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 one's 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 began by 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 Focusing process, was chosen because it was easier to teach and to measure, using the Grindler 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 (Gendlin, 1981). 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, e.g. 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 a wider and, for some, more spiritual experience of their lives. There typically results a sense of distinct physical relief and psychospiritual well-being that brings 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 lives (Grindler, 1991; Klagsbrun, et al., 2005). Research in neuroscience (Siegel, 2010) gives us a scientific understanding of the brain that helps explain how CAS can shift our experience of ourselves and our situations. 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. By means of 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 (Hanson & Mendius, 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 & Su, 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 in 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 patients 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 induce social isolation and disorientation, and create a drastic change in lifestyle and agency, all

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 patients' 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 (Ciarmella & Poli, 2001; Parker, Baile, DeMoor & Cohen, 2003; Spiegel, Bloom, Kraemer & Gottheil, 1989; Spiegel & Giese-Davis, 2003).

Since 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 interventions, several meta analyses have demonstrated other beneficial effects such as improved emotional adjustment, functional adjustment, and symptoms in adults with cancer (Mayer & 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, participants were guided through the CAS protocol individually by a certified Focusing Professional (whom we referred to as a "Focusing coach"). (The complete protocol is in Appendix A.) Each weekly session was limited to a half hour. During the first and last sessions, coaches met their participants 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 had been able to place her difficulties aside and attain a 'cleared space' during that session. In addition to the checklist, 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).

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. There was a waitlist control group that completed all the questionnaires at the same time as the other participants and then, without having any intervention, took them again in 6 weeks' time.

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 had been diagnosed from 4 to 9 years prior to the study. It is noteworthy that five of the seven 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 a Space checklist. 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 a cleared space in half or more of their sessions, and only one participant seemed to have difficulty achieving a cleared space. Overall the participants were able to reach a 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 instrument was designed to measure several facets of life quality in breast cancer patients, including their physical, social, familial, emotional and functional well-being. We believe that our results were affected by the small sample size and by our choice of instruments, which were not a good fit for this population. For further discussion of our quantitative findings, please see Klagsbrun, Lennox and Summers (2010).

Qualitative Findings

Qualitative data were collected from the participants in two ways. First, the Focusing coaches took notes of participants' comments during each of their CAS sessions. Secondly, the coaches conducted exit interviews with the participants several weeks after the conclusion of the intervention, using a series of open-ended questions. The research questions are attached in Appendix B. The coaches asked the questions and recorded the responses verbatim in handwritten notes, which were subsequently analyzed for content.

The qualitative findings derived at the end of participants' sessions from their descriptions of how they felt upon achieving a cleared space demonstrate a high level of efficacy. Thematic analysis revealed the following four categories of response:

- a sense of being peaceful, calm, relaxed, refreshed and/or nurtured
- a sense of having achieved lasting change and an ability to recover the sense of cleared space at will
- positive changes in the sense of self
- a transcendent or spiritual quality.

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 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, calm, 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 yourself. 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 it easier.

An especially interesting finding was that most participants were as 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 coach, 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 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 arrive 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 coach 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

coach 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 my 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 as if she were 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 and 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

Although CAS generally takes only 20 to 35 minutes to complete, it seems 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—suggests that this intervention can be made 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 in the comfort of their home seemed as though it was a notable benefit for some of the participants.

Comparing CAS to other CAM modalities, a few participants volunteered that there were two aspects of CAS that made it preferable to meditation for them. First that CAS is relational and provided witnessing and company as they reflected on their current state, and second, that CAS has steps that offered structure to their self-reflections and guided them to a clear space and a sense 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

This research points the way to larger studies of the efficacy of CAS in larger populations and popluations with differing health issues. We suggest a study with mixed gender

populations and with people with differing diagnoses, such as diabetes, heart disease, AIDS, autoimmune diseases and different types of cancer.

It is suggested that a waitlist control group such as we used, not be utilized, since five participants waiting for the intervention dropped out of the study.

We also suggest using telephone or Skype as a medium for the intervention, both to facilitate intervention delivery to a larger sample and also to explore whether the use of Skype might overcome some of the perceived limitations of telephone delivery.

Finally, it is suggested that non-certified Focusers, such as nurses, social workers and counselors, be trained as coaches in order to determine whether these professionals can be taught to sucessfully adminster CAS and how the levels of efficacy they achieve compare to the results of this study.

For Focusing researchers who would like our support, we would be happy to share the proposal submitted to the IRB (Internal Review Board) at Lesley University, which sponsored the research.

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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 let your body do the answering and let me know when something shows up. (10 seconds pause) Now take 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 clearer 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 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 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?

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Care for women with or at high risk for breast cancer would be enhanced by an evidence-based compilation of available GSM treatment options, along with a discussion of limitations in the science concerning risks specific to this population. In these consensus recommendations, prepared by a multi-disciplinary group of experts, we review current evidence and provide recommendations for assessment and treatment of GSM in women with or at high risk for breast cancer and highlight the substantial research gaps in clinical evidence for safe and effective treatment strategies.16-22. Identification an The recommendations are based on clinical effectiveness and other considerations (including quality of life), but not on an analysis of cost effectiveness or quality of life years gained. The need for the guideline.Â In 2005, breast cancer was the most common site of cancer registration for women, with an age-standardised rate of 92 cases per 100,000 females. Breast cancer was also the leading cause of cancer death among New Zealand women (647 deaths, 17.1% of female cancer deaths), with an age-standardised mortality rate of 21.7 per 100,000 females.2 Internationally, New Zealand has high breast cancer incidence and mortality.3 Compared with other Organisation for Economic Co-operation and Development (OECD) countries, New Zealand. Participants included women with breast cancer who were undergoing the first three phases of breast cancer or postcancer rehabilitation. Among CAM interventions, one article used a dietary supplement, and the other 27 articles included a variety of mind-body techniques. Twenty-seven studies showed improved QOL ($P > 0.05$). Conclusion: The findings may indicate the potential benefits of CAMs, especially mind-body techniques on QOL in breast cancer patients. Further RCTs or long-term follow-up studies are recommended.Â Traditional approaches to improve the quality of life in older women, evidence-based (a systematic r June 2017. M Abazari. Breast cancer is by far the most commonly diagnosed cancer in women in industrialized countries. The etiology of breast cancer may be among the most complicated of all cancers given inherent, life-long exposures to multiple endogenous and exogenous factors.Â The research is not clear with regard to breast cancer and pesticide exposure.Â However, a synthesis of this vast literature noted that women with a polymorphism in the CYP1A1 gene were at greater breast cancer risk when exposed to PCBs. Several lines of evidence suggest that environmental tobacco smoke (ETS) â€“ a complex mixture of nearly 5000 chemical compounds, 43 of which are known human or animal carcinogens â€“ is a likely cause of breast cancer among pre-menopausal women. Keywords: hypnotherapy, quality of life, breast cancer, cognitive functioning and social functioning. ISSN 2074-6857 (Print) / ISSN 2307-2202 (Online) Â© Lomonosov Moscow State University, 2017 Â© Russian Psychological Society, 2017 doi: 10.11621/pir.2017.0216 http://psychologyinrussia.com.Â The quality of life evaluation was performed using the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30), which is an integrated system used to evaluate the quality of life of patients with cancer diagnoses.