Functional Well-Being	Not at all	A little bit	Somewhat	Quite a bit	Very much
I am able to work (include work at home)					
My work (include work at home) is fulfilling					
I am able to enjoy life					
I have accepted my illness					
I am sleeping well					
I am enjoying the things I usually do for fun					
I am content with the quality of my life right now					

The FACT-B is a 44-item self- report instrument designed to measure several facets of quality of life in patients with breast cancer, including physical, social, family, emotional, and functional well-being. Figure 1 shows the questions contained in the FACT-B instrument. The other measures showed no statistically different results between participants and controls. *Figure 1.* Text of a Subtest of the FACT-B



A second important finding was that there were no statistically significant differences between the delivery methods. Participants achieved equivalent scores on the CAS checklist whether the intervention was delivered live or by telephone. In their exit interviews participants reported they preferred having their CAS sessions on the telephone as frequently as they did in person.

Qualitative Findings

Thirteen of the 17 women who completed the study participated in exit interviews several weeks after their last CAS session. All of them reported that they benefited from the CAS process and intended to continue to use it. The major changes the participants noted in their exit interview were a greater sense of calmness, enhanced emotional self-regulation, improved coping,

increased mental clarity, greater overall well-being, and a sense of empowerment in dealing with the fear, anxiety, and other issues related to their illness.

Case Report

This case report describes the experience of a participant named Linda (pseudonym), a 55-year-old woman with Stage III breast cancer diagnosed approximately three years before the study. Prior to the study, she had used a variety of alternative, complementary, or mind-body treatments, including acupuncture, guided imagery, herbal medicine, hypnosis, prayer/faith healing, and support groups.

Throughout her six sessions, Linda focused on her bodily sense of feeling tense, knotted up, jumpy, worried, and exhausted from dealing with all of her doctor's visits and medical procedures. In addition to these chronic bodily experiences, she was weighed down by concerns about a close relative who was dying of cancer, fears regarding her own upcoming medical tests and possible relapse, and her sense that her future was uncertain due to her illness-induced unemployment.

During her six CAS sessions, Linda achieved CAS scores of 8, 9 and 10, 10 being the highest possible score. As a result of the CAS procedures, Linda was able to work through her fears about her own cancer, as well as her relative's precarious medical condition.

Linda also made steady progress in reducing her anxiety during the study period. In her first CAS session, she progressed from having an anxious feeling "like a high-tension wire humming" to feeling "quiet and still." Similarly, during her second session, Linda moved from feeling "jumpy and worried" at the beginning of the session to feeling "mellow" at the end. Facing an upcoming MRI, she started her third session feeling like a "jumping bean" and very weary from all the medical procedures, but by the end of the session, she described herself as feeling "very relaxed. Like my lungs have more room to breathe."

By the fourth session, Linda's feelings of greater peace and calmness seem to have become more prominent in her life outside of the CAS sessions. As she entered the fourth session, she announced that she did not feel tense anymore and that, to the contrary, she felt "relaxed and mellow." She was now able to deal with the possibility of her cancer recurring. Although she had the image that her cancer was like a "geyser bubbling and boiling underneath the smooth surface," she also arrived at a feeling of certainty that she was not going to die from it. This led her to the realization that she needed to remain very positive in her cancer support group, but also that she must give priority to her own needs over those of other group members.

At the beginning of her fifth session, she reported feeling "calmer now—not so much comes up." Nevertheless, she also sensed that she was keyed up "like electricity humming" about the possible adverse effects on her health of an upcoming airplane trip. During the session, she was able to replace her sense of worry with a more relaxed sense she described as a "big space inside."

Linda ended her sixth and final CAS session feeling more empowered and less consumed by her illness. She said, "I don't want to be 'Cancer Girl' and be defined by this." She was able to identify and move out a part of herself that was reluctant to let go of her identification with the cancer. After doing so, she said, "I feel stronger now, more like me." At the end of her final session she told her coach, "I feel very peaceful, very calm. I feel done."

In her exit interview, Linda said that she had found the CAS intervention very valuable because "it stopped the process of being tense and anxious. Sometimes you get on autopilot and you don't even know you are tense." She described her present state as "much more calm on a day-to-day basis."

When asked whether she would recommend Focusing to others with breast cancer, Linda replied, "Definitely. If done during treatment it could help a lot. It would take the fears away. …Also, I think it is important to help people after treatment when all the support and attention is gone. There are no guideposts about what to do now."

When asked how Focusing compared to the other CAM modalities she had experienced, including acupuncture, hypnosis, and meditation, she replied, "Focusing has a more lasting effect. With hypnosis, something might go away, but you don't know how. With Focusing, you are more engaged, more in control. Connecting the body and the mind seems to make a difference."

Discussion

Body-oriented psychotherapists increasingly need to find ways to address their clients' trauma and to cultivate psychosocial health and wellbeing in all patients, including patients with life-threatening illnesses. Increasingly there is recognition that a cancer diagnosis can be traumatizing for patients (Ott, et al.,, 2006; Stark, Kiely, Smith, Velikova, House & Selby, 2002; Trask, et al., 2001). There is growing patient demand for complementary and alternative medicine (CAM) and mind-body services geared toward helping them cope with cancer and readjust to life after treatment. As noted in the data above, this brief psychosocial body-based intervention of Clearing a Space resulted in a greater sense of calmness, enhanced emotional self-regulation, improved coping, increased mental clarity, greater overall well-being, and a sense of empowerment in dealing with the fear, anxiety, and other issues related to cancer.

One of the most important and practically useful findings gathered from the exit interviews was that a majority of the participants were equally satisfied with receiving the treatment by telephone as in person. This suggests that providers can offer this beneficial, body based intervention in a convenient and cost-effective format. This delivery method is well matched for this population, for whom travel can be burdensome.

Furthermore, participants found that Focusing had certain advantages as compared to other mindfulness procedures. More specifically, the participants commented on the relational benefits of this method, which are not incorporated into other mindfulness measures. A further benefit for many of the participants was the structured step-wise nature of the intervention, which guided them to turn their attention inward to their body sense and to find there a sense of peace and spiritual well-being.

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Appendix

CLEARING A SPACE PROTOCOL

Before we begin, it would be helpful for you to choose a comfortable space. You could be lying down or sitting in a comfortable chair…hopefully somewhere where you won't be distracted or interrupted. So take some moments to get comfortable and let me know when you feel ready to begin.

1. When you are ready, you might want to close your eyes, if that feels right, and then begin becoming aware of your body as it rests into a comfortable position…feeling how your body is being supported by the chair - or if you are lying down, sensing that surface, and then just taking a few deep breaths – in and out. You might notice your breathing as it begins to slow down with each exhalation (5 seconds pause) and just allow your attention to gently come into the center of your body. Ask yourself, "How am I right now?" (PAUSE) or "Is there anything that might be in the way of feeling fine?" (5 seconds pause). Just letting your body do the answering and let me know when something shows up. (10 seconds pause). Now taking a moment to sit with it with friendly acceptance, notice the quality of that in the body. (10 seconds pause).

2. Now seeing if there is a word, phrase or image that captures the quality of how all of that feels in your body, let me know if you find something (5 second pause)...saying the word, phrase or image back to yourself, check to see if it fits the sense you have there exactly. Is that still the right way to capture your *concern*?

3. Now giving this concern your accepting, friendly attention for a few moments so that you can acknowledge that it's really there (5 second pause) then putting it aside for a while by imagining that you are placing the whole thing outside of your body, in a safe place at the right distance away. Sometimes it helps to imagine that you are sitting on a park bench, wrapping each *concern* up, and placing it on the bench next to you – or at whatever distance would feel right. And let me know when you have been able to set it aside or if you need more help doing this. (10 second pause).
4. You might find yourself noticing whether you feel a little lighter or clearer inside without that one.
5. Now again bringing your attention inside ask, "Except for that, am I feeling fine?" (5 seconds). Wait and see if something else wants your attention next and let me know whether there is anything else there. (PAUSE).
6. Now allow a felt sense of that *concern* to form (PAUSE) and see if a word, phrase, or image captures the quality of how this *concern* feels in your body. (PAUSE) And then, after spending a little time with it, see if you can place it outside your body in a safe place as well. (10 second pause) You might be noticing now whether you feel a little lighter or clear inside without that one. (PAUSE).

(*Allow the person to clear out up to five concerns before moving on to #7 If they cannot set aside a concern or they get stuck here…you may continue working with them until you have reached the time limit and note that they did not reach a cleared space*)

7. Now in addition to those issues, most of us have a background sense – always feeling a little anxious, or sad, or harried, or tense – and just checking inside you might see if you can find a background sense that's there for you today? Now see if you can place that out as well and let me know whether you have been able to do that. (10 seconds pause).
8. Now bringing your attention back inside your body and noticing, is there a clearer space there? (10 seconds)

(If they get to a cleared space at this point, skip ahead to #10 if not, continue through #9)

9. *IF THEY DO NOT GET TO A CLEARED SPACE (Choose one or more of the following):*

9A. Is there something your body might want or need from you right now? (PAUSE) If you could imagine yourself doing that how would it feel?
9B. Is there anything else there that might be in the way of feeling fine?
9C. There may not be one, but see if there is a forward step that comes right from this place.

(*If they cannot set aside a concern or they get stuck here…you may continue working with them until you have reached the time limit and note that they did not reach a cleared space*)

10. *IF THEY DO GET TO A CLEARED SPACE (Choose one or more of the following):*

10A. You may find yourself welcoming this space and allowing yourself to rest in it. (10 second PAUSE). Remembering that you are not your problems, even though you have them. (PAUSE). See if a word, phrase, image or gesture captures how it feels. (10 seconds). Now check to see if this fits how it feels there.
10B. Spending a little time with whatever comes there for you, you might check to see if there is a way to remember or mark this spot so you can come back to it if you would like to.
10C. Now you might notice what it would be like to have more of this in your life (PAUSE)
10D. There may not be one, but see if there is a forward step that comes right from this place.
11. *CLOSING TO USE WITH OR WITHOUT CLEARED SPACE (Use **both** of the following):*
11A. Now that we're about to end for today, you might ask take a moment to check-in with yourself and ask, how am I feeling right now?
11B. And when you are ready, slowly and gently bring yourself back into the room (END).

Biography

Joan Klagsbrun Ph.D., has been a psychotherapist in the Boston area for 34 years and has been a longtime Focusing practitioner and teacher. She teaches Focusing nationally and internationally to psychotherapists and health care professionals. Her work is on the interface of health, spirituality and psychology. Joan is an Adjunct Faculty Member, Division of Clinical Mental Health Counseling, Graduate School of Arts & Sciences, Lesley University. She has authored many articles and a video entitled *A Focusing Approach to Life Changing Illness.* She can be reached at joanklag@mac.com

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