# CLEARING A SPACE; AN EVIDENCE-BASED APPROACH FOR ENHANCING QUALITY OF LIFE IN WOMEN WITH BREAST CANCER

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## Introduction

Focusing is a body-oriented method of bringing attention to inner experience. Developed by Eugene Gendlin in the 1960s, Focusing accesses meaning that is carried in the body via the "felt sense"—a term Gendlin coined to refer to those sensations one can feel in relation to a particular situation or issue (Gendlin, 1981, 1991). As Gendlin continued to refine the Focusing process, he noticed that when practitioners initially engaged in naming their current issues, the Focusing process that followed was deeper and more effective. Eventually he developed a systematic way of acknowledging and cataloging current issues, without becoming consumed by them. He called this preparatory movement Clearing A Space ("CAS").

In this study, the researchers aimed to see if CAS, offered as a thirty minute guided experience, could positively affect the life quality of women with breast cancer. CAS, rather than the whole of Focusing, was chosen because it was easier to teach, and to measure via the Grinder Katonah checklist (Grindler Katonah & Flaxman, 2003).

Gendlin found that CAS led to a welcome distance from encroaching problems. While originally presented as the first step in a longer Focusing process, Gendlin also noted that it can be done alone for its own sake (Gendlin, 2003), and that this can often result in an opening out into "a vast space inside." CAS differs from other stress-reduction methods in that it is a process that explicitly names and places aside each person's list of current stressors. It is both a means of becoming aware of one's stress load and reducing it at the same time. CAS uses the metaphor of searching inside oneself and allowing whatever obstacles one finds to feeling fine or all clear to be noted, tagged, separated from the self, and placed at the right distance away( Gendlin, 1981).

Early research on Focusing reveals that the inner bodily attention an individual develops through the Focusing process helps the body to relax (Bernick, 1969; Gendlin, 1961, 1999). Since we carry situations in our body as physical tension, it makes sense that if we pause, we can connect each tension to a particular psychological issue, i.e., we might carry tightness in the stomach about a disappointment, shallow breathing and constriction about a threat to our health, or tight shoulders about a feared event. When we try to relax by turning our attention away from the problems, often the body retains the stress, tension, or upset. Placing the generalized feeling of agitation or tightness aside in one fell swoop isn't usually effective. However, with CAS, we slowly attend to how the body is carrying each stressor or problem, and then we place "all about that one" aside. This specificity permits us to relax the bodily tightness associated with each issue. The end result, after pausing to sense how we are carrying a particular issue and placing it at the right distance away, is a more relaxed and peaceful mind-body state. As individuals achieve this sense of a clear or clearer state, their perspective seems to shift in the direction of wider and, for some, a more spiritual experience of their lives. There

typically results a sense of distinct physical relief and psychospiritual well-being that bring a fresh viewpoint on their problems.(Grindler, 1991; Klagsbrun, Rappaport et al., 2005; Pettinati, 2002).

Previous studies of CAS 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). Research on neuroscience (Siegel, 2010) gives us a scientific understanding of the brain that helps explain how CAS can shift our experience of ourselves and our situation. Bringing gentle attention inwardly activates the pre-frontal cortex, which helps us observe the internal processes of the mind. This activation enables us to witness our physical, emotional, or mental distress, thus inhibiting previously unconscious and automatic neuropathways. Through the instructions suggesting that we place aside our concerns one by one and then dwell in the "clearer space", we mobilize the right-hemisphere's capacity for visualizing positive possibilities and outcomes. With repeated practice, the CAS process seems to calm the limbic system and allow for a deeper feelings of integration and equanimity, as well as a reduced vulnerability to stress. (Bray 2011; Ziff, 2011).

Research on Positive Psychology also offers support for the notion that staying with this feeling of well-being (even in the midst of difficulties) offers an experience of safety and protection that seems to leave lasting traces in the brainstem and limbic systems (Hansen, 2009). Other researchers have found that positive experiences and thoughts lead to positive cognitive changes, expanding the conceptual connections and increasing positive feelings towards others (Frederickson, 2009). The regular practice of CAS can actually increase the ratio of positive to negative experiences, seen as leading to a tipping point that is a gateway to flourishing (Frederickson, 2009.)

Both Focusing and mindfulness are effective forms of CAM--complementary alternative medical measures-- which 80% of women with early stage breast cancer have chosen to use to improve life quality (Wyatt, Sikorskii, Wills & Stu, 2010).
Individuals who are ill, or are in physical pain, have found emotional benefits from regular Focusing practice (Klagsbrun, 1999, 2001; Pettinati, 2002). Mindfulness practice has also resulted in an increase in well-being, improved coping ability, and a diminishment of stress-related symptoms n cancer patients (Ott, Norris, & Bauer-Wu, 2006).

A growing body of research on the treatment of cancer patients indicates a need for a mutlti-modal approach, addressing a composite of social, psychological, and emotional realms of both patient and families. (Carlson & Bultz, 2003). CAS, which is both a short-term treatment and a long-term practice, has the potential to be of great benefit here. One study has shown that women with breast cancer are still in need of supportive therapies five years after treatment (Holzner et al., 2001). Other studies indicate that there are elevated levels of distress (i.e. anxiety, depression, sleep and eating disorders, fearfulness) during all stages of cancer treatment and recovery. Cancer treatment and recovery also induces social isolation and disorientation, and creates a drastic change in

lifestyle and agency, both of which may increase distress and depression in cancer patients (McDaniel, Musselman, Porter, Reed, & Nemeroff, 1995; O'Leary, 1990).

Not suprisingly, major depression is the most common psychiatric disorder generated by the patient's experience of cancer detection, diagnosis, treatment, remission and/or recurrence. The incidence of depression in this population ranges from 13% to 56% (Croyle & Rowland, 2003). Depression is also a marker for lower survival rates as well as an increase in symptoms, and a greater reduction in life quality (Ciaramella & Poli, 2001; Parker, Baile DeMoor & Cohen, 2003; Spiegel, Bloom, Kraemer & Gottheil, 1989; Spiegel & Giese-Davis, 2003).

As CAS is a psychosocial intervention, it is important to note that studies have affirmed that this type of intervention does alleviate distress and improve immune functioning in patients with cancer diagnoses.( Fawzy, Fawzy, Arndt, & Pasnau, 1995).)While there is some controversy about whether survival rates improve as a result of psychosocial internventions, several meta analyses have demonstrated other beneficial effects such as improved emotional adjustment, functional adjustment, and improved symptoms in adults with cancer. ( Mayer and Mark, 1995.) A larger more recent meta analysis looking at 37 different studies on quality of life in cancer patients found an overall effect size of .31, which suggests that psychosocial interventions have benefitted the population of adults with cancer. (Rehse & Pukrop, 2003, Newell, Sanson-Fisher & Savolainen, 2002)

## Method

In this study, the participants were guided through the CAS protocol individually by a certified Focusing Professional (whom we referred to as Focusing coaches). Each weekly session was limited to a half hour. During the first and last session, coaches met their participant in person, while the intervening four sessions were carried out by telephone. During each session, the coach guided the participant in the protocol and then completed a post CAS checklist (Grindler, 1991) to assess the degree to which the participant was able to place her difficulties aside and attain a 'cleared space' during that session. ( The complete protocl is in Appendix A.)

In addition to the checklist, which was completed after each session by the Focusing coach, the following four instruments were adminstered 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). The waitlist control group also filled out the insturments 6 weeks after their intiial time. 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

Out of the initial group of 24 participants, 17 completed the study. The participants ranged in age from 43 to 65 years. 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. There was a broad range of years since the cancer diagnosis, as well as what stage their cancer was, and what their course of treatment was. 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 to the study It is noteworthy that 5 of the 7 participants who dropped out of the study came from the waitlist control group.

## Results

### Quantitative Findings

The majority of the participants were able to successfully clear a space, as measured by the Clearing Space check list. Of the 17 participants, 11 were able to successfully reach a cleared space in every one of their guided sessions. Five were able to reach the cleared space in half or more of their sessions, and only one participant seem to have difficulty achieving the cleared space. Overall the participants were able to reach the cleared space in 86% of the sessions held (87 out of a total of 101 sessions among the 17 participants.)

Only one of the four measures, The FACT B, was found to show a positive statistical effect after the CAS intervention. This self report incident was is designed to measure several facets of life quality in beast cancer patients, including their physical, social, familial, emotional and functional well-being. We believe that the sample size and selection of other measures affected these results. For further discussion of our quantitative findings, please see Klagsburn, Lennox and Summers (2010).

### Qualitative Findings

Not only was the efficacy of the intervention positive from this quantitative standpoint, the qualitative findings derived from the participants' descriptions of how they felt upon achieving a cleared space at the end their sessions demonstrates a high level of efficacy.

Qualitative data was collected from the participants in two ways. First, the guides took notes of the participant’s comments during each of thier CAS sessions. Thematic analysis showed that the results achieved fell into the following 4 categories:

1) A sense of being peaceful, calm, relaxed, refreshed and/or nurtured
2) A sense of having achieved up lasting change and an ability to recover the sense of cleared space at will

3) Positive changes in the sense of self
4) A transcendent or spiritual quality

Secondly, the guides conducted exit interviews using a series of open ended with the participants several weeks after the conclusion of the intervention. The research questions are attached in the Appendix B. The guides asked the questions and recorded the responses verbatim in handwritten notes, which were subsequently analyzed for content.

Thirteen of the 17 participants made themselves available for exit interviews. The following brief summary of the data suggests, once again, the positive value the participants experienced from the CAS process. When asked about if and how CAS was of value and whether they noticed any differences in their state of mind after the intervention, the participants uniformly answered in the affirmative and identified the following positive outcomes:

- greater mental clarity and focus
- a more relaxed, calmer, peaceful state
- reduction in somatic concerns
- greater self-awareness
- increased sense of empowerment
- appreciation of the social support inherent in the process
- confidence in the ability to emotionally self regulate

All of the participants who engaged in exit interviews reported that they would like to continue to use CAS in their life. The majority (N=8) of those responding said they would like to find a CAS partner, while the others were less sure or did not respond. All reported that they felt CAS would benefit others with breast cancer, citing not only the benefits listed above, but also the more specific ways in which CAS could help women to deal with their illness related fears, emotions and somatic concerns. The following represent some of the participants' opinions on this question:

> "If done during treatment it could help a lot. It would take the fears away. The way it is done now is totally wrong, the message you get is to "get on with your life," "march on," "things will be fine." They want you to pretend things are normal and they are not. It is a time when you need to pay more attention to your body and have time to think about what is going on. I had time and it served me better."
>
> "Yes, because I know for me all sorts of little body concerns come up and it's helpful and also times of feeling overwhelmed come with breast cancer and treatment and having this form as a way of working with these feelings is a wonderful tool to have."
>
> "Definitely, because when you have cancer, you get so wrapped up in your self. What happens next is that I get scared and anxious. This would help to put it aside

> and deal with it when you're in a better place and calmer. I have always found that when I look at something the day after, it's not as bad and I can deal with easier."

An especially interesting finding is that most participants were equally satisfied with receiving the CAS intervention by telephone as in person. Three people expressed reservations about the telephonic format, citing the impersonal feeling, the difficulty of hearing the guide, the awkwardness of holding the telephone equipment while focusing, and the greater risk of distractions and interruptions. The others, however, either had no preference for in person vs. telephone formats, or preferred the telephonic delivery.

## Case Study

This case report describes the experience of a participant named Lauren (pseudonym), a 43-year-old, married, mother of a teenager. Lauren's cancer was diagnosed in 2004 and at the time of the study was at Stage III A. A few months before the study she had undergone reconstructive surgery. Unlike several other participants, she had not employed other CAM treatments, with the exception of a short period of time using guided imagery procedures. Asked what her expectations were upon entering the study, she wrote, "I hope to gain more inner peace and a calmness that I haven't felt since before diagnosis."

When the CAS protocols were administered to Lauren, she was able to successfully clear a space in 5 of the 6 sessions (score of 10), and she achieved a score of 8 in the remaining session. In her first session, she got in touch with a number of concerns and issues common among breast cancer patients, including a fear of death, chest pain, concerns about letting others know how she was feeling, and fatigue. As she explored her feelings during the session, the image came that she was being dragged by a hook at the back of her neck as she struggled to please others. As the session proceeded, she imagined giving herself much needed time to relax, which engendered an inner vision of a white dove peace image. At the end of the first session, she reported feeling that her burden was gone, as her body could float.

During her second session, the only session when she did not achieve a fully cleared space, Lauren worked on the burning pain she felt in her back from her surgery. As the session progressed, she was able to reframe her response to the pain, seeing it now as her body's way of reminding her to take care of herself. She was then able to experience the burning sensation in her back as "a positive body glow" and "calm like a bright sunny day."

During her last four sessions, Lauren primarily worked on feelings of anxiety caused by her hectic work life and exacerbated by her concerns regarding her illness. In the third session, she was able to set aside her stressed feelings and arrived at a feeling she described as "fine and light, like I just had a good meal, but not too full—a just right feeling." She reported to her guide that in her day-to-day life she had been more able to access feelings of happiness and contentedness and that she was beginning to experience "a sense of ease, flow, and things coming together in such a good way." In her fifth

session, Lauren told her guide that the Focusing was making her calmer and happier and that the people at work noticed that too.

By her final session, Lauren found she was able to set aside a sense of overwhelm, "of having a tornado spinning in her chest and back from too many things to do." As she proceeded into the protocol, she realized she could ask others for help and this brought an easing in her breathing. At the end of the session, she described herself as feeling like she was standing up straighter and taller, with warmth in her heart, and much calmer. Her final image that captured how she felt at the close of the session was "a fresh feeling like a sheet blowing in the wind," a feeling she knew she could bring back to herself at will by using the protocol.

During her exit interview, Lauren attested to the overall calming effect that CAS had had on her life. She said, "The main thing is that it made me feel much more peaceful. I had a clear mind at the end of the week." When asked if she felt a difference in her state of being before ad after the study, she said, "Definitely clearer and other people have noticed it too. I have really held onto it." Contrasting Focusing to other CAM modalities, she said, "Meditation is harder because the mind wanders. Focusing is easier to do."

## Discussion

While CAS takes generally only 20 to 35 minutes to complete, it seemed to result in a greater sense of calm, enhanced emotional self-regulation, improved coping, a greater overall sense of well-being and a sense of empowerment in dealing with anxiety, fear and other cancer related issues. Since there is a clear need to find ways to address the trauma of serious illness, we recommend that medically oriented practitioners might well benefit from knowing and using CAS with their patients.A useful finding of this study--that participants found the telephone as useful overall as an in-person session—helps make this intervention available to those who cannot easily travel in the midst of their cancer treatment or for whom the hospital has a negative association. Being able to be guided in CAS I the comfort of their home seemed like it was a big plus for some of the particiipants. A few paprticipants volunteered that there were two aspects of CAS that made it preferable to meditation for them: first that it was relational and provided witnessing and company as they reflected on their current state and second that it had steps that offerred structure to self reflection and guided them to a clear space—of how life would be without their problems. The nature of this intervention helped them reliably arrive at a place of peace and spiritual well-being.

## Implications for Future Research

Clearly this pilot study needs a follow up with a larger more controlled study. We suggest one with both a male and female population, and with people with differing diagnoses. It will be important to explore the efficacy of CAS with those coping with illnesses other than breast cancer, such as diabetes, heart disease, AIDs, autoimmune diseases and different types of cancer. It is also suggested that a wait list control not be

utilized as several patients waiting for the intervention dropped out of the study. We also suggest using the telephone or Skype as a medium for the intervention, to see if our results hold up in a larger study. Finally, it is suggested that non-certified Focusers be trained as the coaches so that it is clear that a nurse or social worker or counselor in a hospital or outpatient setting can be taught to administer CAS in person and by telephone to their patients. For Focusing researchers who would like our support, we happily offer it and will share the proposal we submitted to the IRB ( Internal Review Board) at Lesley University, which sponsored the research.

References

Bray,J. ( 2011) Experiential Psychotherapy and The Vagus Nerves. *Healthcare Counselling and Psychotherapy Journal, 11*(1),9-14.

Carlson L. E. & Bultz, B. D. (2003). Benefits of psychosocial oncology care: Improved quality of life and medical cost offset. *Health and Quality of Life Outcomes, 1*(8).

Ciarmella, A., & Poli, P. (2001). Assessment of depression among cancer patients: The role of pain, cancer type, and treatment. *Psycho-Oncology, 10*, 156-165.

Croyle, R. T., & Rowland, J. H. (2003). Mood disorders and cancer: A National Cancer Institute perspective. *Biological Psychiatry, 54*, 191-194.

Fawzy, I., Fawzy, N.W., Arndt, L.A., & Pasnau, R.O. (1995). Critical review of psychosocial interventions in cancer care. *Archives of General Psychiatry*. *52*(2), 100-113.

Fredrickson, B. L. (2009). *Positivity: Groundbreaking research reveals how to embrace the hidden strength of positive emotions, overcome negativity, and thrive*. New York: Crown.

Gendlin E, (1978 and 2003) *Focusing. How to gain direct access to your body's knowledge,* Random house, London.

Gendlin, E. (1981). *Focusing*. New York: Bantam.

Gendlin, E. (1991). *Focusing-oriented psychotherapy: A manual for the experiential method.* New York: Guilford.

Grindler, D. (1991). *Clearing a space and cancer: The use of focusing as a psychological tool for adaptive recovery*. Unpublished doctoral dissertation, Illinois School of Professional Psychology, Chicago, IL.

Grindler Katonah, D. & Flaxman, J. (2003). Focusing: An Adjunct Treatment for Adaptive Recovery from Cancer. *The Folio: A Journal for Focusing and Experiential Therapy, 18*(1).

Hanson, R. and Mendius, R.(2009) The Buddha's Brain: The Practical Neuroscience of Happiness , Love and Wisdom Oakland Ca: New Harbinger

Hendricks, M. (2001). Research basis for humanistic psychotherapy. In D. Cain (Ed.). *Humanistic psychotherapy: Handbook of research and practice*. Washington, D.C.: American Psychological Association.

Holzner, B., Kemmler, G., Kopp, M., Moschen, R., Schweigkofler, H., Dunser, É., & Sperner-Unterweger, B. (2001). Quality of life in breast cancer patients - not enough attention for long-term survivors? *Psychosomatics.42*(2), 117-123.

Klagsbrun, J. (1999). Focusing, illness, and health care. *The Folio: A Journal for Focusing and Experiential Therapy, 18*(1), 162-170.

Klagsbrun, J. (2001). Listening and focusing: Holistic health care tools for nurses. Nursing Clinics of North America, 36(1).

Klagsbrun, J., Lennox, S.L., Summers, L. (2010). Effect of "Clearing a Space" on Quality of Life in Women with Breast Cancer, *United States Association for Body Psychotherapy Journal, 49*(2), 48-53

Klagsbrun, J., Rappaport, L., Speiser, V.M., Post, P., Byers J., Stepakoff, S.,& Karman, S. (2005). Focusing and expressive arts therapy as a complementary treatment for women with breast cancer. *Journal of Creativity in Mental Health, 1*(1),107-137.

Mayer, T.J. & Mark, M.M. (1995). Effects of psychosocial interventions with adult cancer patients: A meta-analysis of randomized experiments. Health Psychology 14(2),101-108.

McDaniel, S.J., Musselman, D.L., Porter, M.R., Reed, D.A., & Nemeroff, C.B. (1995). Depression in patients with cancer: Diagnosis, biology, and treatment. *Archives of General Psychiatry, 52*(2), 89-99.

Newell, S.A., Sanson-Fisher, R.W., & Savolainen, N.J. (2002). Systematic review of psychological therapies for cancer patients: Overview and recommendations for future research. *Journal of the National Cancer Institute, 94*(8), 558-584.

O'Leary, A. (1990). Stress, emotion, and human immune function. *Psychological Bulletin, 108*(3), 363-382.

Ott, M.J., Norris, R. L., & Bauer-Wu, S. M. (2006). Mindfulness meditation for oncology patients: A discussion and critical review. *Integrative Cancer Therapies 5*(2), 98-108.

Parker, P.A., Baile, W.F., DeMoor, C. & Cohen, L. (2003). Psychosocial and demographic predictors of quality of life in a large sample of cancer patients. *Psycho-Oncology, 12*(2), 183-193.

Pettinati, P. (2002). The relative efficacy of various complementary modalities in the lives of patients with chronic pain: A pilot study. *The Unite States Association of Body Psychotherapy Journal, 1*(1), 5-26.

Rehse, B., & Pukrop, R. (2003). Effects of psychosocial interventions on quality of life in adult cancer patients: Meta analysis of 37 published controlled outcome studies. *Patient Education and Counseling, 50*(2), 179-186.

Shiraiwa, K. (1999). Focusing and support group activities for those that live with cancer. *The Folio: A Journal for Focusing and Experiential Therapy, 18*(1), 47-50.

Siegel, D.J. (2011) *Mindsight-The New Science of Personal Transformation*. New York: Bantam Books.

Spiegel, D., Bloom, J. R., Kraemer, H. C., & Gottheil, E. (1989). Effect of psychosocial treatment on survival of patients with metastatic breast cancer. *Lancet,* 2, 888-891.

Spiegel, D., & Giese-Davis, J. (2003). Depression and cancer: Mechanisms and disease progression. *Biological Psychiatry*, 54, 269-282.

Stark, D, Kiely, M., Smith, A., Velikova, A., House, G., & Selby, P. (2002). Anxiety disorders in cancer patients: Their nature, associations, and relation to quality of life. *The Journal of Clinical Oncology, 20,* 3137-3148.

Trask, P.C., Paterson, A.G., Hayasaka, S., Dunn, R.L., Riba, M., & Johnson, T. (2001). Psychosocial characteristics of individuals with non-stage IV melanoma. *Journal of Clinical Oncology, 19*(11), 2844-2850.

Wyatt, G., Sikorskii, A., Wills, CE., & Su, H. (2010). Complementary and alternative medicine use, spending, and quality of life in early stage breast cancer. *Nursing Research, 59*(1), 58-66.

Ziff, J. Personal comunication 2011.

Appendix A

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).

# Appendix B

## Exit Interview Questions

1.Can you say if the process of Clearing A Space was of value to you and if so HOW was it of value?

2.Do you notice any differences between your state of mind or state of being now versus before you learned Clearing a Space?

3. How would you describe Clearing a Space in your own words?

4.Is this a process that you might want to continue to use in your life? Would you want to find out about having a focusing partner?

5. Do you think other women with breast cancer would benefit from this practice – how?

6.What suggestions if any do you have been about improving the study or the way Clearing A Space was done?

7. Did you notice any differences between the telephone sessions and the in-person sessions? Do you prefer one style over the other?

8.How does Focusing compare to other alternative/complimentary treatments you have tried?

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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