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**The gates of society: A study of the application of process-oriented psychology to working with extreme states and collective dynamics on a psychiatric ward**

Audergon-Motulsky, Arlene J., Ph.D.

The Union Institute, 1990

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# THE GATES OF SOCIETY :

A Study of the Application of Process Oriented  
Psychology to working with Extreme States and  
Collective Dynamics on a Psychiatric Ward.

Submitted to the Union Graduate School of the  
Union Institute in fulfillment of the degree  
of Doctor of Philosophy in Clinical  
Psychology.

Arlene Audergon  
Zurich, Switzerland  
January 1990

Los Angeles, California  
May 1990

## Note to the Reader

The following work is based in my interest and studies in the field of Process Oriented Psychology or Process Work, developed by Dr. Arnold Mindell. While I have cited him frequently in reference throughout the work, I would like to emphasize that it is his work which forms the basis for the entire research project. At the same time, I want to note that the case material of my husband's and my work with the patients and staff on the Psychiatric ward, reflect not only the application of Process Work methods, and the unique processes of the people we worked with, but our own perceptions and styles as well as limitations. Therefore, our work should not be taken as representing Process Oriented Psychology, but rather as one example of its application. Similarly, the analysis and formulation of ideas throughout this dissertation reflect not only my facility and limitations with a process approach, but my own areas of fascination and research in respect to the application of Process Oriented Psychology to working with extreme states and collective processes in an institutional setting.



## Acknowledgements

I want to give my deepest thanks to Arny Mindell for the continual inspiration and challenge he has given me throughout my studies and personal growth. I look forward to my continued learning and research with him over the years to come.

I'd like to also say a special thanks to George, the head psychiatrist on the ward, for his interest, generosity, and friendship throughout this project and the many hours of conversation about our work.

And I want to thank Jean-Claude, my husband, colleague, teacher, and friend for all the happiness he has given me. This project on the psychiatric ward could not have happened without his skills and giant spirit. For the exciting times we shared in our work and the numerous clarifying discussions and loving support during my research and writing of this dissertation, a special thank you.

And finally, I want to give a very warm thanks to all the patients and staff with whom we worked for the joy and challenges we shared together.

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## OPENING

When you see Sisiutl the terrifying, though you be frightened; stand firm. There is no shame in being frightened, only a fool would not be afraid of Sisiutl the horror. First one head and then the other, will arise from the water. Closer. Closer. Stand firm. Before the twin mouths of Sisiutl can fasten on your face and steal your soul, each head must turn towards you. When this happens, Sisiutl will see his own face. Who sees the other half of Self, sees Truth. (from the poem/myth Sisiutl) (Cameron, 1981 p.45)

On the last day of our six weeks in the psychiatric ward of a large county hospital, my husband and I were presented this poem as a gift from the staff.

The approach of Process Oriented Psychology stems from and creates an awe for life. Investigating life provokes an excitement, even fear - and a joy in discovering how the very problems and symptoms which we often wish would just disappear hold the seeds of our development.

The following study is a series of essays which reflect our work on an acute unit for young adults within a psychiatric hospital. It includes our work with patients, and the staff team in their relationships with the patients and one another, as well as their relationship with the other wards and administration. It demonstrates the application of the concepts and tools of Process Oriented Psychology to working

with psychiatric patients, as well as to working with group and collective dynamics. It discusses the relationship between extreme states and collective processes, and illustrates how the structure of individual, relationship, group and organizational processes intertwine. Focusing specifically upon the application of Process Oriented Psychology within an institutional setting, it suggests the potential value of this approach not only for the activities and people served within psychiatric hospitals, but for the wider society within which such institutions play a special role.

In this Opening essay I will briefly introduce the approach of Process Oriented Psychology in its application to working with psychiatric patients as well as group and organizational dynamics. I then discuss some characteristics of the role institutions play in our society, followed by a description of the contribution I hope to make with this work.

### **Introducing Process Oriented Psychology**

Process Oriented Psychology or Process Work has been developed over the past 20 years by Dr. Arnold Mindell along with his students and colleagues in Switzerland. Beginning with a renewal of an empiricist spirit and Jung's advice

that Psychology should be discovered anew with each client, Mindell discovered that a highly patterned dreaming process, the patterns which appear in our night time dreams, are present in our momentary signals. This dreaming process structures our body symptoms and our unintended communication such as voice tone, language structure, body posture and gestures. Tools have evolved for accessing and unravelling the meaning of this information for individuals, couples and families, and for groups and organizations. Again and again, the discovery was made that the apparently chaotic and disturbing information, whether of the individual's psychology and body experience, or of a small or large group's dynamics, carried highly patterned and significant information, the seeds for an evolution or growth of that individual or community. The concepts, methods and fields of application of Process Oriented Psychology have quickly grown, stretching beyond what we typically refer to as "psychology". The field is yet very young and has exciting potential for further research and applications, in bringing awareness to the kinds of dynamics which structure individual and group lives.

Mindell has written several books which describe the philosophical and theoretical framework of Process Oriented Psychology (1982, 1985a) and the theory and application of this work in the realms of working with body symptoms

(1985a), relationships (1987), group and global processes (1989b), inner work or meditation (1989c), and work with the dying (1989a).

Mindell's work City Shadows, Psychological Interventions in Psychiatry (1988) presents a study in which Mindell applies the approach of Process Oriented Psychology to working with some of the most difficult patients seen by a social service clinic in Switzerland. This work provides a very valuable contribution to the fields of psychology and psychiatry in suggesting a new model for understanding and intervening in the "extreme states" of individuals with mental disorders. Even more significant is its contribution towards our understanding of collective behavior. Mindell's theory and methods of working lead to the idea that those extreme behaviors by some members of our society reflect processes belonging to all of us. They are our shadow.<sup>1</sup>

Process Oriented Psychology offers tools for discovering the inherent structure and meaning of these processes and their relationship to the way we identify as a society. Taking a viewpoint from society as a whole, we can look at

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<sup>1</sup> Jung first used the term shadow to refer to those aspects of the personality which are split off from the conscious attitude. "Individuating" or the process of becoming a whole personality first involves becoming conscious of and integrating the shadow which compensates our conscious attitude.

the extreme states experienced by some of its members as symptoms. And these symptoms are seen not only as signs of a troubled society<sup>2</sup>, but rather they reflect the society's dreaming process, the seeds for our creativity and evolution.

### **Extreme States and the Field of Psychology**

Mindell uses the term "extreme states" to refer to experiences of people with mental disorders as well as other altered states or near death experiences. Mindell explains that the word "state" refers to a momentary picture of an evolving process. The term "extreme" refers to the frequency with which these states occur. They are rare only in terms of occurrence, the majority of their content and structure is experienced by all of us. Mindell goes on to say that "This definition frees me to study these states as static, momentary or cyclical processes which are evolving, have a purpose and an implicit order and direction. Furthermore, I am removing them from the ordinary categories of cause and effect, medical disease and cure, and placing them in the realm of phenomenology, which connects psychiatry to psychology, physics, medicine and sociology" (1988 p.13)

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<sup>2</sup> Laing (1976) describes psychopathology as a "sane response to an insane society."

The field of Psychology, as the study of behavior and of "deviant" behavior in particular, has struggled over the years with finding models for understanding and helping to relieve the suffering of patients in extreme states. Many schools have emphasized their own limitations in working with acute psychopathology. Our insufficient knowledge in the field of psychology and the rash of different theories without a unifying framework have often fueled the idea that it may even be impossible to understand and treat people with such experiences, and that these processes can only be researched and treated in the realm of biochemistry. While biochemical research is of great importance, its model is necessarily limited in understanding human behavior. It seems critical that the field of Psychology continues to pursue its role in this basic task of trying to understand such aspects of human behavior.

Perhaps an even more crucial task in the coming years will be to find new models of understanding the structure of our behavior in a collective as well as individual context and find new ways of bringing awareness into the conflicts which abound in social, political, cross-cultural, and economic contexts. While this task clearly involves many disciplines and extends beyond the parameters of any single discipline, I feel it is important that psychology consider these issues at the heart of its field, inspiring and defining the kind



of questions it asks and the answers it seeks. A field devoted to understanding and dealing with human behavior has an important role to play in our coming to terms with the current world situation.

### **Extreme States and Collective Processes**

Mindell's use of the term "extreme states" suggests that we begin to view the experiences associated with mental illness as relative to a reference point of a collective norm, and encourages us to consider the connections between these extreme states and the collective dynamics within society. We might even use the term extreme states to mean those experiences and events which are at the limits of our society's ability to handle.

At the limits of society we can speak of collective "edges". An "edge" is a term used in Process Work to refer to the limits of perception and identity. An individual's "edge" refers to those values which structure that with which one identifies and that which disturbs this identity and challenges our growth. A collective "edge" denotes the limits of a collective identity and the implicit or explicit cultural values which define a group. Experiences and behaviors which lie over this edge are usually attributed either to other groups, or the ill or misfits of society.

## The Role of Institutions

Institutions in society are created and maintained around collective edges. On the one hand, institutions are often considered to represent the values of a given collective. Our identity as a society is reflected for example in the ideals of its political parties and government system. As collective structures, institutions allow us to deal on a collective and organizational level with matters which we cannot deal on an individual or relationship level. Where we reach our limits in dealing with interpersonal conflict, we need legal institutions. Monetary institutions allow us to deal with the complexities of trade and schools allow us to organize the exchange of knowledge. Such institutions allow us to function as a collective and organize our interactions as a system. We could say they allow us to identify not only as individuals and as families, but as a part of a wider system. We might even generalize this idea to the rituals of different cultures which "institutionalize" certain ways of interacting as a collective.

On the other hand, in order to uphold and define our identity as a collective, other institutions serve to house, treat, rehabilitate and remove those parts of ourselves which do not fit this identity. Hospitals are institutions

which house, treat and attempt to remove the symptoms of people who are physically ill. Prisons serve to punish, rehabilitate and remove from society people who have broken the laws of the collective and threatened the security of its members. People who have sensory, physical or mental disabilities have often been removed from the community, housed, schooled and given vocational rehabilitation in institutions. And people experiencing extreme emotions, altered states or thought disorders are dealt with in institutions for mental patients.

Our society struggles in numerous ways with the issue of what to do with those of its members who do not fit with the collective identity. There has been a movement over the years towards more rehabilitation in prisons and attempts to reintegrate prisoners into society. And there are heated debates regarding whether or not we should impose a death penalty, the ultimate removal of some criminals from society. In regard to disabilities, there has been a move towards decreasing institutionalization while creating special services within the community and establishing laws which protect the disabled person's rights of accessibility to the community. And in medicine, there has been a move towards more home health care, preventive medicine, family medicine and shorter stays in hospitals.

In the realm of mental health, we have seen attempts over the years to deinstitutionalize. There was a wide spread movement to remove patients from the back wards of mental hospitals and to discontinue this choice of "treatment". Such facilities began to be replaced by mental health clinics and short-term treatment facilities in hospitals, with an emphasis upon getting the patients as quickly as possible back into the community. The ensuing increase in community halfway houses and out-patient treatment programs has not been adequate, however, and the "revolving doors" phenomenon in mental institutions has in many respects replaced the old chronic care system. We see short stays and ever higher levels of intakes.

While the issues involved are complex, we see that the problem probably does not only reflect poor planning, or a lack of monies to support the services needed to give care to psychiatric patients within their communities. Rather, there is a limited ability to research and deal adequately with the kinds of experiences these patients have.

The failures in our attempts to restructure the mental health system may reflect the need for an entirely new perspective towards these patients and their experiences. Perhaps an attitude of compassion and willingness to give the resources to treat and rehabilitate these people is not enough, whether this occurs in

hospitals, clinics, or halfway houses, within or apart from the community.

Developments in Process Oriented Psychology allow us to begin considering new forums both for helping those people who are suffering in their personal lives and for dealing with the vital information which they carry. This involves finding ways of encountering the "edge," or bringing awareness on a collective as well as individual level to the inherent conflicts between our identity and that information which disturbs our identity.

### **Institutions as Edge Figures**

If institutions are collective structures built around the edges of society, might some of our institutions evolve into centers of research for investigating and processing the information at the edges of our culture?

When working with an individual, we find value systems structuring the individual's limits of perception and identity. Researching and processing this information reveals "edge figures" in the form of inner critics, parental figures, judges and teachers. At a certain point in an individual's development, just becoming aware of these figures versus simply being unconsciously identified with

their messages is already a significant step. At another point one may need to fight, leave or "kill" these figures, freeing a sense of individuality. At still another point, one will "integrate" these figures by consciously picking up their qualities of keen observation or being critical and discriminating. And here we find paradoxically that these figures are frequently the forerunners of awareness. Referring to "edge figures" is a way of describing an unfolding process, a way of perceiving and engaging a dynamic process. Another way to describe the "edge" is that it is not only a limit to our identity, but the beginning of a process of differentiation, (I am this and not that), hence the beginning of awareness.

I'd like to suggest that on a collective scale, we can picture institutions as these "edge figures". Political institutions, for example, have the potential not only to represent collective values and institute law which protects these values. Politics is an arena in which ideologies and viewpoints can be debated and differentiated, and through which people can become aware and involved with an evolving collective identity. Institutions, as structures around society's edges, potentially serve a function of supporting encounter and collective awareness in social, political and cultural matters.

In a yet broader context, we are in an era in which we, as a world, are becoming aware of ourselves. Throughout history we have tended to try to differentiate ourselves according to the values and ideologies of the communities and nations to which we belong. Within and between our nations, we are seeing these cultural and political ideologies and borders being tested and negotiated. Political and ecological necessity, along with communications technology allow us the perspective of a unified globe in conflict and communication.

Mindell suggests in his work on global processes that conflict on a global scale can be viewed as a "body" trying to become aware of itself. We might envision the world as a giant anthropos figure who is waking up. (1989 p.33)

Lovelock (1979) has described the world as a living organism (Gaia) developing the capacity to reflect upon itself. These ideas lend a new perspective to the kinds of attitudes and concepts which might be useful in facilitating real confrontation and a resulting global awareness as an outgrowth of our collective conflicts.

### **Introducing the Project and its Contribution**

We entered the ward with a spirit of curiosity and research about what would happen as we attempted to process the

dynamics we encountered. Applying Process Work in such a setting was a new experience for both of us. Jean-Claude is a teacher of Process Oriented Psychology and has been a student and colleague of Mindell's for thirteen years. I have been studying with Mindell for five years. Throughout the project, I kept an ongoing record of most sessions through video and journals. The work offers a unique record and analysis of the application of this approach with individual patients and collective dynamics on a psychiatric ward.

The project involved working with individual, group and organizational dynamics, with both patients and staff. Its contribution focuses through its content and form on illustrating and analyzing the application of Process Oriented Psychology to both the realms of psychopathology and group or collective dynamics, as well as how these two areas interface.

The application of this approach within such a context illustrates the potential value of the work in such settings operating within the typical constraints of time and money as well as sheer numbers and turnover of patients. The study connects to a wider vision of such institutions evolving into centers of social research and collective



process work, which could be connected to film and media documentation to involve a larger spectrum of society.

Bringing process methods into existing institutional structures would not be for the purpose of simply adding a new approach within this context or replacing current approaches. A special feature of Process Oriented Psychology is that its theory and methods do not comprise a single approach which is then applied to diverse situations. Rather its approach makes it possible for the process worker to perceive the methods which the process itself suggests. This means that at any moment Process Work with individuals may look like body work, family therapy, movement therapy or verbal analysis, and in groups like a debate, theater, brawl, group meditation or a business interaction. Applying Process Work in an institution is therefore an attempt to investigate the actual phenomenon of institutions, and to support their meaning and function in society.

The project is based upon the pioneering work of Mindell and I hope will in turn add a little something to the growing literature in the field of Process Oriented Psychology. Standing behind the ideas and methods presented in this study are also numerous other schools of thought which have either influenced the development of Process Oriented

Psychology and particularly my field of study, or have developed overlapping ideas and methods. While I have cited many of these in reference throughout the text, I cannot give each the full attention deserved. I'd like to acknowledge the significance of these approaches in respect to how they interface with Process Oriented Psychology and specifically this project.

I want to particularly mention the following:<sup>3</sup>

Jung's entire work and most specifically the "teleological" orientation which looks towards where the contents of the unconscious are leading rather than only from where they have come; Perls' emphasis on how processes are manifest in the "here and now"; Freud and the psychoanalytic schools' research into the transference and countertransference; Adler's early emphasis upon the social aspect of human development contributing to the fields of psychology and sociology; Moreno's contribution of working with the dynamics of the individual's personality as well as social issues through psychodrama; the field of family therapy including Minuchin's work in Structural Family Therapy; Bowen, Whitaker and others in the schools of Family Systems and Family of Origin; and Bateson, Jackson and Watzlawick in their pioneering studies of communication; Perry's work with psychotic experiences, supporting people to discover

<sup>3</sup> Please refer to the references and additional bibliography

and unfold the meaning of their archetypal journey; Laing's and Szasz's "anti-psychiatry" with their political statement in viewing psychiatric patients and the rest of society within the same system and questioning the meaning of sanity; Jones, Gunderson and others in the developments of therapeutic communities in the treatment of psychiatric patients; the entire field of systems theory and its application to group process theory; the field of organizational development and specifically the new direction of organizational transformation with its growing emphasis on the implicit process of change within an organization; the growing field of conflict management in which the creativity inherent within a group's conflict or crisis is increasingly addressed; and finally the developments in chaos theory and particularly the work of Prigogine in non-equilibrium systems.

### **Content and Form of the Work**

In struggling with how to best represent the empirical research from my piles of notes and videos, I discovered an age old problem of how to represent one's perceptions and observations in the most accurate way possible. My purpose is to offer an inside view of our experience on the ward. In order to achieve this purpose I considered which elements

would be needed to best reflect the nature of our experiment.

I determined first that I would want to include a sense of different perspectives, that of the patients, the staff in their relationships with the patients and one another, as well as their relationship to the other wards and to administration. I wanted to include a sense of some of the stories which unfolded, present the theory and methods involved in applying Process Work in this setting, and suggest its possible implications within a wider context. The kinds of questions raised and conclusions drawn from this study needed to be included along with reflections on our learning about our work. On top of all of this, it was important to me to present the feeling atmosphere which surrounded our work and an impression of the spirit of research which was at the core of this project. It is this spirit which characterizes the vision of institutions as forums for social research and which is at the heart of Process Oriented Psychology.

I've chosen to try to create these impressions by way of a series of essays which revolve around these opening remarks.

The essays include:

1. **The Prima Donna: A Staff Group Process.** The first group process of the staff about their overwhelming number of patients and tasks.
  2. **On Extreme States: An introduction to Process Oriented Psychology in the study of extreme states**
  3. **A Game of Twister.** The process of an individual patient diagnosed with Schizophrenia
  4. **Moved by the Spirit.** Exploring the significance of the "edge", and a session with the same schizophrenic woman together with her family
  5. **Borderline: Challenging the Borders.** A discussion of processes associated with "Borderline Personality Disorder" in an individual and collective context.
  6. **Relationships Among Staff.** Relationship work and group dynamics among the staff
  7. **Meeting Between Wards: An Encounter with Administration.** A group process session between representatives from the different wards, the resulting story, and an overview of the project.
  8. **Extreme States, Collectivity and Consciousness.** An exploration of extreme states, collective dynamics and consciousness, situating process ideas within a framework of various theoretical and philosophical approaches
- Closing.** Summary, conclusion, questions and directions for further research

## Essay One

**THE PRIMA DONNA****A Staff Group Process**

It was our first day on the ward. We had spent the morning interviewing the new patients who had arrived on the unit together with George, the head psychiatrist on the ward. At two thirty, the staff gathered for our first inservice session. George, had invited us to work at the hospital these six weeks and had made it possible for the staff from both day and night shifts to attend daily sessions together. There was a group of twelve staff, including nurses, occupational therapists, psychiatrists, a music therapist and a social worker.

George has a wealth of experience as a psychiatrist, including knowledge of a wide range of theoretical and methodological approaches to working with this population. He also has a long-standing interest and involvement with the field of Process Oriented Psychology, and had both an excitement and a healthy skepticism about the possibilities of applying Process Work within his ward. He looked forward to his staff having the opportunity to learn from us, as well as to incorporate Process Work methods in dealing with the dynamics of both staff and patients on the ward.

After introducing ourselves and thanking the staff for their warm welcome, as well as giving a short introduction about our plans for the upcoming six weeks, we asked the staff if they would share with us the kinds of problems they were experiencing on the ward and generally how it was going for them. The first comment was:

I'm not as dragged down as the others. Sometimes I like the pace.

and another added:

I see around me the negativity, but I still think it's good.

Then a third person speaks up. She has an intensity in her voice and speaks rapidly. She seems to want to lay the problems on the table. She says:

I'm doing far too much. I'm too busy! People are coming through and I'm seeing them as cases, as diagnoses, instead of as people. I feel a victim of the system.

We decided to make a list of the tasks she has to do as a nurse on the day shift. The list was quickly formulated and included:

Blood and urine tests, giving medications, finding out if the patients are suicidal, finding out if patients will sign a "voluntary" at the entrance interview, make treatment plans with my primary care patients, supervise lunches, move bed trays, negotiate and write

passes, do groups, go to staffings, more meetings, charting, more charting, suicidal observations, behavioral observations, get money out of the cash box, give out cigarettes, and orient new staff.

We then asked her what she would like to do, and she answered without hesitation that she would want to have three or four patients with whom she could work with in such a way that she could touch their lives more personally and deeply.

At this point, others jumped in and began to speak animatedly about the work load and the number of patients. It was mentioned that there was a problem with the other wards. Apparently some wards would keep their patients longer for the purpose of "keeping the beds filled" and thus avoiding having to take in so many new patients. This meant that as new patients were received into the county system, they had to go somewhere, and would end up on this ward. Because this ward was designated for short-term treatment of acute cases, the staff felt like they were always getting stuck with the new patients. This ward was also established specifically for young adults, but because of the census problem, more than an occasional older patient was sent up to the ward.



We began to process the group interaction. Jean-Claude explained the polarity he was picking up in the discussion and represented the two sides. One side, he said, taking a position in the center of the room, looked like this:

I'm doing everything I can and I want to be supported and acknowledged for my skills, and given a chance to use them effectively, to really touch the lives of some of these patients.

He asked if someone could represent that side and a few people jumped up. Taking another position in the center of the circle, he began to represent the overwhelming numbers of patients and tasks:

Here's another patient!

And he took someone from the group to represent a patient, and gave him a push over to those representing the other side. Then quickly and humorously, more and more "patients" were brought in.

Here's one. He needs you. This one's gonna commit suicide!! This one is really going to change this time, I promise.

An excitement and tension grew in the room as the "patients" or "numbers" took on their role, eagerly playing the part of demanding attention and having a special need, or representing a task, that couldn't be refused. The scene

accelerated. Soon George was standing alone in the role of the one trying to do the good job and had a roomful of staff/"patients" tugging on all sides of him.

At this point, I tried to see if others might help George in his role, but no one switched sides. He froze as the voices and crowding and tugging increased. I could see he was trying hard to think of a way out! Joining the side of the "patients", I amplified the mixed message in the roughness of their body motion and tone of voice by verbalizing it explicitly:

Help me! I need you to help me! You Asshole, you are just like the rest of them. Help me!

He looked struck, realizing how he lived daily with this sort of message on the ward, and he reacted by showing his hurt. All of the wild energy on the other side abruptly came to a stop. The staff were touched as they realized that they actually put George in this role of never being able to do enough, just as the patients do to them. Afterwards, Jean-Claude suggested that George might react, and show his hurt and sensitive feelings, not only to the staff or patients, but to the other wards and administration regarding the distribution of patients.

A thoughtful discussion began about the issues involved with the other wards. We then started to explore the "other wards" as a part of the present group's dynamics. With only a very small amount of facilitation, the staff began to role play the interaction between wards. By now everyone was actively involved, and gathered close together. Two spots were designated for the "other wards" and "our ward". The "other wards" began attacking "our ward" for thinking of itself as something special, because of its history of being established as a "therapeutic community" for young adults.<sup>1</sup>

Some from "our ward" agreed and were empathic toward those who felt that it wasn't fair, but insisted that the other ward was not fair in keeping their beds filled. The dialogue continued with attacks and digs from both directions, each side mirroring the other. As the process began to repeat or cycle, we addressed a part which continued to disturb, but was not yet represented - "being special".

One of the staff had said that she was attacked by a member of another ward for acting like a "Prima Donna". We asked if she would be willing to represent a "Prima Donna", to show

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<sup>1</sup> This unit had been established in 1984. With the name "Temenos", (from the Latin, meaning sacred precinct or safe place), it was designed as a "therapeutic community" for young adults, from 18-35. Regular activities on this unit include "community meetings" and "groups", designed to facilitate interpersonal communication and problem solving.

us what it is like to behave as if one is really special. Humorously, she strutted a bit back and forth with her nose held high in the air, as the group formed a circle around her. A very quiet nurse from the night shift burst forward as if having quite a revelation, saying:

If I could really be special, I would take a dinner break once in a while. That would help my burnout!

She hadn't taken a dinner break in months. The energy in play acting the prima donna along with the laughter dropped off as everyone began to seriously consider being special, as individuals and as a ward.

It turned out that to really take oneself as special meant to be willing to disturb the status quo. The staff shared how they would personally stand up for their needs and ideas on the ward, risking a break with the consensus. A sense of resolution arose as the staff decided to stand up for themselves also as a group, and become willing to make their concerns known to the other wards and the hospital administration, rather than simply adapting to their situation. They decided to organize a meeting in which representatives from each of the wards would be invited to address the kinds of gossip going around about one another and to discuss ways of dealing more effectively with their

common problems. They were concerned that the other wards would be completely disinterested, but determined to try it.

George took on the task of calling the meeting.

## **THE PROCESS**

In understanding the structure and facilitating the unfolding of a group process, it is useful to determine how the group identifies, the kinds of values which structure this identity, and what is disturbing this identity.

### **The Group's Identity or Primary Process**

As we opened this session, the staff could most easily identify as a group which tries to adapt to a tough situation and make the best out of it. This was represented in the first statements of the staff, that "I still think its good", and "I sometimes like the pace" even though there is negativity around and others are dragged down. We could also say that the group identified as being a victim of a larger system, having to adapt to so many patients and tasks. Another aspect of the group's identity was represented by the nurse saying that she wanted just a few patients. There was an implicit agreement in the group that they wanted to be able to do something small, useful and

personal. In Process Work, the term "primary process" is used to refer to this part of the process which is closest to a system's identity, awareness and ability to represent.

### **The Disturbance or Secondary Process**

What disturbed this group's identity? At first this disturbance was represented as the numbers of demanding patients and the tasks that urgently needed doing. In Process Work terms, the set of perceptions and events which are experienced as a disturbance to the system are referred to as the "secondary process". As the process work evolves, we see the secondary process represented as the "Prima Donna", or standing up for being special.

### **At the Limits of Identity**

At the limits of the group's identity, we can speak of a value system which defines that identity. The values in this case might be paraphrased as, One shouldn't be too demanding. It isn't fair to stand out too much. One cannot change the system. It is a virtue to remain positive while adapting to the situation. These values, framing this group's identity, had also been preventing them from really considering themselves as special enough to stand up for

themselves individually and as a group regarding the importance of their needs within the hospital.

### **How the Process Unravelled**

As the disturbing number of "patients" was represented, we saw an enormous feedback and spontaneous amplification of this process. It then became unbearable for the other side and a reaction was needed. We can view this in communication terms, that a message needs a response, or it will tend to return and repeat itself until it is picked up.<sup>2</sup> Or inversely, the message is amplifying itself in an attempt to be received and to get a response.

At this point, George reacts with his hurt, and the communication pattern changes. We could say that some awareness has entered the system, or the parts have become aware of each other. As awareness and communication between "parts" begin, the system is no longer locked into a static polarization, and the process evolves. We can also see that while these demanding patients were originally "secondary", or disturbing the group's identity, as we facilitate their representation, they became momentarily "primary". That is, everyone in the group eagerly identified

<sup>2</sup> This idea will be discussed further throughout the work. The information may change channels or appear in ways which are not overt or in awareness.

as the "patients". Now, the sensitivity or hurt reaction to the demands becomes momentarily "secondary", and needs representation in an evolving process.<sup>3</sup>

When George becomes able to bring awareness and expression to his sensitivity and hurt, we see that he has not only represented a necessary reaction to the demands, but has made the first step in integrating them, by standing up for his own feelings and needs as important enough to disturb the momentary consensus.

The full meaning of the process behind the "numbers", however, was yet to be unravelled. We see that while the group identified with doing something small and personal (to have fewer patients, so they could touch their lives more deeply and personally), the disturbing process brings an "impersonal" quality. This appears in the roughness or apparent "insensitivity" towards the part which is trying its best to adapt to the situation and make the best of it, a quality of urgency which initiates the ability to change

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<sup>3</sup> The terms primary and secondary refer to the distance of a process from awareness, and one's ability to congruently represent the process. As functional terms used to observe and access a process, we see that what is primary and secondary may change from moment to moment depending on the momentary awareness. These terms are at times also used to refer to more long term tendencies of identification with given processes. The relationship of these terms to "conscious" and "unconscious" is discussed on p.270-271.



that identity in order to stand up for one's needs against the status quo.

The staff's process involves an issue which is collective, and not only personal, extending beyond the goals of working with just a few patients, or tolerating the situation to make it a bit more bearable among themselves. This process reaches out into the collective, suggesting the need to deal with the very real problems of their jobs, and to involve the other wards. Indeed the process reflects a collective issue within the society at large, which sends these "patients" to their doors.

The attack of behaving like a Prima Donna was significant, in that we are often attacked for behaviors which we in fact are not doing enough. Where we have a value system preventing us from engaging with awareness in a particular behavior, it will come through in our unintended communication or "double signals". In turn, we get attacked for this behavior just because we cannot congruently represent it.

It was difficult for this group to represent and identify with "being special". We can say that this process was the farthest from their identity. Further, we now see that this connects with the energy and quality originally expressed as

the "patients". Each of the patients had a special need and demand, and were quite willing to disturb the harmony on the ward. These patients (whether the actual patients on the ward, or the process of being a demanding patient within the staff) challenge the primary process of feeling a victim of the system, while trying to adapt, relax and keep up a positive attitude. The "patients" make this next to impossible.

The patients on the ward are not only a disturbance in this environment, but to the cultural norms of our entire society, and picking up the process of being a "patient" and then a "prima donna" meant disturbing the existing culture of the ward, in their own interactions and their relationship with the other wards. The process shows that this needs to take place on an individual level, between staff on the ward, between staff and patients (we later see the staff standing up for their needs to the patients), and between wards in dealing seriously with their problems and one another.

### **Participating in the System**

There is no single solution to the problems which the staff face. Bringing some awareness into the overall process as it weaves across different perspectives, gives the staff a

sense of participation in a system in which they have been feeling a victim. We might say that engaging with the overall process is the solution. The staff are dealing with a process which reflects a very typical scene in institutional settings. They feel the victim of a system which sends them too many patients and expects them to fill functions which serve only to maintain the less than adequate system. When they represent these dynamics in role-play and have a chance to identify not only as the victim of this system, but the disturbances themselves and the interactions between all parts of the system, a spark of creativity arises. The process which occurred during the meeting between wards along with the quite surprising resulting events are included in Essay 7.

## Essay Two

**ON EXTREME STATES****Introducing Extreme States and Process Oriented Psychology****A Staff Experiment - Discovering Coco**

Coco was all over the ward. She kept showing us stacks of ladies journals, cherished like special esoteric works, with certain phrases and words circled. She would come up to us very suddenly and hug us closely to her large bosom and warmly speak words of love and then as abruptly break it off and leave the room. She cried and wailed like a woman in mourning. She told herself to let the tears come through her urine and not to cry, and then later drank her urine as a ritual. She showed us a shoe box filled with treasures, slippers, scarves, lipsticks and little things. Other patients were coming up and complaining that their things had been stolen from their rooms, and fights with Coco broke out in the hallways.

We entered the staff inservice session one afternoon and sensed a troubled atmosphere. We were prepared to present information about Mindell's contribution towards understanding and dealing with the extreme states associated with mental disorders. Knowing many of the ideas would be very new to the staff, we hoped to present them in a way

that would allow the ideas to be understood, discussed, tested out and challenged.

But first we addressed the atmosphere of the group. People were shaking their heads, putting their feet up, their heads in their hands. The day shift was telling the night shift what to expect from this new patient who had arrived a few days before. Coco was making everyone crazy. She had exhausted the entire staff. Asking this exhausted group to listen to theory wasn't a good idea, so we put our well-prepared notes aside.

We encouraged the staff to complain and tell us which characteristics of Coco drove them the most wild. What would happen if we each represented Coco? This exhausted group was suddenly incredibly alive as each of the staff gave their Coco rendition, each demonstrating quite a different process. For one woman to be Coco meant to come up and without any niceties simply grab someone really close, and then as abruptly go on her way. She later said that she has always tended to build relationships very slowly and then keep them for life. A very quiet and reserved nurse sang dramatically at the top of her lungs. For another who tended to always try to be optimistic, to be Coco meant to cry and weep and put her head on someone's shoulder. For another it was to be "intrusive" about getting to know people more

intimately. And another took someone by the hand and introduced her excitedly to the secrets which fascinated her in life.

The staff was wide awake by now as we talked about this experience. Some of the staff were struck with the realization that the very quality which particularly disturbed them in Coco was a quality they were normally unable to identify with, and it was a quality which they truly wanted and could use more of in their life.

#### **Process Oriented Psychology and the Study of Extreme States**

In the study of extreme states from a process oriented perspective, it is found that the very disturbances in behavior considered by modern psychiatry as chaotic and pathological symptoms of a variety of mental illnesses are in fact highly, even mathematically structured processes.

A process oriented approach to working with a person experiencing psychotic or other extreme states involves accurate observation and intervention in order to bring awareness into a system which already contains all the information it needs in order to evolve. It supposes the symptoms are meaningful to the individual or to the

collective in which she lives, and this information needs to be communicated rather than eliminated.

### Questions and Goals

This orientation brings different questions and goals than are typically addressed in modern psychiatry and psychology. For the most part, psychiatry and psychology are based in a medical model in which people who cannot function in the society are considered to be in some way ill and in need of treatment. This is connected to a causal orientation in which we search for the causes of problems, with the idea that if a cause can be found it might be eradicated or rectified.

This basic orientation is at the basis of many diverse approaches, whether it involves correcting chemical imbalances in the brain, or analyzing the psychodynamics of the personality. Even a system's approach which has emphasized systemic interactions and has pioneered a move beyond a simple cause-effect orientation, is often still operating within a larger causal framework in which a "dysfunctional" system is seen as needing to be corrected through the altering of communication patterns or the strengthening or loosening of boundaries between

subsystems.<sup>1</sup> For my purposes at this point, I want to suggest that many diverse approaches can be viewed in terms of this common orientation, without going into a discussion of the important distinctions among these various approaches and their respective areas of valuable research.

A process orientation involves facilitating change through appreciating and unravelling the complexities of a system. This orientation does not involve a dispute with biochemical research which might suggest for example chemical differences in the brains of people with certain mental disorders, or research which indicates the significance of genetic factors, nor for that matter psychodynamic or other psychological explanations of behaviors. Rather it is not dealing in this order of questions which seek to determine and eradicate the cause of an illness. It seeks to discover the information contained within puzzling behavior, of whatever origin, on the assumption that this information may be vital to the person and/or family and society of which he is a part.

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<sup>1</sup> The distinction between an emphasis upon the tendency of system towards homeostasis and the evolutionary tendency of systems is relevant to this point and is discussed briefly within this essay and in essay 8.



### Orientation of Research and Treatment

A significant feature of a reductive and causal orientation is that if we can verify a hypothesis that a particular causal explanation is sufficient, we must satisfy ourselves that the question is momentarily answered until anomalous data implies that we must ask again. Two different causal explanations for the same phenomenon indicate that one or the other, or perhaps both are either inaccurate or incomplete. While probably no one who would suggest that any explanations in the field of psychology and psychiatry are sufficient, we have seen that in general the research community which seeks psychological explanations and those who look for biochemical explanations are separated in the hope or expectation that their respective track will be the right one.

There is also a tendency to assume that biochemical explanations imply a psychopharmaceutical treatment and a psychological explanation implies a psychotherapeutic solution. Both practitioners and researchers are generally aware that the problems are not so simple. Practitioners will often attempt a combination of treatments with the idea that there are probably multiple interacting factors involved in the causation of the "illness" and that a variety of treatments might complement each other or at

least better cover our bets. A biochemical psychiatrist might think that whether or not family dynamics or psychodynamics caused the illness, there is certainly plenty to work on in this area, perhaps even the illness caused the psychological problems which anyway need attention. Someone with a psychological bent might use medication because it "works" to suppress extreme states such that it is easier to begin communicating with the patient and proceed with psychotherapy.

Researchers in medicine and psychiatry are certainly interested in the interacting biological, environmental and psychological factors involved with both physical and behavioral traits and illness. (Plomin 1990, Gordon, Herd, Baum 1988, Ursin, Murison 1980) Looking at the interaction of these elements seems to respond both more broadly and more accurately to the phenomena studied. It creates a big problem, however, for researchers. While such research remains within an orientation which seeks causes and matches treatment accordingly, it begins to become exceedingly complex to keep track of so many factors. While the questions, direction of research and hunches seem to be on a more realistic track, traditional scientific method is challenged if not blurred.

In order to understand the nature of complex and interacting dynamics, ideas coming from the realm of systems theory become increasingly relevant both for research within a single discipline and in interdisciplinary research.

A significant characteristic of systems thinking is its differentiation between the earlier models which emphasized a system's tendency towards homeostasis and equilibrium and newer research which challenges the equilibrium model.

(Gleik, J. 1987)

The physicist Ilya Prigogine, is notable among the researchers who began to question the Second Law of Thermodynamics. This law held that all entities in the universe tend towards a state of entropy: a state of sameness without movement or change. Prigogine discovered that numerous physical and chemical processes seemed exempt from it, along with living forms which seemed to disregard it almost entirely. (Prigogine and Stengers 1984)

A central concept of Prigogine's is what he calls "evolutionary feedback". This means that a movement which is only a fluctuation in a system at one moment can suddenly become the basis for an entirely new arrangement of the system at another time. (Hoffman 1981 p.340) Prigogine shows that under "non-equilibrium conditions", at least, entropy may produce, rather than degrade organization. Such systems evolve, growing increasingly complex and coherent.

Returning to the problem of trying to understand the interacting factors which create certain perceptions and behaviors, these ideas suggests that even if it were possible to manage a thorough understanding of all the interacting factors within a dynamic system, this would not necessarily be the information we need in order to predict the future evolution of that system.

In a model which looks at systems in equilibrium, linear relationships hold in the sense that a small input yields a small result or change. In systems far from equilibrium, non-linear relationships prevail. Systems do strange things. Seemingly tiny inputs yield huge, startling effects. By way of positive feedback loops, small fluctuations can become amplified in such a way that a system quickly moves into a far-from-equilibrium state, in which seemingly spontaneous, dramatic reorganizations occur. Prigogine and Stengers (1984) describe numerous examples of this, from the phenomenon of chemical clocks to studies of economic systems.

In James Gleik's work Chaos (1987), he chronicles the birth of a whole new field and what is considered by many to be an important paradigmatic shift in the sense of Thomas Kuhn (1962). It is a realm that breaks across the lines of

separate scientific communities, bringing together thinkers from such fields as astronomy, physics, chemistry, biology, physiology and medicine, communications, ecology, and economy. The simplest systems are seen to create extraordinary problems of predictability due to the problem that tiny differences in input quickly become overwhelming differences in output. Yet order, and of a higher level of organization arises spontaneously in those systems.

Traditionally when physicists saw complex results, they looked for complex causes. The phenomenon in which tiny inputs yield overwhelming effects, given the name "sensitive dependence on initial conditions" brings with it a different view of the world. In meteorology, for example, this translates into what is only half-jokingly referred to as the Butterfly Effect - "the notion that a butterfly stirring the air today in Peking can transform storm systems next month in New York." (p. 8) Gleik states that "only a new kind of science could begin to cross the great gulf between knowledge of what one thing does - one water molecule, one cell of heart tissue, one neuron - and what millions of them do".

This "new kind of science" points to the problem that causal and mechanistic explanations of behavior (no matter how correct they are) are not necessarily useful in determining

and facilitating the direction of change within a system. The element of this work which I wish to emphasize at this point is that a turn of focus is suggested, away from a singular emphasis upon a deterministic perspective, adding an evolutionary perspective.

### **Orientations in Therapy**

From the 1950's, family therapy approaches were primarily based in a "systems" model which emphasized homeostasis and equilibrium. Most of the theory and methods from Structural (Minuchin 1974), Strategic (Haley 1973), and Family Systems or Family of Origin (Bowen 1978), approaches to family therapy were based in this systems model. Hoffman (1981) emphasizes how the cybernetic machine, always returning to a steady state, became a convincing analogy for the cycling and repetitive dynamics observed in the interactions not only in families with symptomatic members but in all families. (p.340) The systems model was significant for a field which had until that time been using models which primarily saw the individual in isolation. The idea of the "identified patient" carrying an illness for the whole family, allowed the individual (and the family) to be understood within an interactive context, and depathologized the identified patient - though it has often tended to pathologize the family instead.

Hoffman (1981) describes how the field of family therapy is now beginning to incorporate ideas from an evolving systems orientation. Dell and Elkaim are noted in the field for their attempts to apply Prigogine's "evolutionary paradigm" to family therapy. (p.340-349) There is a tendency to begin seeing families in terms of their innate capacity to evolve, the importance of crisis in a systems evolution, and interventions are designed to support the family's disequilibrium and inherent potential for evolution, rather than to restructure the system.<sup>2</sup> We will see that Process Oriented Psychology adds an important contribution to the field of family therapy with its conception of the relationship between individual and collective dynamics, the nature of roles or parts within a field, the structure of a field in respect to awareness, and the evolving nature of process.

It is interesting to note that this development in family therapy from an emphasis on a system's homeostasis to an emphasis on its evolution was reflected already in the early days of individual depth psychology in the parting of Freud

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<sup>2</sup> The recent field of "Organizational Transformation" differentiating itself from the field of Organizational Development also has its roots in this evolutionary orientation, attempting to access the organization's implicit tendency towards change, vs "problem solving" or negotiating change. (Levy, A. and Merry, U. 1986)

and Jung. Freud's (1966, 1965) orientation was mechanistic and reductive. He saw dreams and unconscious material as a symptom of the neurosis, an unconscious conflict between instinctual impulses and their repression by the ego. Jung (1970 CW V.8) began to see dreams and the contents of the unconscious as messages which compensated a one-sided viewpoint of the conscious attitude, and could be understood and followed as the patterns of evolution for the individual. Dreams were understood in terms of where they were leading rather than only from whence they had come. This "teleological" orientation is the hallmark of Jungian psychology framing the various theoretical and practical characteristics which differentiate it from psychoanalysis and other schools. We therefore might view Freud's conceptions as preceding the early application of systems theory in family therapy in that the formation of symptoms secures the position of the ego. The ego seeks self-preservation and is guided by the pleasure principle, the psyche's tendency to maintain excitation at a constant or homeostatic level. Jung's work can be viewed as preceding the evolutionary orientation arising in physical and social sciences.



### Teleology and Process

Jung's teleological approach is at the heart of Process Oriented Psychology and Mindell's work has contributed a significant development to Jung's ideas through his discovery that the unconscious manifests in our momentary communication signals, body symptoms, relationship and group dynamics as well as in our dreams. Mindell coined the term "dreambody" when he realized the distinctions of mind and body were no longer useful in understanding and supporting unconscious processes to evolve.

The term "process" refers to changes in perception, to the variation of signals experienced by an observer. (Mindell 1985 p.11) Signals may be differentiated according to channels, the perception sense which picks them up. The main channels which come up frequently in Process Work include visualization, audition, proprioception (body feeling) and kinesthesia (movement). Additionally the composite channels (they consist of the other channels as well) include relationship and world. Relationship is referred to as a channel when people talk about another person as their central object of awareness. When focus is on the outer world, unfamiliar people, and foreign events, we can speak of the world channel. (p.20,21)

Process Work involves bringing attention to this "dream"<sup>3</sup> or information as it weaves through the different channels, with the finding that the information will reveal its own intent. Process tools allow us not only to look towards the past or future meaning of a dreaming process, but to engage with the dream as it appears and structures the momentary situation.

### **The Dreambody and Conservation of Information**

Freud posited that the conflict between instinctual impulses and the ego's need for survival by way of repressing these impulses was the cause of mental and some physical symptoms. He described a process of "conversion" by which repressed contents of the psyche were replaced or converted into a symptom. The dynamics of repression operate in such a way that the memory of contents is gone but the energy is not, and a symptom expresses the equivalent of the emotional tension. (Freud 1966) The concept of conservation of energy, of psychic energy (which was enlarged and differentiated from Freud's concept of the libido) was an essential background to Jung's formulation of the structure and dynamics of the psyche. (Jung 1970 V.8) In Process Oriented

<sup>3</sup> As Process Work has grown out of the finding that the unconscious manifests in the different perceptual channels, the term "dream" has come to refer to those patterns which appear as symptoms and signals in the various channels, as well as in our night time dreams.

Psychology we sometimes speak of the "conservation of information".<sup>4</sup> As long as information is not communicated, picked up with awareness or expressed in life, it persists. It changes channels, reappearing in many forms, with a mercurial or trickster spirit. If we attempt to eliminate a symptom, we discover that the pattern of information which the symptom expresses reappears in another channel.

This phenomenon has been witnessed frequently in medical and psychological circles. I recently heard a case described in which a woman had a troublesome and severe itch. As an experiment she underwent hypnosis in an attempt to relieve her suffering. The itch disappeared but the woman became wildly psychotic. When the psychosis luckily resided shortly thereafter, the itch returned.<sup>5</sup> In family therapy, this phenomenon is witnessed within the context of the family system as a whole. It is frequent to hear that when one physically or mentally ill member of the family gets better, another member mysteriously falls ill. One might seek a variety of different explanations for such phenomena. For example, Did the poison from her itch find a route to her brain which activated certain enzymes and chemicals which produced the psychosis? Did one member of the family get

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<sup>4</sup> Mindell used this term in a seminar, Spring 1985

<sup>5</sup> Personal discussion with Dr. Arno Motulsky,

"elected" to carry the symptom so that the family could at all costs retain its homeostasis?

A process orientation makes use of communication concepts to bring a descriptive or phenomenological approach to these facts. It discovers that this phenomenon is the norm and not the exception. We can say that "information" flows constantly through different channels of perception. From moment to moment the same information might appear as a dream or visualization, a body experience or symptom, as a spontaneous melody or the paralinguistic information and syntactical structures of speech, in gestures and postures, and in our relationship and group patterns of interaction. Process tools allow us to become aware of our perception in different channels, which usually proceeds for the most part unconsciously. This involves facilitating an awareness which enters the stream of a process (within its momentary channel of perception), rather than sitting on the bank of the stream and attempting to observe its flow from one point of reference.

This means that instead of taking the position of an outside static observer, we begin to engage in a kind of communication process which is occurring between different points of reference as a process differentiates and unfolds its messages. We have a chance to participate and create

with the process structuring our perception and communication rather than only feel its victims. Thus we can say that Process Oriented psychology comes from "psychological roots" - with a focus upon an individual's or group's awareness, rather than from a healing framework. It is common, however, that when people become aware of the information which was in the "symptoms" and begin to express or integrate this information with awareness in life, they are frequently relieved of symptoms. One of the exciting aspects of Process Oriented Psychology's approach to working with extreme states is that individuals have a chance to come out of these states, and many times can pick up and live these processes in a more creative and useful way which may be far less painful to themselves and the environment.

### **Chaos and Structure**

Behaviors associated with mental illness appear chaotic. One of the essential findings of Process Oriented Psychology is that the chaotic appearance of symptoms is found to be a question of the observer's viewpoint and identity. Chaos is not only an antecedent to potential transformation to more complex levels of organization, but within the apparent

chaos is a seed, carrying specific information for that system's potential evolution.<sup>6</sup>

One of the goals of Process Work is to bring awareness inside of these chaotic processes to discover the implicit structure from within its own terms or from its viewpoint. I will present a couple of examples to illustrate what this means. The first example focuses on a woman who is not in an extreme state, a professional in her 30's. The second example is a woman also in her 30's, a teacher who has been experiencing manic episodes for many years and has had several hospitalizations.

### **The Erratic Heart Symptom**

Linda entered the session, wanting to work on a symptom. She had pains in her chest which worried her. She also said that she was having trouble keeping her life in order. Involved with many projects and personal and professional relationships, she had problems organizing her time and focus. Asked to describe the pain, she said that it felt like a kind of weakness, and put her hand on her heart. Feeling her heart, she laughed saying that she tended to

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<sup>6</sup> This finding that a seemingly chaotic behavior is in fact a matter of the observer's identification and viewpoint, may be significant to the field of Chaos, in bringing back up the whole problem of the observer's influence in the system (associated with quantum physics and relativity).

have an erratic heart beat. Mindell, who was working with her, asked if he could feel it, too, and commented on the fact that her heart was indeed beating in an interesting rhythm. She went back to feeling it herself, and remarked that she was able to control the beat a little if she felt it herself. When he felt it, and tapped out the same rhythm with his finger, the heartbeat seemed to become yet more uneven in its rhythm. This scared her. After noting that the heartbeat seemed strong and healthy and discussing that there had never been a medical problem with her heart other than this kind of arrhythmia which is fairly common, he suggested that she feel the heart beating erratically and make movements in this rhythm. What followed, after some encouragement around her edge to go into movement, was a very wild dance with an erratic beat. In this dance she felt suddenly very free and alive and inspired with the insight that she wanted to live this kind of erratic spontaneity in her work, relationships and household, in which she tended to believe she should always behave consistently. She then remembered a dream.

I was with a group of colleagues in a small tool room beneath the house, where they were all learning how to fix a VW car. The teacher was getting into the car to now test it. I walked out of the tool room, noticing there were three or four distinct steps to climb up to get out of the room which then opened up onto a great open meadow. I wondered how he would ever be able to drive up the steps, as it looked impossible. I walked out and hearing the engine start went to

the side. The teacher came literally flying out of the tool room, the car on top of a piece of cardboard, like a "magic carpet". He didn't drive up those steps at all, but flew out and over the meadow, landing in the green grass laughing.

The dream matched her work with the heartbeat and dance indicating that her usual identity is to go step by step, and a new pattern was emerging of just flying over those steps. The heart symptom and the dream are mirror images of each other. This "dreambody" experience suggested that she was being disturbed in her attempts to solve her problems of lifestyle, work and relationships in a consistent, step by step manner, by a pattern which was "teaching" her to "just fly" over some of those steps. We can see that the frightening and seemingly chaotic experience of the heart arrhythmia was in fact a highly patterned process ready to be lived in her life.

### **Manic Episodes**

A woman who had experienced frequent manic episodes over the years appeared in her first session talking about her desire to find out more about herself and the fear she had of going manic. She was momentarily not in a manic episode and could communicate easily about her past experience. The process worker asked her what she did when she went into a manic episode. When she was not manic, she worked as a teacher



and was a very bright, sweet and likeable woman. When she was manic, she became filled with political and spiritual ideals and wild dreams. She was filled with energy, staying up all night and calling people all over the world, to discuss and set up political and ideological projects. She was fascinated with endless synchronicities - outer events seemingly connected to her own process.

As she spoke about her experiences, she made lots of movements with her arms and body, and like many people who experience manic episodes seemed to enjoy the nature of her experience when manic, though she was in great pain about how this energy would emerge and collapse without her intent, and get her involved in complicated, messy relationships. The process worker asked her what she would be like if she went manic now, really crazy right now. She began making movements, and as she was helped to amplify them, these movements evolved into angry punches. What was she so angry at? She was angry at her usual identification with the school teacher and being sweet all the time instead of living the true wildness within her.

Further expressing this wildness in movements and then verbally, she talked passionately about what she would like to do and the kinds of dreams which she kept inside. What was against her really engaging with her ideals and passions

in life, was a side that insisted on structure and being down-to-earth and realistic. Her down-to-earth realistic side was her primary process, or the part of her personality with which she could most easily identify and which structured her usual perception of herself and the world. This realistic side paradoxically makes her go crazy. She is forced to really flip out to get away from its control. Her passions for life are forced to come out in strange and problematic ways to be lived and to get her attention. Within the manic episodes is a pattern for beginning to live her passionate, intelligent, and worldly personality. A long term therapy then followed to help her to integrate this wild side into her life and to become more aware of her structure-making abilities in creating structures for living this idealistic and passionate side more fully.

As mentioned above, the chaotic appearance of symptoms is relative to the observer's viewpoint or identity. From the viewpoint of the professional woman trying to organize her life, she perceives her heart first as having a pain, and a weakness. From this viewpoint she experiences a proprioceptive signal, a feeling in her heart, and names it "pain" or "weakness". We can say this is a description of the secondary process from the primary process perspective. Upon a little closer inspection she becomes interested in the erratic beat of her heart. The proprioceptive experience

is a bit more differentiated, but we can see that the beat is experienced as "erratic" from a viewpoint that one ought to have a regular beat and keep it controlled.

Following the process involves first entering the proprioceptive channel and feeling the heart more closely, and then the kinesthetic channel, where she began the arrhythmic dance. This involves unravelling the information contained within the symptom and changing the observer's viewpoint. The observer is no longer tied to the primary identity of someone who is consistent, but is now entering the experience of the heartbeat. The heart is "beating", suggesting that entering its perspective will mean to move. From within the experience, what was at first frightening and erratic became a lively and freeing dance. She was now able to switch points of reference, from the side that was organized and consistent to the side which is free, lively and spontaneous.

This process of changing perspectives through entering and unravelling the disturbing process allows her a new access to both perspectives. Until now, the primary identity is in charge, but is actually unconscious. She tends to believe in behaving consistently, but has little awareness about this value and skill. By allowing her perception and awareness to not only be tied to this unconscious identification with

one side of her personality, she not only gains access to this new form of freedom, but can witness her primary process. Both patterns are now more available.

In the case of the woman experiencing manic episodes, from the viewpoint of the school teacher, and from the viewpoint of society as a whole, her manic episodes seemed chaotic and simply crazy. The identification with school teacher means the school teacher is the one perceiving, looking and feeling, as her passionate and wild ideas come up, and she sees them as literally crazy needing to be suppressed at all costs. Entering the system of the crazy behaviors and movements, we find a pattern which involves expressing and living those passions and ideals. It is also an opportunity to become aware of her until now unconscious identification with being down-to-earth and structured, along with her secondary process of being worldly and full of passionate ideals - and what they might create together. She began to pursue an education which supports her passion and talent for working with large groups and organizations.

I describe these cases in order to illustrate that seemingly chaotic disturbances are actually highly structured processes and to emphasize that the pattern of information contained within a symptom is also connected structurally to the system which experiences it as a disturbance. In the

case of the professional woman, Linda, her arhythmic, wild dance can be seen as a communication to the part of her which is identified with consistent behavior. In the case of the woman with "mania", her manic episodes communicate to her unconscious identification with the values of a realistic school teacher. The implicit structure of the symptom and the overall process can be unravelled through entering the world of the symptom, shifting one's point of reference, or locus of awareness. How to do this involves tools for bringing awareness into the mode or channel in which the process is experienced. This requires special tools for accurate observation and intervention in processes.

### **An Empirical Spirit**

Process Oriented Psychology has evolved out of a highly empiricist spirit. Mindell's background was first as a theoretical physicist and then as Jungian analyst. At a certain point in his career, he became fascinated with observing how the dreaming process of his clients was happening right in front of him in their momentary signals. This is perhaps the hallmark of Process Oriented Psychology, an approach which touches the very depths of human experience by way of keen awareness in accurately following these momentary signals. Finding how the person was dreaming

in front of him, or how the dream was expressing itself in the present situation, also allowed him to discover ways of communicating directly with the dreaming process. This is especially useful in the realm of working with extreme states, because in the midst of such states, it may be impossible to discuss or analyze the experience.

This involves communicating in the mode in which a person is experiencing him or herself. If someone is hallucinating, communication is not achieved by asking the person a lot of questions, but is instantly achieved through joining with him in the visualization. "I see it too, - is that what I think I see?"<sup>7</sup> If someone is making strong gestures while speaking, the best communication might be to move with him or her, in order to unravel the process appearing in the kinesthetic channel. If someone is hearing voices, the person can be communicated with by speaking and hearing these voices. If someone is looking down and seemingly withdrawn, it is useful to encourage him to feel and not talk, or to lightly put a hand on his back to encourage his awareness to follow his body sensations. If someone is upset by their relationships, the therapist might best communicate

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<sup>7</sup> Bandler and Grindler (1979) developers of Neurolinguistic Programming, discovered similar aspects of communication in the different sensory channels, which they used within a behavioristic framework. Their research served as an important contribution to the corresponding research in Process Oriented psychology.

with this person's process by addressing his or her own feelings about the patient at that moment.

We can observe and adjust our communication with the dreaming process according to feedback. Signals of positive feedback indicate that communication is received and allow us to continue to unravel messages. If one understands and comments back on the verbal content, we can speak of positive feedback from the part of the person who is telling the content. We can speak of positive feedback from the whole person if we can communicate not only with the foreground message with which the person identifies, but additionally with the dreaming background which is signalling in the different channels.

### **Feedback**

Attention to "feedback" is central to Process Oriented Psychology. A process evolves along a course of positive feedback when communication is achieved with both the intended messages and the dreaming background. When this communication and positive feedback is not achieved, we see the constant repetition and cycling of signals. Positive feedback appears as a quick and engaged response to interventions, the amplification of the signals addressed, and an engaged, energetic quality, as felt or observed in

facial color, movement, muscle tone etc. We refer to negative feedback as the absence of positive feedback, seen as a delayed response to an intervention, inattention to the process, and lack of engagement as felt and observed in eye movements, etc.)<sup>8</sup>

The formulation Process Oriented Psychology brings to the understanding of feedback and feedback loops comes out of clinical practice and studying thousands of cases on video. For my purposes here, I want to emphasize how it is a kind of common knowledge experience we have that when information is not picked up, it tends to cycle.

Imagine a couple. One begins to withdraw into the paper or cereal box and the other keeps asking about the day's plans. As long as his introverted message is not received, he withdraws deeper - and as long as her questions and need for contact are not received, she keeps asking. If we pause to think about it a moment, or reflect on any long-term relationships of which we are a part, we can think of numerous examples of how communication repeats itself

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<sup>8</sup> This formulation of the term feedback has similar characteristics to both the technical and more idiomatic usage of the term. It more closely reflects the technical use of the term in that positive feedback implies the amplification and evolution of a signal. Negative feedback is associated with a system's cycling and homeostasis. On the other hand, feedback can often be understood in the more idiomatic sense of getting a favorable or unfavorable response to an intervention.



seemingly endlessly as long as it is not picked up or completed.

In Process Oriented Psychology, accurate observation is joined with a curiosity or spirit of discovery. Along with creativity in finding ways to communicate within the various channels, a process is unravelled according to its unique nature.

#### **The Term Extreme States**

The difference between the extreme states we all face from time to time, whether in an angry affect or in a momentary deep withdrawal, and the extreme states of people diagnosed as psychotic, has to do primarily with the length of time spent in these states.

Using the phenomenological rather than pathological term, "extreme states" serves to remind us of our own relationship to these states, rather than assigning them strictly to others who we see on the street corner or in our psychiatric wards. The purpose of this is not to undervalue the importance of examining the differences involved in the processes of people with "mental disorders" but rather to be able to better observe, understand and intervene in the kinds of difficult processes they face. A process worker

training to work effectively with people in extreme states needs a familiarity and ability to access and detach from her own extreme states fluidly.

Familiarity with these states allows an empathy and ability to remain in touch with a client in an extreme state, but even more importantly it allows the therapist to remain aware around a state in which the client has little or no awareness. Without familiarity with her own extreme states, the therapist begins to fantasize and dream into the situation when she reaches her own edge of awareness. With this awareness, the therapist can continue to help the client to unravel the process, of which this "extreme state" is only a stop along the way, rather than also get stuck at this spot in the process.

The therapist's familiarity with and ability to fluidly access these states within herself must be accompanied by tools for accurate observation and intervention. The importance of such tools especially in dealing with the processes of people in extreme states should not be underestimated. The awareness of one's own extreme states, however, forms the ground from which these tools can be learned and used.

## Feedback Loop

One factor distinguishing a person in an extreme or psychotic state, is that she does not have a "normal" feedback loop in communication. As described above, if our communications are not picked up, they tend to cycle. Mindell defines a feedback loop as "the chain of reactions in which a stimulus signal receives and is altered by feedback". (1988 p.176) There is not much feedback loop between the person and the environment in many extreme and psychotic states, and this is why it is so difficult to communicate in an ordinary way. Again, we are all familiar with these states in which we have little feedback loop - the difference has to do with the amount of time we spend there and our fluidity in entering and leaving these states.

Remember the last time you didn't notice when someone was talking to you, because you were engrossed in your thoughts or fantasies.

Now imagine a schizophrenic person who is standing and looking up into the air. And picture the communication which follows. A person comes up and says. Hi, how are you doing this morning? Did you sleep okay? Did you take your medications? The person keeps staring, completely unmoved as if he hasn't heard any of it. The schizophrenic person can

be said to not have a feedback loop with the outside world or person communicating with him. Now imagine, he is still standing there, and this time the person comes up and stands by his side and looks in the same direction, and says "Look at that! I didn't expect to see that this morning," providing a "blank access" <sup>9</sup> in the same channel as the other person. At this point we might expect the schizophrenic person to keep looking, but make a signal such as a change in skin color or facial movement. He may begin to form a word or make sounds and as this is followed, he begins to speak about what he sees.

What has happened here? Here we have a feedback loop. It becomes clear that it is not only the schizophrenic without a feedback loop in the first example, but the person approaching him also had a poor feedback loop to his surroundings. He continued his own mode of communicating without reference to with whom he was communicating. In the second example, he now creates a feedback loop by adjusting his communication to the schizophrenic's communication.

The significance of being able to adjust one's communication to create a feedback loop with a person in an extreme state is very evident in Mindell's work with people in comas.

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<sup>9</sup> A blank access serves to access and amplify the process without having to know its content.

In Coma, A key to Awakening, (1989), Mindell describes his work with patients in deeply unconscious states. When one observes and communicates with such signals as the sounds, pace and rhythm of breath, extraordinary processes may unravel as the dreaming material behind these signals is communicated.

Why would a person not have a feedback loop to his environment? Following the process notion that all information is meaningful, we can consider the significance of this situation. Mindell suggests that the usefulness of not having a feedback loop to the environment is that a dreaming process is being supported.

To take again a common sense viewpoint, imagine a very small child engrossed in play with a toy. In the same room, a TV is playing and people are laughing and talking about the show. But the child, engrossed with his toy, does not seem to even hear or see the TV. We assume that he cannot concentrate on everything at once, and in order for him to develop certain concepts, hand-eye coordination, movements, etc., he selects the information and experience he needs most, in this case playing with the toy. Or think about the experience of falling in love. There is a typical period in which we don't see any of the negative characteristics of the person we are taken with. We say love makes us blind. A

process formulation of this would suggest that we need to go blind in order to dream. We don't hear our business messages on the answering machine because we need to lose a certain capacity for a normal feedback loop with the environment and completely overlook the signals in front of us, because we are dreaming. We are in the midst of developing a pattern which is not yet quite formed, which cannot yet be disturbed - whether this might be an inner pattern which we are "seeing" in the partner, or a pattern of love between us which will allow us to tolerate and work through the differences which will come up and the future interruptions of our life in the world. I want to emphasize that the "why" of the question, why not have a feedback loop, is being treated in terms of its purpose rather than its cause.

Mindell has used the phrase "the function of unconsciousness". Not perceiving, or not having a feedback loop with the environment allows patterns to "cook" or develop. So if we meet again the schizophrenic who is looking up in the air and not responding to the greetings from the environment, we might test out the idea that he is dreaming and that the dream needs some support. The dream in this case is in the visual channel. Assuming that this process might need support rather than correction allows us to consider new ways of intervening. And with this perspective the idea can be tested, as we adjust our

interventions to the feedback. Supporting the person to see, to look more closely at all the details, and to watch what happens next, will support this dream to unfold and now brings positive feedback. If the dreaming process is addressed, there is no longer a need to break off the feedback loop. In cases of coma work mentioned above, people sometimes literally awaken right out of a coma, when the signals of the dreaming process are followed. This work suggests that people in comas are experiencing an incomplete dream. As the dreaming process is unravelled, the person can awaken. As long as people try to pull the person out of this state, they seem to need to go in more deeply.

### **Edges, Awareness, Flips and a Continuum**

#### **The Edge**

Essential to Process Oriented psychology is the concept of the edge. The edge can be seen as a structural concept that determines the relationship between different parts of an individual or system, and it can be viewed dynamically as an important moment in the evolution of a process. From a structural view, the edge appears around value systems which define an identification and the tendency for one's perception and awareness to be imbedded in this frame of reference. An edge divides those processes we call primary

and secondary. The edge is the limit of what one can do, or experience, the limit of one's identity. Viewed dynamically, the edge appears as an energetic display of rapid conflicting signals. It marks the border beyond which there is unexplored territory.

As we have seen, the ability to bring one's awareness into the unknown territory of the secondary process allows us to unfold its messages within its own frame of reference, and it allows us to view the primary identity, as if for the first time. It's like discovering the meaning of the color "pink" along with the pink glasses one has been wearing, which have been coloring the whole world - becoming aware of the unconscious values which have been framing one's perception and experience.

### **Double Signals**

Around an edge we see the phenomenon of double signals. We see both sides of the edge signalling at once. Primary and secondary processes signal to each other and to the outer world. Due to the value system separating them, and our limited awareness, the messages don't complete themselves. In normal communication, we tend to identify with one of these messages, often the content of the verbal message, while the second message attempts to communicate in other



channels. We see both sets of signals persevere without completion due to interference by the other, - neither is congruent.

One example of a double signal is yelling at the top of one's lungs that one is exhausted and hurt. One message corresponds to identifying with feeling exhausted and hurt. The second message is likely one of anger or perhaps having an abundance of energy. Other examples are talking about being close to someone, while one's body is turned and facing the door; or talking about separating and going one's own way, while standing very close together. Another example is when someone says "I am helpless. Tell me what to do. You are the doctor." This person identifies with being helpless and the second message appears in the syntax; it is a command, which tells people what to do.

Double signalling is a completely normal part of communication, something we each do most of the time and even when we are alone sitting in the bathtub. Even when we learn tools to bring awareness into the secondary signals to help these messages to unravel, new processes are constantly appearing in the form of double signals as we evolve moment to moment and day to day.

### Extreme States and the Edge

In extreme states we may see two or more processes signalling at the same time or in rapid succession with only momentary identification with one part over the other. We may see a process flip, or a complete identification over time with the previously secondary process. It now takes center stage, rather than appearing only as a double signal. Its as though the parts of the process separated by the edge have no feedback loop between them. We could say that any set of double signals involves a minimal feedback system in that the two messages are not successfully communicating their conflicting or complementary viewpoints. But in an extreme state, its as though the parts involved are functioning as practically closed systems.

Normally, we have the capacity to suffer a certain amount of tension between the different parts of ourselves, and have some ability to communicate about these different tendencies. Let's say I identify as a self-assured woman who is at ease taking care of business in the daily world, but while on the tram I have a fantasy that people are talking about me. I can tolerate the fact that I am both self assured and have such a fantasy. I can suffer the tension about contradictory points of view and states within myself.

Mindell refers to the capacity to "metacommunicate" or to communicate about one's communication. I am able to communicate about myself as primarily self-assured, but with paranoid fantasies and feelings of fear in the world. (A further step might be to explore the fantasy of what the people are saying about me.) A psychotic person might say "they are after me, I saw them talking about me on the tram, and you, too, are a part of the plot!". The person can no longer talk about the conflicts of identity, but instead reports with certainty the "facts" perceived from within his momentary frame of reference. He identifies as the victim of people pursuing him and assigns anyone who is nearby the other part of the pattern.

The meaning of Bateson's (1972) original use of the term "metacommunication", or "communication about communication" is related to but different than Mindell's use of the term. Mindell refers to the capacity to be aware of the signals one sends and receives, signals of both the primary and secondary process - an awareness of our perception or awareness. Bateson uses the term as the ability to understand and communicate "what kind of message a message is". (p.202-212) In process terms, I believe Bateson is using the term "metacommunication" to mean the ability to use and understand double signals, specifically when one set of signals qualifies or categorizes the other set. Bateson

uses the example of animals who give one set of signals which modify the other set in order to communicate for example that the signals of fight are in fact a part of play, or the signals of being dead display a giving over of power. This points to an important fact that normal communication involves a certain facility in communicating with double signals even though we often send and react to these unintended signals without much awareness.

In Bateson's theory of Schizophrenia, he also refers to the problems Schizophrenics have in "metacommunicating" or being able to adequately send and receive those kinds of signals which for example let us know that a message is one of play, metaphor, sexual advance, or insult. We see in both Bateson's and Mindell's formulations that the person in an extreme state is apparently unable to tolerate messages from more than one set of signals at the same time. Bateson attributes the origin of this problem to the double-bind communication pattern in the family.<sup>10</sup> (p.206)

### **Process Flips**

Mindell has defined psychosis as a "flip" or process reversal in which the old primary process becomes secondary and the secondary becomes primary for more than a short

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<sup>10</sup> See footnote on p.100 for definition of the double-bind

duration. (1988 p.164) On the ward we met a woman, a hairdresser, who had apparently been somewhat reserved with an "edge" to do something which she felt would be of importance in the world. She was now announcing herself as the secretly selected student of a special order of martial artists, assigned to carry out a world project. Her present predicament of being in a psychiatric ward was one of the "tests" she had to undergo to prove herself for the task.

A kind of flip-flopping may also take place, with varying intervals, between different parts of a process. Coco, the woman described in the opening of this essay, would flip between processes. She would suffer and wail, wanting to be held, and very suddenly break away in a cutting, cold way. At other times, she seemed a deeply spiritual and loving soul. She was not able to refer to one state while in another.

It is possible to flip someone between these parts as an intervention in order to discover more about the different parts in conflict and their interrelationships.

Jean-Claude brought Coco into a session, while she was crying and suffering (and had been all morning). I was sitting on the couch, crying and wailing about my suffering. She immediately "flipped", saying in a tough, matter of fact voice, "Dry your eyes, Sally. I'll show you how to do

it. What's your name? Sally?" Just before, she had been talking to me and knew that I was a psychologist on the ward, and had come from Switzerland. But as I took over the "role" or part of the suffering one, she simply became this other part, telling me to stop my tears. She went on to tell me that to be happy, I needed to fulfill the "stereotype" which had been put upon me, and get a husband and go to school. When I persisted in hopes of finding more information, crying about how much I really hurt, she dropped this part, took my hand, looked up into the air, and began to sing me the most beautiful, compassionate song, about our sorrows when life turns out so differently than we expected.

The goal of working with Coco individually involved supporting each of these parts to unfold their meaning, and to access the thread or process which connects these parts. One part of her thinks she should be fulfilling the collective stereotype of getting married and going to school; another part is suffering (apparently from being misunderstood and not supported for who she is beyond this stereotype); yet another part appears to ease the pain and sings a song of compassion. In our short work with her, after accessing these parts, we first supported the tough side of her, encouraging her to stop her tears and communicate to us matter of factly about what was going on.

She then could tell her whole story quite coherently and this evolved into an expression of her deep and very real pain about being misunderstood by her mother and her wish to have had a "real mother." At the end of this session, as I played again the crying side, asking her to show me how this real mother would act, she hugged me very lovingly, (made a joke about how it was a miracle that being a black woman she would have a blond daughter,) and told me to dry my tears and come with her to do laundry together on the ward.

We see that her process carries a pattern for being mothering, by way of being both loving and matter of fact, able to go about her business. This session, while very lovely, only outlined her process. Afterwards, she was the "same old" Coco described at the beginning of this essay. A longer term therapy along with a supportive and challenging environment would be needed for her to fully access and then integrate this process within her, of being both tough and compassionate.

The reference to collective "stereotypes" in her work also suggest that her process may be significant to the rest of us. A stereotype reflects undifferentiated or incomplete information belonging to a collective process. Perhaps Coco's process is suggesting the kind of compassionate attitude that many of us need to reconcile our individuality

with our ability to conform to the roles we inhabit in the matter of fact, daily world.

### **A Continuum of Psychosis**

Many people in hospitals diagnosed as psychotic with schizophrenia, bipolar disorder or psychotic depressions, do not experience such clearly defined process reversals, whether or not they are on medications. Some seem to flip back and forth rapidly, while others experience an inundation of unwanted information in the different channels. They may talk of being disturbed by voices which sometimes are experienced as an inner dialogue, but sometimes as autonomous, real voices located outside of them. They may feel plagued by fantasies, aware and upset that they have lost control of their usual thought processes.

In such cases, these persons may continue to try to repress this information, in a failing attempt to keep their usual identity intact. Their "double signals" no longer stay confined to culturally accepted, paralinguistic and syntactic features, gestures, and fantasies. Language may seem pressured with an occasional "word salad" which the observer cannot decode, pauses in speech are extreme, gestures and eye movements seem odd. Certain strange



behaviors may at times be an attempt by to keep out the disturbing signals, and it is not uncommon for people to be able to communicate about such experiences. Torrey records such reports from people diagnosed with schizophrenia. An example is:

I don't like moving fast. I feel there would be a breakup if I went too quick. I can only stand for a short time and then I have to stop. If I carried on I wouldn't be aware of things as they really are. I would just be aware of the sound and noise and the movements. Everything would be a jumbled mass. I have found that I can stop this happening by going completely still and motionless. When I do that, things are easier to take in. (Torrey, 1983 p39)

I would suggest that a continuum might be useful for viewing the kinds of experiences which presently receive the diagnoses of Psychosis. In the case of Schizophrenia, on one end of the continuum we would see such process flips over time, with no metacommunication, in which someone declares themselves to be Jesus Christ or a messenger of God or the Devil. At the other end of the continuum we might see someone who is not in a flipped state, who can communicate about his experiences, but who displays strange behaviors and has extreme difficulty coping with the secondary material overwhelming his perception and identity.

### A Continuum of Metacommunication

It may also be useful to describe a continuum, in differentiating the meaning of metacommunication. On one end of the continuum we might see the capacity for a detached observation and awareness, an ability to deeply and fluidly enter different states while remaining aware. We see this capacity for metacommunication at moments when one becomes aware of both primary and secondary processes. This capacity might be represented by a person who appears without ego, detached, able to explore the various processes of which he or she is a part, and who is aware of the tendency to never be impartial. Such a person would traverse a range of states, aware and able to be angry when angry and tender when tender. Fluid in identity, he or she might appear like a politician one moment, a street person, a scholar or a lover the next. On this end of the continuum we might envision certain wise men and woman with their wide scope of experience and perspective, or an enlightened character. I picture the Yacqui man of knowledge, Don Juan, from Casteneda's books, when he appears in Mexico City wearing a distinguished business suit, and greets the surprised Casteneda casually, saying simply he has business to do.

On the opposite end of this continuum would be a lack of ability to communicate about one's communication, and a lack

of awareness of one's frame of reference. Here it is impossible to deal consciously with one's inner conflicts and multi-faceted nature. Different processes emerge only in process reversals, in uncontrolled visual or auditory hallucinations, body sensations and movements, or in projections onto the environment. People in extreme states of psychosis represent this side of the continuum. We may experience ourselves at this end of the continuum in moments of great affect. Fundamentalist and terrorist groups might also exemplify this side of the continuum, representing the tendency to have no awareness of one's frame of reference, and the perseveration of communication from a completely one-sided identity.

In the middle range of this continuum we would see the typical capacity of most people to "metacommunicate" about their communication and behavior. This is not a neutral awareness, as the observer is strongly linked to the primary process identification. As we have seen, we tend to perceive and organize our observations according to a largely unconscious agreement with certain values which define our identity and perception. With this capacity to metacommunicate, we may be interested in finding out more about what disturbs our identity. We tend to talk about these things and analyze them, often believing that we are impartial in our perceptions. This capacity to

metacommunicate is associated with the psychological concept of having an adequate "ego" development.

### **Collective Perspectives**

Mindell proposes that a useful hypothesis is that the field in which we live uses people who have no metacommunicator to express itself. (1988 p.42) A basic finding in Process Oriented Psychology is that all parts of a given system are evident in that system's momentary signals. As an individual if I identify as sweet, I will communicate as this sweet person in the channels available to my awareness and control. This identification with sweetness will structure the content of my speech, and the intended movements I make. My anger, on the other hand, will appear as double signals in channels out of my control, such as voice tone, sudden gestures, a body cramp and so forth. The information finds a channel to express itself. In our society, information which the majority of us would just as soon ignore and keep out, which doesn't fit our identity, finds a way to express itself. One of these ways is through people without a capacity to metacommunicate. Individuals serve as channels for a collective process.

### **Research of Mental Pathology in Respect to Minorities, Immigrants and Social Mobility**

Studies seem to indicate a higher incidence of mental illness among a society's minority and immigrant populations, as well as among people who are socially mobile within the society. It is interesting to consider this data from a process oriented perspective of the relationship between extreme states and collective processes.

One example is a study, (Sydiaha, Lafave, and Rootman 1969) of two neighboring towns in Canada, which were alike in most every respect (population, distance to large cities, settlement history, etc). The two towns even shared the same mental institution. The difference between these towns was that one had a French majority and the other had an English majority, reflected strongly in the social and linguistic characters of the towns. The study attempted to find if there were differences in incidence of mental disorders and knowledge about mental illness. No distinction of this kind was found. A distinctive "minority group pattern" emerged, however, in the data. Minority groups in both communities, (the English in the French town, and the French in the English town) tended to have a significantly higher incidence of mental illness.

Burvill (1973) and Cochrane (1983) reviewed numerous studies which have been conducted regarding incidence of mental pathology among migrants, and refugees in different countries. While the questions, methods and results bring varied and sometimes inconsistent and conflicting information, there is a pattern of higher incidence of mental pathology among migrant populations, which reflect their immigrant role in that culture and not their cultural or genetic background. These data are explained by such things as the loss of roots and the social network available in the place of prior residence, prejudice and the acculturation challenge.

Studies (Kleiner and Dalgard, 1975) also indicate that social mobility is significantly related to functional psychiatric disorders. The rates of illness have been higher for both the upwardly and downwardly mobile populations relative to the socially stable or non-mobile population. (Previous studies which had explained the high incidence of mental pathology among downwardly mobile groups as reflecting a downward drift due to an already present pathology, have been challenged by the finding that upwardly mobile groups also reflect this increased incidence of pathology.) These authors' conclusion is that society's emphasis on status brings with it increasing risk for mental illness. Social mobility is also seen in terms of a

loosening and straining of one's ties to significant social groups that ordinarily provide support, meaning and a sense of belonging.

While various explanations are connected to this research, it is interesting to consider an additional possible look at the data from a process oriented perspective. If mental disorders can be understood as the expression of a community or society's secondary process, we might expect that people who are less identified with a stable role in the community, would not only be more likely to suffer stresses which could cause such psychopathology, but be more available to fill the role of what disturbs the primary process identity of the community.

### **In Summary**

We've seen that a characteristic of individuals in extreme states is the difficulty in dealing with the tensions of conflicting points of view within themselves. They frequently flip between their different parts which are separated by an edge. The approach of Process Oriented Psychology suggests that these extreme states not only reflect back to the individual's personal edge, but to what we might call collective edges, the very border of a society's identity.

We've also touched on the role of awareness in the evolution of human processes. When communication is received, when information enters awareness, processes evolve. When communication is not received, when there is no awareness in the system, the information cycles, repeating its messages in different channels. Most of the time, our awareness is tied to a particular identity from which we perceive, interact with and analyze those elements which don't fit that identity, whether pieces of our own psychology or the outer world. Process tools facilitate nature's apparent attempts to communicate, bringing awareness within various frames of reference, traversing edges, identifying and detaching again from those processes which were first experienced as merely disturbing.

This suggests the possibility that not only is a 'mentally disturbed' person's behavior an expression of the society's process, but that anyone in that society might be challenged to bring the awareness necessary to pick up that information. A process perspective suggests that whatever disturbs my perception 'belongs' to my process, or that I have the opportunity to participate in this process and become aware of how the information is signaling a growth or change in my identity. This means that the world around us



is a part of our individual process just as the individual is a part of the collective process.

Process ideas challenge the common notion that distinct individuals, families, communities or societies need to deal with their "own stuff". Rarely, do we consider that it might be useful for one's own growth or for one's family to have out the conflicts which the neighbors are screaming about, and that indeed their process belongs to you. If information cycles until it is picked up, it is worth experimenting with the idea that any individual or group can pick up portions of the community's dream - participating in an ongoing process of society becoming aware of itself, while at the same time becoming more differentiated as an individual or group.

After the afternoon session in which the staff did their Coco renditions, we went home. The next morning, a staff member told us while knocking on wood, that Coco had been quiet and feeling well the whole rest of the afternoon and evening, and still this morning. But Coco quieting down is not the real test or goal of such an exercise, (whether or not we could trace it causally to the staff process!). The meaning of these ideas and interventions lies ultimately not in the removal of symptoms, but in the communication of information and the evolution of individuals and

communities. In this case, it lies not only with Coco, but also in the lives of the staff, touched a little in their lives as individuals, in their dynamics together on the ward, and with their families and communities.

## Essay Three

**A GAME OF TWISTER**

Cheryl entered the hospital on an ED, "Emergency Detention". Up in the ward, we understand the story as follows. Cheryl had come to the emergency room asking for a Caesarian. She is seven months pregnant. Claiming that the baby was finished growing and it needed to come out, she apparently threatened that if they wouldn't help her she would do it herself. She was brought into the ward. Cheryl had a history of psychiatric treatment over the years with a diagnosis of schizophrenia.

Below is a presentation of two sessions with Cheryl, with transcribed portions of the sessions, each followed by a discussion of the process. (Sections of the transcribed session are numbered on the left, such that they can be referred to by the reader in the discussions. In the transcriptions, three dots ... refers to a pause in speech. Gestures and additional explanatory comments are in parentheses. It was frequently difficult to hear and follow what Cheryl said. In addition to the structures and content of her statements which are represented in the transcript, her voice was low and sometimes slurred. While transcribing,

I sometimes had to listen to the tape many times in order to catch her exact words.)

### INITIAL SESSION

We wanted to meet Cheryl and take a video so that we could study her process. George also needs to explain her situation regarding staying in the hospital as a patient. This first session is about ten minutes long.

1

The video camera is being turned on. Cheryl sits down and smooths her hands through her hair. Arlene laughs playfully and straightens her hair, too, saying I guess we should look nice for the camera. Cheryl smiles sweetly while crossing her arms and making a rounding motion with her shoulders. Jean-Claude offers Arlene a chair, Arlene thanks him and Jean-claude sits on the floor taking a pen and paper, saying with a little fun, "I'm going to look studious". George also takes a seat as he says:

George: Cheryl, You are on an Emergency Detention. Do you know what that is? Are you familiar with that?

Cheryl:That's something about detaining within 48 hours

George: Right . The police brought you in because I guess they felt you were a danger to yourself or I guess your baby.

2

Cheryl: In other words, I'm... (arms making circular outward motions by her pregnant belly) I want my child out now, because I feel its a (inaudible word) part of me. More than just the child growing in me (open hands on belly), I want,...I'm facing some kind of relapse in my eyes, eyes tilt up.

George: I'm having a teeny bit of trouble hearing you...Instead of your child growing, you are afraid of..

Cheryl: uh uh.(no) I believe that its grown its actual size,and its not going to get any bigger, and its just rupturing movement around (circular movements with head and hand) you know ... some of my nerves ... to my eyes relapse into what they call a distorted area. My eyes tilt. (hands up by eyes, head tilts back and eyes going back)

3

George: Yeah., Yeah..Your eyes are tilting.

Cheryl: Yeah, I get out of breath and hot

George: You get out of breath and hot

Cheryl: yeah and...faint

George: Oh Boy and its a tough summer

Cheryl: Out of the four hot days, I slept... unconsciously... for like four hours at least you know, straight, knowing that it's real real hot and real real breathtaking, you know it's unrelaxed, like a coma, you know but its still reality, but it's like a black out, so you face the sleep, so no other bodily harm, you know will fall out

4

George: Uh huh... Cheryl I want to get back to that, but with that I need to explain a little about what I need to do medically. Ok because you are on a police emergency detention, you and I need to decide whether you should leave, or whether you want to stay voluntarily in the hospital - or if you wanted to leave and I still was worried that you were a danger to your self, that I would have to hold you over for court and let the court decide... The nicest thing would be if you would stay voluntarily.

Cheryl: Well you are not going to understand ... voluntarily, truthfully well you know the help is actually what would be given after it was given cuz they say it don't necessarily have to be given, but I say who wouldn't if they gonna have a child. (hands on belly) Ok and secondly for a statement that was made on somebody else's Mouth behalf - you know the police

escort was only on intention for me not to be in that predicament which so for being there on the appointment I was supposed to be and then you know...I get the fulfillment of my lab tests results, because you know I have been going to the doctor for some time, And I believe he knows just as well as I do when its time.

In the continuing discussion George asks Cheryl if she has had children. She says she has one other child. (Later we discover in her files and from her family that she has had three other children. Two are in foster care and a three year old daughter lives with her mother.) He asks if she carried the other child a full nine months and why she really thinks this one is coming a full two months early?

5

Cheryl: Well its really up to their size.. you know, the doctors said fetuses is the best growth. Sometimes they say they want the baby's weight to a certain amount and size to a certain size, so you know baby girls, I don't know there's something about the mother, they push away, they're rebelling to get out, but boys they seem to hang around so long, like a hibernating child.

We laugh together here. The following sequence of interactions is very fast and fluid.

George: You think this baby is hibernating!

Jcl: He's taking too long

Cheryl: they explore you....they pull you (lots of large arm movements and big smile)

George: He's pulling and exploring

Jcl: He wants to move

Arlene: Yeah he wants to kick out of there

Cheryl: I can get the head out, but someone needs.. I couldn't do it alone

Jcl: Yeah you need help. I get that.

Shortly after, George asks,

George: what is the clue when the baby is really ready to come put

Cheryl: (laughing) A headstrong kick right where he's supposed to come out. I think he's going the wrong way.. he goes upward, I can feel the feet, kicking and stuff

Then Jean-Claude asks her how he is moving and asks her to show him that:

6

Jcl: Show me like if you were in the womb

Cheryl: Like if I were him.. (she laughs with enjoyment) Cheryl begins to move, her head and shoulders in a circular movement and then kicking out with her elbows, an amplification of the movements we have already been seeing in her gestures. She seems to enjoy concentrating on the movements as Jean-Claude encourages her to continue a while.

JCL: (Because we need to end the session soon and deciding to wait to work further in movement) We'll find out together when the baby is coming.

George then asks her if she wants to stay a while in the hospital until we can help her find out more about the right time to have the baby, and gives her the papers to sign. Cheryl signs, saying something which is inaudible. She then asks if he would be the doctor.

7

George: I'd be your doctor

Cheryl: For self reliance? Me being my whole self with the baby - prenatal doctoring. Every time I have a psychiatrist, psychiatrists always excludes the child and just want to know my status quo of health.

George assures her he will try his best to support all of her and the baby, by also making sure she gets good prenatal care.

#### STUDYING VIDEO and THINKING IT OVER

Observing the tape in the evening, we studied the process. We asked ourselves questions like "Who is the baby in her process?", "Who wants the baby out?", "Who won't let the baby out?" and "Who is talking to whom in this dialogue?" We outlined the figures in her process, such as a baby, a mother, and a doctor or psychiatrist. And we played around with understanding the relationships among these figures.

In the relationships between these different figures we notice two tendencies occurring in her process at the same time. One tendency involves coming out, and another involves holding in. The tendency of coming out is most clearly represented as a baby pulling and exploring and ready to kick out and be born. The baby might also be seen as the impulses, feelings, and body experiences happening to her.



Guessing further into the pattern, we might say that this tendency is also reflected in that aspect of a mother ready to support the child's impulses and even give the kid a kick out into the world. The tendency of holding in is represented as the hibernating child, and perhaps the aspect of the mother who doesn't want a kid, and cannot support these impulses, feelings and body experiences. It is also represented as the authorities who have brought her to the hospital, and the inner as well as outer doctors and psychiatrists (including us), who attempt to analyze her experiences.

Observing Cheryl's use of medical vocabulary, describing her experiences with such words as relapse, rupture, nerve and distortion, we consider that this "doctor" in her is diagnosing her feelings and experiences rather than supporting them. This might be understood in connection to a general psychological pattern of the "negative mother", in which there is a missing mothering or support and challenge of unknown impulses and experiences to evolve.

This doctor or psychiatrist in her is also attempting to demonstrate authority while facing three "doctors" in a psychiatric setting. While her inner authority may be checking her impulses, perhaps it is also the beginning of a strong impulse to come out and assert her own mind.

### **Back to Basics**

Returning to basics, we thought, she is trying to get rid of this kid. We imagine that she probably feels bad about herself for having negative feelings towards her pregnancy and the baby, knowing this is a common feeling in many if not all pregnant women. There is also an inner baby, a part of her psychology, which is more than ready to come out, and another part which holds it in. To support her process, we will want to support the differentiation and interaction of both of these parts. Supporting the "baby" in her might involve a pattern for supporting her own feelings, impulses and perhaps creativity. And we observe that movement will be an important channel for accessing this inner baby who is making itself known or entering her perception in large part through its movements, or her own unconscious gestures.

### **Who Is Communicating with Whom?**

The very first set of interactions we see, including Cheryl straightening her hair and folding her arms, and Jean-Claude offering me his seat, and commenting about looking studious, are packed full of information about Cheryl's process. Video is invaluable in picking up this kind of information that normally goes unnoticed. Mindell and colleagues have found through countless video studies that we can always go back

and see the entire process structure in the first couple of moments which the following hour then unravels. In case supervision classes, Dr. Mindell will often look at a tape for literally a couple of seconds or a minute, and by picking up the signal structure be able to guess into the whole story, not only of the hour, but of this person's entire life, with mind-boggling accuracy. He then goes on to be able to offer suggestions for interventions appropriate to the momentary dynamics of both client and therapist to help the process unfold.

While this appears outright uncanny at times, it makes sense in respect to the whole empirical approach from which Process Work has developed. If the dreaming process is manifested in our communication signals, this dreaming pattern which is structuring our life can be observed in any moment. Experience allows for accurate guessing into the whole story from observing a seemingly small number of signals. Life events will repeat themselves in various ways around the edges which structure our double signal system. Since unintended communication signals will carry the dreaming process, these first moments before we have begun to interact with intention are often especially rich for study purposes, or for a therapist who is alert enough to pick them up.

In the following discussion of the process, the numbers on the left refer back to the corresponding piece of the video transcription:

1

Cheryl strokes her hair back and folds her arms. In both of these signals we can see the interaction of what we are naming aspects of the "mother" and "baby" parts of her process. In a signal like stroking the hair, there are two parts communicating to each other, the stroker and the one being stroked. In the folded arm position, there is the holder and the one being held. The signals or information carried by Jean-Claude and myself in these first few minutes were also significant. I was first laughing and playful with Cheryl, which turns out later to be a way of relating to the child in her. Jean-Claude in a sense mothers me in the kind way he offers me the chair, and then says "I'll look studious" which looks very much like the process of trying to be a competent authority which we soon see in Cheryl's behavior.<sup>1</sup>

2

George asks her if she understands the meaning of an Emergency Detention and clarifies his understanding that the authorities brought her in because they thought she

<sup>1</sup> The idea that people in the "field" have the tendency to pick up and express parts of another person's process will be discussed in terms of "dreaming up" and "field" concepts in Essay 5.

was a danger to herself or her baby. She attempts to explain that she wants the baby out because she thinks it is finished growing. She describes her physical experiences and we basically can't make heads or tails of what she is saying. We could have attempted here to find out more about her process and to unravel these messages further, knowing that both what she said, and the gestures and eye movements she made were packed full of information. We might have asked her to feel and describe this physical experience in order to unravel its message, or to make the movements which she described the baby was making, and which she was already unconsciously gesturing. Or perhaps we could have encouraged her to follow her eye tilting, which might have been the beginning signal of going into an altered state and having a vision. There are any number of possible avenues to access a process. The dreaming pattern is available at any moment and the signals will repeat themselves continually until they are fully expressed and the communication is received.

3

George goes on to address her with empathy regarding what a tough summer it is to be pregnant, but has a goal of communicating his medical responsibilities and coming to an agreement with her regarding her status in the hospital. He identifies himself to Cheryl in terms of his

medical role in order to address the issue of her status as a patient in the hospital.

4

As I transcribed this portion of their dialogue, I was amused to see how Cheryl attempted to match her communication to ours, more than we tried to match ours to hers. George produces a complex message about her status as a patient and she answers similarly. He has indicated that she has a choice about staying in the hospital or not, but implicit is that she has no choice, she either signs or he will probably have to take her to court.<sup>2</sup> She says, "You aren't going to understand this," and goes on to make an even more complicated remark about the issue of voluntary and involuntary help. It is as though an authority figure within her seems to be attempting to respond to the authority who addressed her.

Her communication as an authority is not congruent because she identifies herself more as a victim of authority than as an authority. While it is probably easier for George to

<sup>2</sup> This communication is reminiscent of the communications research of Bateson's group in Palo Alto, where the "double bind" theory of schizophrenia arose, along with subsequent research in family communications. (Bateson, 1972) A double-bind was in essence the frequent occurrence of multilevel communication in which an overt demand at one level was covertly nullified or contradicted at another level. This is accompanied by an injunction which prohibits the victim from escaping the field of these communication dynamics. This kind of communication is prevalent within the families of schizophrenics.

represent an authority, he is also more identified with being a victim of a system which dictates his medical and legal responsibilities. He is in a tough spot, legally responsible for her and the baby. A complex communication is created around a conflict between an authority and a victim of authorities in this system. At the same time, there is a baby signalling for some attention. When the various patterns of communication or the information associated with these different process parts cannot each be completed due to an "edge" or value system, the parts tend to all signal at once.

#### **How is the Psychiatrist Excluding the Child?**

7

Cheryl says that psychiatrists in the past have excluded the child, and focused on her "status quo of health". While she means this very literally, that she wants us not to be too psychological, but remember to take care of the real baby, I want to take the liberty of being psychological and look at this remark in terms of what it has to do with her internal process, our relationship with her and what it suggests regarding our further work.

When someone makes a statement about a third party, we can always look to see how this third party is present now, both in the immediate relationship and in the individual's

own signals. In this case, the child is being excluded when her feelings are not being simply and directly supported. The psychiatrist who excludes the child can be understood as the part of her who diagnoses and discusses body experiences instead of supporting all the feelings she is having. In her statement that the psychiatrists were only interested in her "status quo of health", we hear a "psychiatrist" speaking, a psychiatrist's choice of words. This "psychiatrist" is also obviously intelligent, and reveals the process structure. The child is outside of the status quo picture of health. The "status quo" is a good way of describing someone's primary process, the part with which they identify, or the homeostasis of the system, whether an individual, family or culture. The child, outside of this status quo, is the secondary process.

As we have seen, this third party is also present in relationship with us. We could say that she might really want to tell us that we ought not to be so psychological with her right now, to have more feeling in the way we relate to her in her predicament. She might be feeling like complaining, crying or kicking out that we are not relating to her emotions. This would be tremendously difficult for her, an edge to stand up for her experiences against the inner and outer "doctors." Instead



she complains that the other psychiatrists didn't relate to her baby, and wants to insure that she is going to get total care. She is wise to want this, to see that she isn't getting it from us in the moment and to try and demand this from us.

### THE SECOND SESSION

Entering the second session, we had determined we would want to help her to support and relate to this "baby". We thought that one way to start relating to being a baby would be to help her relate to her feelings, the negative feelings she is having about having to be a mom and towards the real baby inside of her.

8

As we sit down together, Cheryl is sitting with arms folded. Aware of the camera she mumbles:

9

Cheryl: Theres characters here. A film group

Arlene: I'm interested in these characters

Cheryl goes on to say that it's like a scene or role play between different individuals. She says Arlene is the teacher, Jean-Claude is the aggressive feelings and George is the doctor. She goes on to say that as the teacher Arlene should pick a theme and address the feeling.

So I decide to go ahead with the role play and in my role I pick the theme. I say there is this kid constantly hanging around and I can't get rid of him. He keeps hanging around, on my apron strings. I want us to decide what to do about this. Before too long, Cheryl picks it up and says:

10

Cheryl: Its like being a kangaroo, you can't get rid of him.

Arlene: Yeah I want to get rid of him. Get out of here!

Cheryl identifies now with not wanting her kid.

Cheryl: I didn't want the kid when I found out about it. Its like taking something and erasing it ...you're not supposed to.

continuing: You don't want him. Get out of my body. You drink you drink you drink, you smoke you smoke you smoke. Here I am ... I want out and I'm seven months pregnant.

11

At this point, I start playing around and acting like a baby. I crawl up to Jean-Claude and to George, acting like a cute baby asking for a tit. They push me away and say "Get out of here". I go up to Cheryl in the same way. She laughs, says, "You ain't no baby", but puts her hands on my head, looks in my eyes and strokes my hair very sweetly.

We then talk together in a warm and matter-of-fact way. She says to all of us, "I do want to get rid of it, but what are you going to do?" She said she and her friends had a "straight forward mind about wanting to accomplish things" never expecting to get pregnant. Jean-Claude and George, who both have kids, talked about what a difficult experience it is sometimes for them to have kids. Then George asks:

12

George : What would you do if you didn't have a baby?

Cheryl: Research, nursing, chemicals, subsidizing, taking something and reversing it into something you can use, clothing, painting, drawing, writing books. Intuiting in someone's world, share in it and leave it again, have fun and leave - when you leave it - you shared with them, its like a picture mirror form.

We joined in with interest about how great it is to be able to dream and create and relate with people and ideas, to have the freedom to get involved and then detach.

Cheryl goes on to say:

13

Cheryl: I had a plan to be alone and resting but she's telling me I have to be in the real world of people

14

Cheryl then giggles and says that if she has a bad thought that she isn't supposed to have the baby hears it and does things to her, it gives her a kick, or sits on her nerve.

Cheryl: Lets say (for example) I'm gonna knock the mess out of someone cause they have an inexcusable attitude.

continuing: It tries to see through you . Its like a twin.

15

Jean-Claude suggests to Cheryl that one way to deal with such a problem is to do the same things it does. To carefully and exactly do the things the baby does, to move just as he does.

Cheryl gets down on the floor and begins to carefully feel and represent the movements of the baby first in her head, making small and sudden motions, and then in her shoulders and elbows. Jean-Claude and George help to amplify the movements by giving some resistance. At one point, Jean-claude and George are resisting her movements of head, shoulders and elbows kicking out and I ask them not to give so much resistance because I'm concerned for her pregnant belly. Noticing my own desire to help her and remembering the role of teacher I was assigned, I say this baby needs some instruction. Encouraging her in her kicks, she soon kicks her way out, and looks around happily at us.

Jean-Claude says that was fun and she said "Yeah" with a kind of longing in her voice. He asks if she's missing

having some fun these days. She said "I am" and when George asks her what she likes to do for fun, she spontaneously responds in an endearing way "Play Twister".

George says, "Lets play now" and begins gathering up pillows to represent the twister spots, while we quickly explain to Jean-Claude what in the world the game Twister was all about. Its a game we played as kids where you have big circles of different colors spread out on the floor, and then you have to spin a pointer on a small colored board to find out that you need to put your right foot on yellow and left hand on blue and so forth until everyone is all twisted up together. We played together an improvised form of Twister, enjoying ourselves immensely. Cheryl claps her hands together. We encourage her to go and have lots of fun and she beams when we say we'll meet again tomorrow.

### **A Dance Lesson**

Later in the afternoon, I joined Cheryl in the smoking room and started chatting with her. I asked her how we could have some fun around here. We got to talking about music and she said, "Come with me." We went to the group room, where she put on a tape and the two of us started dancing together. She began showing me some great steps and we both

were laughing and having a good time. At one point she showed me.. "See you walk" and she walks and then adds a little swing,.. "and then you dance" and she turned the walk into a terrific dance step. "And then you fight", and she made fighting motions with her fists, "and then you dance" and the fist motions became a dance."Or you make space for yourself", making motions with her elbows and arms (a lot like her motions in the session), "and then you dance" and this too became a dance step. It looked so utterly fantastic. Then she said, while combining the steps, "The thing is learning how to put the steps together and then, a good time".

#### THE PROCESS

Similarly to Cheryl's dance, the goal of Process Work is to support all the different sides of a process. When all the parts are supported, the process can be seen to carry its own wisdom. We attempt to allow these different patterns to differentiate themselves and to come into relationship with each other, such that each of these patterns, and new ones resulting from their interaction, can be available to the client. Or we could say that Process Work involves exploring with awareness the nature of experience as it unfolds in its richness. A process "part" represents different qualities according to one's awareness and its interaction with other

parts. They are like clouds which in the motion of the wind form temporary images. Or perhaps the clouds remain, but from one vantage point we see one set of images and from another perspective, new forms seem to emerge.

A useful way of looking at the structure of a process is in terms of a continuum, determining which process parts are closer to and further away from awareness, identity and the client's ability to represent congruently.<sup>3</sup> The continuum might be represented as follows. Towards the left side are the processes closer to identity, or the "primary process". On the right side of the continuum are the processes farther from identity, or the "secondary process".

...A.....	B.....	C.....	D..
victim of	.... (neg) mother	baby	(positive)
	authority	feelings	mother
patient	doctor	body experience	

What is most primary in Cheryl's process might be described as someone who is a victim of authority. This is the child who is a "victim" of the negative mother, or the patient who

<sup>3</sup>Amy Mindell developed the usage of a continuum as a framework for describing process structure and evolution

is a victim of the doctors and authorities who brought her to the hospital, as well as her body experiences and pregnancy.

Secondary to this and the part which is the next closest to her awareness and identity is the authority, the doctor/psychiatrist or the (negative) mother.

Further along the continuum is the baby, or the feelings and impulses she has along with her body experiences. And perhaps furthest away, we could describe a pattern of a (positive) mother, the capacity to bring attention, support and challenge to this "baby" in its development and individuality.

These process parts are dynamic and in a complex relationship to one another, in a living rather than static process. The continuum might even better be defined as a spiral, in which we see the same parts reappearing in their different aspects.<sup>4</sup> For example, the "doctor" or "psychiatrist" who labels and inhibits her experience may reappear to the right of the continuum along with what I've named the "positive mother", as an ability to be aware, differentiate and support her own experience.

<sup>4</sup> Amy Mindell suggested the continuum be viewed as a spiral in her course on "Magical Moments in Process Work", Winter '88.



All the parts of a process need to be supported in order for the process to display its own wisdom, and those parts towards the right on the continuum will be especially in need of support. As we have seen, these parts with which we cannot as readily identify are represented unconsciously in our intended signals. They signal by way of channels through which we are not sending intended communication. Each channel will also have both intended and unintended signals. For example, in the verbal-auditory channel, the content of my speech may be intended, while the tone, volume and much of my syntax is available for unintended communication. This unintended communication of the secondary process carries the missing information (our awareness usually misses it) needed for the system to evolve.

Looking at the continuum, where A is primary, B is secondary. Now A and B form a system, to which C is secondary. The continuum not only shows an evolution of an unravelling process; it also shows a relationship between various subsystems and systems. While the authority figure is secondary to the victim, the baby is secondary to the system which the authority and its victim create. The "positive mother" or the capacity to attend, support and challenge, is in turn secondary to the whole system of

victim, authority and baby. The secondary process holds the key or necessary information for the system to evolve.

The relationships among these subsystems in an evolving process could be represented in the "equation", B: A as C: A+B as D: A+B+C. (Mindell has used this equation to demonstrate the relationship of subgroups and groups in collective process dynamics, in that the relationship between a majority and minority group will be mirrored also within the minority group. Here I use this equation more generally to refer to the relational dynamics of subsystems in an evolving process.)

In the following discussion, the reader is again referred back to the corresponding portion of the video transcription, according to the numbers on the left.

### **Mother and child**

8

At the beginning of the session, and at various points throughout the work, Cheryl sits with arms folded. As we studied the tape later with Dr. Mindell in a case supervision group, Mindell suggested that we could have worked with her simply by putting an arm around her at this point.

As we have seen, this signal can be viewed as representing two figures - one holding and one being held. Looking at this from the perspective of signal work, we could amplify and differentiate this signal, bringing awareness to the different parts. This can be done with many signals of this nature, such as a hand holding a head, or a hand stroking hair, or a hand hitting a knee, etc. More primary is usually the part receiving the stroke, holding or hit, and more secondary the giver of the stroke, holding or hit. In this case it looks like Cheryl would need some love, need to be held, and a pattern or chance to just be a baby. A further step would involve the mothering of herself.

Another way to look at this without talking about the structure of her signals is simply to consider that a nice way to encourage her to be the baby is for us to become the mother. We could say we need to enter into the world or system of the baby in order to communicate with it. To be a baby implies having a mother. A simple way to help her access the baby, or to communicate with the baby in her would have been to mother her. Mindell said simply, while viewing this moment of the tape, "She didn't want to have a baby, she wanted to be a baby."

## The Role Play and the Underlying Process

9

We do not pick up the process in this way. She then says, "There's a bunch of characters right here." We follow this lead by suggesting we go ahead and make a role play.

We can see that the process of playing is already evident here. We begin to play and have some fun together, but we aren't yet aware that this is already the secondary process we are after. This is already the baby kicking out and wanting to play, which we meet consciously only at the end of our session.

We discover in Process Work that the style and atmosphere of the work will often reflect the secondary process at hand. We can refer to it as the "meta-process" or "underlying process". For example, if a person's secondary process is to be very directive, the therapy hour may take on a very directive tone. While attempting to help the client to unravel this process, the process is often already appearing in the overall atmosphere or in the dynamics between therapist and client. Therapeutic skill and sensitivity allows the therapist to represent the least represented part of the process in his style of interaction with the client, while facilitating the client to access the overall process. This usually happens unconsciously, and can be viewed as the

therapist being "dreamed up". Dreaming up is a common phenomenon in which one unwittingly picks up the dreaming process of someone in the vicinity. This occurs as an unconscious reaction to his unconscious double signals, and can also be understood in terms of a field expressing itself through any available channel. (Mindell, 1985a 65-67) It seems to be the phenomenon at the basis of counter-transference, and brings a new perspective towards understanding the critical importance placed on working with the transference-countertransference in classical analysis. (Goodbread, 1988)

In Cheryl's process, this atmosphere of play was significant. Had we been more fully aware, we might have made this more useful earlier on in the process, while having a lot of fun.

### **Play, Edges, Identity and Awareness**

Playing and role playing is anyway often a great way of accessing and unravelling a process, even when the process has nothing to do with playing per se.<sup>5</sup> It is a way of

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<sup>5</sup> Role playing has become quite commonly used in psychotherapy and should be credited largely to Perls' work with the "empty chair" in Gestalt Therapy (Polster, 1973) and Moreno's "Psychodrama", (Yablonski, L. 1976) in which an individual's story is enacted as a drama, with the opportunity to work with these dynamics from the viewpoint

accessing material that is far from awareness, or to which one has an edge. Quite simply, if one cannot identify with a certain process, one can always play it. Make believing allows us to access and unravel material before we are ready to identify with it consciously.

Another characteristic of play is that along with humor, it activates or constellates awareness. The ability to make believe, and to play with different identities is an important stage in early child development. It is the beginning of awareness of identity. Make believing allows a child to differentiate his own identity from the monster or from the mommy, represented as stuffed animals, drawings or in play acting. At the same time, play allows for the child to be the monster and the mommy and all of his many sided nature without having to get stuck in a limited identity.

Humor, too, is the joy and wisdom of not being identified with just one identity, or one level of meaning - our awareness suddenly shifting from its frame of reference. Awareness is no longer tied to a single identity or perspective, but spontaneously detaches from an identity and witnesses the different levels of meaning. The whole business of Process Work has to do with bringing awareness

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of the players, audience and the person whose story is being played.

into different parts and perspectives, with the finding that the process contains its own wisdom when all the parts are supported. In this way, our awareness is no longer attached to a limited identity only; we have the opportunity to develop the capacity of an awareness, or a "metacommunicator" which is distinct from the different parts of ourselves. And this in turn allows us to go deeply into our various parts with awareness, knowing we can come out again, without having to remain stuck or one sided.

#### **Underlying Process and Identification**

While our playfulness corresponded to the process of play inherent in Cheryl's secondary process, we see that we were also working hard to try to pick up her process structure and be "good doctors". An underlying process was occurring in which we unconsciously sided with what we are calling the "doctors" or "negative mother" pattern. We were ourselves unconsciously identified with the authorities or "doctors".

This phenomenon is very typical. A person may be in therapy for years working on his negative father complex, while the whole time, the interaction between therapist and client is unconsciously reflecting the father/son relationship. As long as this is occurring unconsciously, it cannot ever be

processed. Within the system there is no observer of the system itself, no matter how long the issues are discussed and analyzed. The nature of channels is also relevant here. Verbal psychotherapy might go on endlessly, talking about the father, without realizing it is the father who is doing the talking. The person can never really become aware of the father problem while remaining in one channel, because the awareness stays linked to the father's perspective, or it is the father working on the father problem.

#### **The Problem is the Solution**

10

As the teacher, I pick the theme, saying there is a kid hanging around who I can't get rid of. Cheryl gives positive feedback here, adding to it and then identifying with not wanting to have a baby. The role play can then be put aside as we talk together about her feelings. At this point she has gone over the edge of identifying with and expressing the feelings she has about not wanting this child.

12

An interesting sequence of the work follows when George asks her what she would do if she didn't have a baby. She gives a long list of incredible things, from recycling to writing children's books, which she says she would do in the world.



13

She says that she and all her friends had plans, and dreams about their lives, and had never paid attention to the possibility of all of these getting interrupted by getting pregnant. Then she says what at first impression seems paradoxical. She had planned to just be relaxing, and now this child is making her get out in the world.

On the one hand, having a child stops her from doing all of these things out in the world. On the other hand, the baby is making her have to go out in the world. This kind of apparent paradox in fact reflects the nature of process, from which the ideas of Process Work have evolved. The very thing that disturbs us and causes our problems holds the key or pattern for the solution or evolution of the very problem it seems to create. The very problems we experience in relationship hold the pattern for our relationships to evolve and become lively again. Our symptoms hold the pattern for our health and growth.

The theme of Cheryl's process can be seen as very universal. When I showed this tape to a small class I taught on researching "tough situations", there were strong reactions among all the class participants. Each of them were mothers, with either young or grown children, and each had struggled a great deal with issues around having a family and

following their creative interests out in the world. They all had experienced their mothering role as blocking them from developing in the world, and at the same time it was this very problem which had allowed them to develop in the world, by constellating awareness and a struggle around the problem of their creativity.

### The Twin

14

Cheryl giggles while telling us that if she thinks about wanting to knock someone upside the head because they have an inexcusable attitude, the baby gives her a kick. He's like a twin, she says, who knows what she's thinking.

The baby represents a kind of guilt, or a second awareness which knows what she is thinking and feeling. We can also view this signal from the baby as Cheryl's dream, or a secondary process within her personality of kicking out. A part of Cheryl is reacting against a certain "inexcusable attitude" which is present both within her and in her outer relationships. We see in a later session that Cheryl refers to a nurse's "attitude" because she wants to weigh and measure her and treat her like a case. This is the same process we have been calling the "doctor" or "negative mother". She is about to react against this "attitude" and reaches an edge. At the edge, her baby does it for her. This

is a very common phenomenon with body symptoms. One reaches an edge for example to say or do something in relationship and the information changes channels, showing up in the body as a cramp, rash or symptom of some sort. Thus we can say that the emerging pattern of her own psychology is first expressed in the baby's kicks, or the baby is doing something which she cannot yet do consciously. And furthermore, this baby is like a double, not only acting autonomously, but carrying its own awareness. Mindell compares his concept of the Dreambody to Don Juan's description of the "double" or "the warrior himself" in Casteneda's works. (Mindell, 1982 p.31).

### States and Processes

11

In the role playing, at one point I play the baby, and insisting on being just a little tot, having been kicked away by Jean-Claude and George, I come up to Cheryl. She strokes my hair.

There is then a moment of uncertainty in us as to the direction of the process - to hate the kid, love the kid or what? Such moments in Process Work are very important. While differentiating and amplifying a process through role play, there is a tendency to make states out of the roles, almost

forgetting that the role play is of course not the goal, but rather a way of unravelling a process.

In almost every process in which there are dream figures or role plays being enacted and differentiated, a confusing moment appears, where the client, therapist or both, can't remember who is who. It is this moment in which the dream figures, roles, or the momentary static pictures of a fluid process fall away. The quality represented in the role, and the awareness of that role's perspective have been differentiated and momentarily integrated. In this case, the question of whether we are now supporting the negative attitude, the positive attitude of the mother, or the baby becomes irrelevant, and this differentiation once achieved now falls away. In this case as she is able to give support to her (negative) feelings, she is the "positive mother" supporting the "baby". Or by being the "negative" mother and talking about how she wanted to get rid of this baby, she is at this moment the "baby" (with all its feelings) and the "positive mother" who can support those feelings. The parts drop away, and the process simply has to do with supporting one's momentary feelings and impulses.

Here I want to emphasize that process concepts such as primary process, secondary process, edge and dream figures are not intended to comprise a theory of personality, but

are functional concepts, frameworks from which we can access, differentiate, and unravel a process.

### **Movement**

15

In order to access a secondary process or the process furthest from identity and representation, (toward the right side of the continuum), we need to find a way to communicate with it on its own terms, from its perspective or in its channel. We move with Cheryl and encourage her movements because she has described and shown us the baby in terms of its movement.

We try to help her to unfold the information in her movements by way of amplification methods. Among these methods are: inhibiting (mildly inhibiting the signal amplifies the impulse and awareness), mirroring, and encouraging the completion of movements. (Kaplan, 1986) In this work, the underlying process is more significant than the movement work itself. At one point, I asked George and Jean-Claude not to press so hard, concerned for her pregnant belly. The next day, Cheryl mentioned this moment, describing what I had done and saying, "Now that's why I like you". This feedback makes us realize that the caring or mothering, which I had given unconsciously, was the key intervention. While focusing on accessing and unravelling

the process of the baby through movement, the patterns were already being expressed in the underlying dynamics of our interactions. Our playfulness and supportiveness, along with accessing the baby's movements, were useful to Cheryl, but our unconscious attempt to do "good process work" almost ruined a good thing.

In regard to the movement work, encouraging and inhibiting can both be effective ways of amplifying a movement signal. When one uses inhibition of the signal as a form of amplification, implicit is an amplification of the struggle between two parts, in this case the one kicking out and the one holding her down or preventing her from coming out with her impulses to play. The choice of methods would come out of the underlying process structure. In this case, encouraging and joining her, giving the baby help in a loving way, receives better feedback. As Mindell suggested, simply cuddling her and playing with her from the beginning, and then helping her to pick up this pattern, could have short cut the process in this particular case. We would have represented the process of support and mothering which was least represented (to the right on the continuum) which was needed for the whole system to evolve.

### The Kick

When the baby kicks out, it might be easy to assume that her process involves being aggressive, or able to react and assert herself - and in some respects this turns out to be true. But to interpret this kick would be one-sided. By following and unfolding the process further, we find that the baby is kicking out because it wants some space to have fun. For the moment, Cheryl wants to play Twister and to dance.

The kick can be viewed in process terms as we would view a symptom. It is the expression of two processes or tendencies which are interlocked. It is a manifestation of a conflict between the primary and secondary process. In this case, there is a process of a baby and a part who won't let it be a baby. A value system structures the system. This might be an idea that "you'll only get hurt if you follow your impulse" or "grownups should behave intelligently and calmly". The nature of the secondary process is not necessarily to kick. Rather the secondary process is kicking out against a part that won't let it live. Once it kicks out, the process evolves, such that the baby behind the kick can now live. In this case the baby wanted to play.

This respect for unravelling a process brings a new perspective to attempts to deal with aggression, whether in psychotherapy or in a social context. It is an important and fascinating area of study and I will be addressing it again briefly later in this work. For now, I want to just mention that it is frequent to see a process in which someone fears a murderous rage inside of him or her. And while being enraged or having violent outbursts are significant processes in their own right, we see time and time again that an aggressive outburst is often against a part which has repressed and held back the person's ideas, temperament, love, or tenderness. In these cases, the issue of aggression drops away, while a process evolves of formulating ideas, grabbing someone to get to know, or giving a gentle kiss.

### **Who Was Born?**

It was quite a surprise that Cheryl wanted to play "Twister" and a pleasure to see her delight when she clapped her hands together. Who plays Twister? This is a game associated with eleven or twelve year old girls, as was the mood and style of our dance session. While I have been discussing the process of the "baby" in terms of supporting her impulses and feelings, it seems this "baby" is more specifically an adolescent. Imagining into the process of an adolescent, we



can guess that she is filled with lots of new impulses and feelings, learning how to be in relationship with others, having issues with authority and coming out into the world.

## Essay Four

## MOVED BY THE SPIRIT

In the last essay about Cheryl's process, we saw ways of naming and describing process parts and viewpoints, and using these to access, differentiate and unfold a process. An essential idea behind Process Work which I want to emphasize is that processes are not equivalent to these names, nor our tendency to identify with them. This idea is reflected in Lao tzu's statement, "The Tao that can be told of is not the eternal Tao" (Wing Tsit Chan, 1973 p.139) We see the crux of the idea in Plato's metaphor of the cave, which illustrates how people in the cave see only shadows, the appearance of things rather than their true nature. (Plato's Republic Book 7) Bateson writes: "The map is not the territory. The name is not the thing named. The name of the name is not the name." These constraints, says Bateson, are eternal, "and to recognize them gives something resembling freedom." (Bateson, G.B and M.C. 1987 p.21). And in a modern scientific context, we see this idea in Thomas Kuhn's description of how a scientific community tends to observe and create questions and theory about natural phenomena from within its governing paradigm. (Kuhn, 1970)

Our tendency to name, differentiate and identify with certain processes while repressing or assigning to others those processes unacceptable to our identity, seems to belong to our process as individuals in developing from childhood to adulthood, and is at the roots of our transformation from "primitive" to "modern" civilization. I differentiate myself from the images of my dream last night as I differentiate myself from my neighbor. I can successfully repress images, internal dialogue, body sensations, and movements. I can sort them out according to my identity, and can interest myself in them, analyze them, and take in new information in order to change my identity to a greater or lesser extent.

As a club, community or country I do the same, creating borders and walls, distinctions, through which information can be kept out, screened, accounted for, and sometimes allowed in to change that identity. If the borders are too tight, the information floods through in a revolution, or I die in a kind of entropy or isolation. If they are too loose, my very existence might be threatened. What lies across our identity is the stuff not only of our psyches, bodies and environment from which we differentiate our sense of identity and with which we interact. It is the stuff of creation, of inspiration of great thinkers and artists, the poets words, and spontaneous scientific solutions, such as

the appearance of the Uroboros (the snake eating its tail), in Kekule's dream, which triggered the solution of the molecular problem with which he was so engaged.

### **The Gate Keeper**

Our ability to differentiate and align ourselves with certain processes, to perceive ourselves as individuals and subgroups within a collective, as well as our tendency to become limited, isolated and at war with ourselves and others in that identity, can be viewed in respect to the concept of the "edge". I want to refer back to the process continuum in Cheryl's process in a way which may be useful in an understanding of the edge.

...A.....	B.....	C.....
victim	authority	baby
patient	doctor	impulse, feeling

While B is secondary to the momentary identity of A, it in effect structures or defines that identity. In conjunction with A, it creates a system A-B which can be understood as the primary process. B might be thought of as the unconscious element of the primary process, that figure or system of values which defines the identity, serving as its perimeter. If we look then at the relationship between A and

C, we can say A is primary and C is secondary and between A and C, at B, is an edge, the value system defined by a figure which we have been calling, in Cheryl's process, the authority, doctor or parent. This part (B) of the process is sometimes referred to as an edge figure.

The edge figure is a keeper of the gates. It defines and protects the identity or culture. Here is where incoming information is checked out and only what conforms to the "culture" is allowed into awareness. I use the term "culture" here in a very general sense. Editorial review boards for scientific journals are keepers of the gates. They have a highly important function in determining what is acceptable both to uphold and to expand the scientific community. It would not serve the purpose of the journal or scientific community if the editorial board were simply to accept everything which arrived at its door. But suppose there is a paper with information which does not satisfy the currently accepted questions and methods of research. It could be a lousy, thoughtless paper, or it just might be that occasional research which usually only later receives recognition, holding data anomalous to the current theories or perhaps new methodologies, and is a key to a creative advance in the field. To recognize it will be a feat, because the gate keeper's vision is framed in its task of keeping the "culture". It must review this work, forming

opinions and judgements from within a framework that this paper challenges.

In human relations we see this dynamic in racial or national prejudice. We make judgements and interpret signals based on our own frame of reference. The Swiss think that Americans are superficial or even liars because they smile so much and use words like "great" and "best" in describing a meal. In our attempts to understand, analyze, and encounter our differences, whether in international relations, cross-cultural communication, relationships with the neighbors, or in dealing with our own shadows, we tend to form opinions from a one-sided perspective. In our tendency to identify with Chianti or saki, we will make faces and have arguments without ever having tasted the other. And we know that even if we should succumb to tasting it, our frame of reference will already have determined the experience.

### **The Edge Figure as the Authority**

We had another session with Cheryl one afternoon in which a process evolved of Cheryl standing up for herself against inner and outer authorities, and making decisions for herself. At the end of that session, she had told George, her psychiatrist, that she didn't want to take vitamins (in connection with her pregnancy). George had at first

supported the importance of vitamins, but was impressed with how she was standing up for herself, and noticed how her speech switched from "schizophrenese" to quite clear statements when she was able to be the authority and prescribe for herself what she needed. She prescribed a "generic," healthy diet. In this session we can see that Cheryl was able to shift her perspective and identity from that of a victim of authority (inner and outer) to being an authority. The "authority" or "negative mother" which we had described as the part which checks her feelings and impulses is here an important quality of taking authority.

During the session, Kate, Cheryl's head nurse, had been there as an observer. We had extended an invitation for the staff to join us at any time, and Kate had asked to just observe, as she was interested in seeing our work. Only after the session did we discover that Kate was upset. It turned out she and Cheryl had been having a problem together on the ward. Kate felt that Cheryl was "acting out" and resisting her attempts to do usual procedures on the ward; Cheryl was in turn annoyed with Kate's "attitude". Kate felt impressed and rather shocked with the way we had been able to communicate with Cheryl during the session, and was annoyed and quite possibly hurt that she wasn't able to do the same. Moreover, she was angry with George because he had

not put Cheryl on "antipsychotic" medications, and now he was letting her decide about the vitamins.

We later had an additional session together with Cheryl and Kate to work on their relationship issues. As a system, their process reflected Cheryl's individual process. Kate more easily represented the authority (B) and Cheryl her victim (A), yet they each felt the victim of the other. Together, their primary process revolved around an issue of authority (A-B), and each just wanted to be troubled less by the other. Their secondary process as a system involved getting entangled with one another with lots of feelings, (C), which were signalling in both Kate and Cheryl's postures, and tone of voice. As therapists, we also found ourselves involved. We saw that Kate and Cheryl were now the victims (A) of our authority (B), and together we addressed the feelings signalling in the background.

### **Medications**

George had decided on Cheryl's first day on the ward not to put her on medications for the time being. He thought that we would be able to work with her process more easily without medication, as the signals used to observe the structure, and access and unravel a process are often easier to perceive without the added factor of medications. We also



would be able to have extra time with Cheryl. With an opportunity to unravel the information, he felt that psychopharmacology might not be needed.<sup>1</sup> Mindell has also stressed that the effectiveness of medications is actually dependent on a person's process, rather than the medications simply affecting a process. In other words, suppose a person's process involves discipline in the sense of following a strict regimen. In such a case medications may work beautifully, especially if accompanied by the message that they must be taken with absolute regularity. (In such a case a disciplined approach to a regimen of exercise or study would also be a good medicine) Someone with a need for relaxation and sleep may also respond well to a medication, which helps them to calm down. If there is a secondary process of needing to powerfully resist a usual tendency to adapt, we might see a case in which someone is given multiple diagnoses and every medication in the book is tried, with virtually no effect.<sup>2</sup>

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<sup>1</sup> Studies suggest that drug treatment in an intensive milieu with skilled staff may not only be unnecessary for acute schizophrenics but may diminish their ability to learn from the milieu treatment experience. (Rappaport et al, 1978)

<sup>2</sup> A formal research project might be suggested here for the field of psychopharmacology, where process structure could be observed and recorded along with responses to medication.

## Medication and the Environment

Interestingly, Kate pairs the issues of vitamins for Cheryl's pregnancy and psychopharmaceutical treatment for her schizophrenia. This makes sense in terms of Cheryl's process. The goal of giving medications is to control the inundation of unwanted signals, in the form of auditory hallucinations and scrambled speech, mood and thought disorders. It serves the role of the gate keeper. When Cheryl is able to identify with the authority instead of its victim, we see her speech become clear, and her behavior "normalized". It is not that she has a lot of awareness or access to her overall process. Rather, she has momentarily taken over the role of the gate keeper, and is able to repress or organize the kinds of secondary signals which are signalling to the primary process and the environment. In the moment she took over the role of authority (in the form of "prescribing" for herself no vitamins and a healthy diet for her pregnancy), she also took over the function or role of the medication.

Kate, however, is distressed. On one hand we see that Kate has an inner conflict, too, about authority. In the session, she was unable to express her feelings, because of the authority represented by us as psychologists and George as the psychiatrist. We also see that she is a capable and

well respected nurse, very much identified with the institution and her role in keeping the place managed efficiently. She is concerned not only for herself, but for the whole staff, the other patients, and a sense of order and clarity on the ward. Patients with a diagnosis of schizophrenia with any signs of strange behavior are normally given medications, and she sees no cause for exception. Moreover, she is angry that George made this decision without consulting her and the other staff.

It turns out that George, too, has a conflict within himself regarding authority. He believes that there is far too much use of psychopharmacology, and is very interested in exploring alternative methods for dealing with his patients. At the same time he is concerned about what his colleagues will think, the staff as well as other doctors in the hospital. While he usually consults with his staff about such decisions, this time he does not. He simply acts on his authority, but because of his own inner conflict around authority, does not communicate it to the staff.

Medications are intended to help the patient to function better in their lives and within society. It should be noted that many patients are deeply grateful for the possibility of resuming normal lives after a psychotic episode, in part due to the developments of psychopharmacology. Functional

behavior, however, often implies only a marginally functional life for people - and the kinds of experiences are kept out, which if processed could enhance their lives. The goal of functional behavior also naturally implies not only the patient's health, but the society or milieu within which the patient should function. If it is true that the experiences associated with psychosis carry information with inherent significance for both the individual's life and the collective, our implicit assumptions in the extensive use of psychopharmacology will need to be questioned.

Kate in her role as a psychiatric nurse in a large institution represents a gate-keeper for society. In the introduction, I suggested that institutions might be considered edge figures for the society at large. She fills a role of trying to keep out the kind of experiences, such as this "exception", which could threaten the management of the ward. Her role is important and not something we can try to ignore or simply oppose. She is concerned, and rightly so, that while we are exploring processes, she and the other nurses have to deal the whole day and night with Cheryl and the rest of their patients. And here is a critical point. They do not have the tools and ability to communicate with Cheryl as Kate saw us doing in the session. This is why she was also angry with us. It is not enough for us to have these tools, if she and the rest of the ward and hospital do

not. Without tools to communicate with the seemingly chaotic signals arising from the other side of the gate, the gate keeper is sorely needed. That's why we have psychiatric hospitals. Kate feels in a weak position without these tools and medication is a strong ally.

This touches upon the background vision of this dissertation regarding the possibility of institutions evolving into forums of research and collective process work around our edges as a society. As edge figures in society, our institutions would be challenged to become more skilled and powerful in their role. With the discipline inherent to the gate-keeper's task, we would need to learn tools for communicating with the phenomena which disturb our sense of identity, and in a process of communication and confrontation with our nature, facilitate the inherent creativity of such an encounter.

### **Tools**

By entering the perspective of a foreign world, assuming it is not all that foreign, we discover we can unfold information not only according to the name we have given it from the perspective of our identity, but rather from within its own channel, terms and style of communication. Tools of Process Work allow us to understand and communicate in a

language foreign to our own identity, and to momentarily conform to its mode of expression in a process of communication. This does not mean simply to ignore the edge phenomenon. Rather it becomes clear that our perception, defined by the edge is one-sided, such that we perceive everything with a prejudice. If the information can be unravelled on its own terms, the "edge figure" can wisen up and facilitate a real encounter between the different perspectives. In the case of the woman with manic episodes in Essay 2, we discover it is the perspective of a school teacher which has been labeling the signals of urgency and inspiration as crazy, in need of Lithium and psychiatric care. Once the signals were unravelled, a creative encounter could begin between her down-to-earth realism and her impassioned ideals.

A major finding in Process Work is that all the information needed for the system to evolve is present in the system. And a system evolves when this information can be represented congruently and picked up by a receiver, another part or person in the system. This occurs when information is expressed once without interfering signals, or awareness shifts perspectives and accompanies the information. By congruently representing any subsystem, a process can begin to unfold, as awareness is also brought into the reactions of the other subsystems.

A system remains homeostatic when the individual parts are not represented congruently. The communication between parts perseverates in a complex system of signals. We can envision Ionesco's existential play, The Rhinoceros, in the scene where a room full of people are each carrying on different conversations, such that each part is amusingly scrambled by the messages from the other parts. As we have seen, it is particularly the process farthest from awareness (on the right of the continuum) which is getting the least air time in the system. And the signals from this part appear as disturbers. It is this minority viewpoint which most needs support to have its view expressed rather than repressed or interpreted by the majority culture whether of the individual, couple, family or group. This suggests that we might look at cross-cultural issues in function of an awareness or "psychological" dynamic. And we might also learn something about our psychology from cross-cultural research, in terms of our capacity to perceive and communicate with different cultural viewpoints. (This would be a fascinating research topic.)

An essential idea of Process Work, with accompanying technique, involves the need to support all the parts of the process for a creative evolution of the system. It is an essential and often difficult task to see that while

communicating with one part, another part is not alienated and sabotaging the communication. A new student of Process Work will attempt to address and support a double signal, abruptly pointing out, "You are making a fist", or "Can you hunch over even more?". Naturally, the fist suddenly disappears, or the person sits up straight as an arrow, because it is the primary process reacting, who has no intention of making a fist or hunching over. Studying Mindell at work, we discover that much of the sophistication and apparent "magical" character of his work has to do with extraordinary multi-level interventions, in which the different parts of the process are being supported simultaneously, while a process is differentiated and unravelled.<sup>3</sup> And as these signals from both sides of the "gate" are communicated with on their terms, and a process of real encounter unfolds, we witness creation, along with the awe it suggests.

### **The African Spirit**

We met Cheryl's mother and sister one afternoon as they were meeting with the social worker. Cheryl's mother appeared attractive and strong, with intelligence and presence.

Cheryl's sister looked agitated, her eyes trancy, and she

<sup>3</sup> Amy Mindell has described such multi-level interventions as a part of her ongoing research and training which she calls "Magical Moments in Process Work".



smelled strongly of alcohol. We joined the session briefly and invited them back to have a session together with Cheryl. The invitation was warmly received and we met a few days later.

They arrived late, and this meant that George would only be able to stay for part of the session. As we chatted a moment with Cheryl's sister and mother while getting settled in the office, Cheryl broke in saying we should get down to business. For her, the business was to talk about her contractions and that she wanted to make sure she had an appointment with the doctor. She felt the baby would come in a matter of days, (she is still in the seventh month), and so she needed an appointment for the delivery. The discussion is quite scrambled and hard to follow and takes us about fifteen minutes into the session.

Within this conversation, Cheryl's mother asks George, "Why does this happens to Cheryl?", referring to her schizophrenia, and specifically her scrambled speech. George acknowledges her concern, but says very little. At this point, I have a strong feeling for Cheryl's mother. I feel a desire to respond with information about the various theories of schizophrenia, what we know and don't know, and acknowledge that we as psychiatrists and psychologists can't really answer her question. I hold on to my tension,

deciding to study the role I am carrying in the system.

Cheryl's mother cries a bit.

Then George has to go, because his appointments are backed up. Issues regarding finances and various application forms for social services have come up, and Jean-Claude and I continue discussing practical matters with the family briefly. The communication begins to perseverate and cycle. Now Jean-Claude addresses Cheryl's mother, asking her what happens when the communication between them breaks down. Cheryl's mother says, "I lose her" . Jean-Claude asks how she loses her. "She starts talking, babbling, she loses me." Again Jean-Claude asks, "How does it really happen?"

At this moment, there was a kind of poignant pause, an uncanny feeling in the atmosphere which I still recall, as if everyone had slipped into an altered state. Cheryl's mother then leaned forward, put her hands on her knees in a powerful gesture, saying very strongly and congruently. "It's because of a spirit bothering Cheryl". At this moment, and throughout the rest of the session there was an incredible liveliness, a sense of involvement and agreement which filled the room. Cheryl's sister began to cry and told how once two of them couldn't hold her down, and that another voice was talking through Cheryl. Cheryl joined in, agreeing and talking very lucidly about the spirit. We asked

her to describe what it does, and she told how it would swipe her head, and spray her face, and her eyes, so that she has even tripped down the stairs.

Jean-Claude and I both say this sounds like the real thing. Jean-Claude asks her to show him how the spirit did this. She shows it, and he continues to help her access this information by also doing it to her, making swiping and spraying motions, and working with her feedback to amplify the signals. This whole transaction is quite remarkable. She is completely lucid, able to both go into the experience and to metacommunicate about it. Her language is clear, and she has a sense of humor, while at the same time taking the experience very seriously. Jean-Claude continues to support her to do what the spirit does. She makes movements and sounds of the spirit, as Jean-Claude helps her to amplify the experience, by now resisting and pulling away from her. Cheryl is now the spirit. Jean-Claude, in the role of Cheryl, asks the spirit what it wants. At this point, as the spirit, she says very strongly. "DO SOMETHING. DO SOMETHING. DO SOMETHING to become responsible and independent."

We all say practically in unison, "AHH So that's what the spirit wants!" Cheryl looks very moved and Cheryl's mother begins to speak softly yet animatedly. She speaks with great insight, directly to Cheryl, saying that she now understands

that they had been trying to take care of her in a way which was not helpful to her. She tells Cheryl that it is up to her what she wants to do, and that she will support her all the way in doing whatever that is.

Cheryl's mother looked like someone who suddenly woke up. All at once, she became aware of the process she had represented in Cheryl's life. By constantly trying to advise, help, worry about, and change Cheryl, she was in fact not supporting her at all. In a moment's insight, she realized that to really love her would be to support and challenge her to be and do what she wanted to do. Her voice and manner towards Cheryl completely changed. Whereas she had been talking to Cheryl like a mother to a small child, or addressing us as doctors about Cheryl as a patient, she now had strong and direct contact with Cheryl. Cheryl's sister, too, was glowing.

In this moment, she, Cheryl's real mother, became that missing "positive mother" - and simultaneously Cheryl was set free to pick it up for herself. This spirit communicated to the family a pattern of giving full support for being oneself, for supporting and challenging one's own perception, and independence.

## Discussion

When Cheryl sits together with her mother and sister, she is the family's patient. Together with us in a psychiatric ward, the family is the patient, and we are the doctors. An interesting thing happens when Cheryl's mother asks George why Cheryl is this way, in regard to her scrambled speech. I feel almost compelled to give her information about schizophrenia. I have a strong feeling for her, which I might express in a range of possible ways, but I am momentarily identified as an authority. My particular way of being an authority here involves a certain ethic which requires me to give her access to all the information I know regarding schizophrenia, giving her a sense of the range of theories abounding, and the questions which are unanswered. I decide not to follow this urge, aware that I am having a compulsion, which suggests that I would be simply unconsciously filling a role in the system.

We might say a hole is left, a question left unanswered, and George, the identified doctor in the system has left. Now Jean-Claude asks Cheryl's mother basically the same question, "What happens to the communication between you?" As he keeps asking, there is a gap in the usual communication system. The usual "authorities" who would answer this question are not responding in the expected

pattern. George has left, Jean-Claude and I are not responding as the "authorities" typically respond, and Jean-Claude does not accept the first answer Cheryl's mother gives.

How will this question be answered? There is a hole, a pregnant pause, an altered state, like a bed for the dreaming process to stir, and through which we will see the spirit emerge, as Cheryl's mother sits forward and announces that a spirit has been bothering Cheryl. (I'm reminded of the Navajo weavers, who must weave into their rugs a conscious mistake, an interruption of the regular pattern, so that the spirit can get out.) We discover that behind the incongruent or irregular signals in the family's or Cheryl's communication lies a spirit.

Though it is difficult to bring this across in writing, I want to emphasize the numinous atmosphere which accompanies such a sudden change in awareness; to watch Cheryl lucid, independent and engaged, her sister glowing, and the beauty of Cheryl's mother in her moment of insight. We can guess that all the analysis in the world would not have helped Cheryl's mother to understand how she had been unconsciously supporting Cheryl's "illness". The spirit really did move her. This numinous atmosphere is worth describing in, though not reducing to, different terms, because it is such

an essential part of a process approach. We could not know that a "spirit" would arrive, and are not in a position to say this is the "right" process, because our theory predicts that a "spirit" or anything else lies at the core of Cheryl's "schizophrenia". Rather the only thing our theory predicts is that when a process is unravelled according to the information it brings, the whole system gives positive feedback. This "atmosphere" reflected a system which was momentarily congruent.

When we work with individuals in a seminar setting, at this point in a process, not only the individual, but the whole system including the room full of seminar participants, will appear congruent. Everyone's attention is focused. Earlier, during the process, people will be moving, writing, adjusting their positions, looking at one another, perhaps whispering. Some will be supporting one side of the process or the other, the awareness and attention of the group split in many parts. At this moment, as a process is unravelled to its core, the whole system gives congruent feedback. There are for the moment no double signals, no questions left and the experience stands on its own.

A question is asked, "What happens to Cheryl?", "What happens to the communication in this family?". The usual "authorities" are asked, but do not answer. The gate keeper

leaves the room, doesn't answer, asks the question again, and leaves the gate open. Then the answer comes in the form of a spirit.

Cheryl's mother has gone way over an edge when she leans forward and announces that a spirit has been bothering Cheryl. As a black family living in the modern Western world, they don't go around talking about spirits in their everyday life; certainly not in a hospital setting with white doctors. We might imagine this discussion and the following events going on more easily with a local "witch doctor" in a small village in Africa, where it wouldn't be unusual to understand Cheryl's behavior as a spirit possession. There is an edge in the family system, reflecting a wider cultural edge or value system of Western society, which does not support the possibility of being spoken to by spirits. There is an edge in her family and in our culture around belief, belief in experience which cannot be immediately relativized into an acceptable religious experience, a cultural notion, a psychological idea, or a physiological fact.

In this session, we became "witch doctors". We were not just playing "as if" we believed, rather we believed along with the family that a spirit had Cheryl. It is really a simple matter of seeing and believing in the information being



presented. We could say that knowing that a process is not equivalent to its name, allowed us to go ahead and believe in the experience and the name it was given, without questioning whether it was a right or wrong name or explanation of her behavior.

In this way, our background in psychology paradoxically allowed us to leave a psychological frame of reference, just as their background belief in the spirit allowed them a leap in awareness, as they heard the messages which the spirit spoke. We could say that the moment the spirit was mentioned, the "unbelievable" believed, the family was over the edge, representing and believing in their perception over the culturally acceptable explanations of such an experience. This would be a psychological understanding of their process. But a true process understanding has to take into account the fact that this was not a "psychological" experience for the family. While they were naturally supported in their perceptions, their experience was not so much about believing in their perception, but about believing a spirit. When Cheryl played the spirit, she was the spirit. And the spirit's message was heard. Impressively, Cheryl's mother was then also able to integrate that message into a psychological understanding, which she herself offered spontaneously. She understood the significance of supporting Cheryl in her individuality,

without relativizing it to her own expectations. At the same time, the experience with the spirit was not relativized as a reference to a psychological experience.

This process is reminiscent of primitive rituals, in which someone is chosen to wear the mask of a god. As he puts on the mask, he does not merely represent the god, he IS the god. In such rituals there is a freedom from a world where logic prevails, where A cannot simultaneously be A and B. There is a shift from a view where things are understood to be distinct from one another, to a sphere where they are accepted for what they are experienced as being.

(Campbell, 1987 p.22)

### **The Spirit's Message**

This is an active spirit, a creative spirit. It moves, swipes and sprays. It literally moves the family, transforming their momentary communication patterns. And its message is to DO something. This spirit wants to be active in our world, wants Cheryl to get out in the world and do something, to be independent and responsible. The adolescent is being kicked over the threshold from childhood to adulthood, to bring its dreams to life. It reminds us that creativity comes from the meeting of worlds. The spirit signals as a disturber from another world, asking to be

believed, and to be lived and expressed in action. A baby moves from the womb to birth.

We did not have the opportunity to follow this family, so we can only guess that while their interactions probably continued in many respects much as they always had, a new pattern of communication had been accessed which would now be available to them. We can guess that Cheryl and perhaps her sister will make steps in the direction of becoming more autonomous and active in their family and in the world, and Cheryl's mother will have access to a new pattern of supporting her daughters as well as her own perceptions and beliefs.

Cheryl's family's process is their own, but it belongs to our whole society as well. It belongs to the study of extreme states, along with our approach to all the experiences which we would attempt to keep out, or reduce to an understanding bound in prejudice. To act, as a society, if we are to pick up this message, we will need tools to bring to life the creative potential within us.

## Essay Five

**BORDERLINE: CHALLENGING THE BORDERS**

"Borderline patients can make up a significant proportion of an inpatient population. It is our impression that they often tend to be more overtly behaviorally disturbing than emotionally disturbed, thus frequently creating an atmosphere of crisis in the therapeutic milieu"  
(Nurnberg and Suh 1980)

Approximately 50% of the patients on the ward were diagnosed with character disorders, and most of these Borderline Personality Disorder (BPD). Recent studies indicate high numbers of patients diagnosed with Borderline Personality Disorder in wards throughout the country, and that there has been a significant rise in this diagnosis in recent years. Because of this high number of "borderline" patients, as well as the fact that "borderline" patients are often recognized in terms of the troubled atmosphere around them, it will be interesting to use Process ideas to try to understand the borderline patient in a collective as well as individual context.

"Borderline Personality Disorder" is sometimes talked about as a fashionable diagnosis of our times. The literature suggests both a fascination and confusion around the diagnostic category, with different explanations to account for it. Perhaps diagnosticians have simply found a new name,

a new "diagnosis" for a group of symptoms which used to scatter across several different diagnostic categories. Perhaps these patients were around, but stayed within their homes and communities and didn't show up with such frequency in hospitals. Or perhaps borderline patients represent symptoms specific to our era.

The name "borderline" itself elicits a sense of vagueness, a lack of clarity or distinction. Tischler and Widiger (1987) state that the diagnostic criteria of Borderline Personality Disorder have vague boundaries, and include widely distributed, but relatively non-specific, definitional features, making it a wastebasket category in diagnostic situations that are otherwise fuzzy or uncertain. (p.269) Perhaps just because this diagnostic category is considered to be "fuzzy", it is particularly important to study. If this category is being used as a "wastebasket", perhaps it may be useful not only to question and tighten the criteria as suggested by Widiger and Tischler (1987 p.269-277), but to consider what characterizes the kinds of situations in which the therapist or diagnostician becomes lost, and allots her lack of clarity to a wastebasket category. It will be interesting to study particularly those cases which give our field so much trouble, which appear to need a category of their own, yet seem to cut across many other diagnostic categories, causing confusion and a rash of

different theories and approaches. This area of study may bring a challenge and chance to expand our current theories and methods, such that they become more applicable to these "borderline" cases, which appear in great numbers. Perhaps at the same time our theories and approaches to individual and collective behavior might be challenged to become more relevant to a wide range of human problems.

Let's look at the diagnostic criteria for Borderline Personality Disorder from the Diagnostic and Statistics Manual of Mental Disorders, Third Edition-Revised.  
(DSM III-R)

- 1) A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of over-idealization and devaluation
- 2) Impulsiveness in at least two areas that are potentially self-damaging. eg. spending, sex, substance use, shoplifting, reckless driving, binge eating
- 3) Affective instability: marked shifts from baseline mood to depression, irritability, or anxiety, usually lasting a few hours and only rarely more than a few days.
- 4) Inappropriate, intense anger or lack of control of anger eg. frequent displays of temper, constant anger, recurrent physical fights
- 5) Recurrent suicidal threats, gestures or behavior, or self-mutilating behavior
- 6) Marked and persistent identity disturbance manifested by uncertainty about at least two of the following: self-image

sexual orientation, long term goals or career choice, type of friends desired, preferred values

7) Chronic feelings of emptiness or boredom

8) Frantic efforts to avoid real or imagined abandonment.

From viewing these diagnostic criteria, and from getting to know many people who receive this diagnosis, we see issues clustering around identity, affects and relationship. While probably everyone struggles to some extent with existential or culturally-bound issues of identity, affects and relationship, there is a certain agreement that these issues take on remarkable proportions in these patients. Moreover, these issues get constellated rapidly in all the people around the "borderline" patient, who find themselves behaving in ways that they normally do not know or identify in themselves.

Just what is so difficult about these patients? Nathan

Schwartz writes:

The term Borderline has become a buzzword in clinical practice. In consultations with each other therapists acknowledge how "difficult they are", that is, borderline patients - and are inclined to commiserate with one another. Describing a patient as "borderline" can be a device to absolve the therapist of any serious

errors. Nevertheless, the borderline personality disorder exists and does in fact create exceptional problems in psychotherapy, not the least of which are intense negative reactions in the therapist. (1988 p.15)

In therapeutic work, problems around transference and countertransference reactions take on enormous proportions, and in a ward setting, it is apparently not at all unusual to see a whole staff, involved in what is termed a "splitting", finding themselves in the midst of professional and personal battles with one another around their personal feelings and convictions about the right way to treat the borderline patient. Similarly, the literature concerning work with borderline patients tends to be divided into camps. While a full review of the range and depth of the current field is not possible within the purpose and limits of this essay, some of these "camps" will be outlined within the context of a presentation of Process concepts and tools as they are useful in working with these patients and the dynamics involved between the patients and staff.

Process Work brings some fresh perspective into the kinds of "field dynamics" occurring around borderline patients and their environment, with possible wider implications to collective processes generally. Process Work also brings tools for working with the kinds of affects which tend to



possess these "borderline" clients and the people who try to work with them.

Below is a quite detailed description of our work with a "borderline" patient on the ward, followed by a discussion and additional case material which illustrate key concepts and issues concerning borderline patients and their treatment, the role of the psychiatric ward, and what we might understand about the information these people are communicating to our society.

### **Mark**

Mark is a small, thin, 22 year old man. He is continually looking down, fingering his buttons softly and rhythmically, and talking slowly, in a low, monotonous voice, with a kind of whine, and pauses between phrases. He lives with a male friend of the family and does not support himself financially. He attempted suicide twice at ages 17 and 20. This time, he has checked himself into the hospital because he is afraid that he will kill himself or somebody else. He speaks of having had years of both "physical and mental abuse" and being "cut down" by his family. His mother had died some years ago of bone cancer and his father had blamed him; "He wished it had been me instead of my mom". He said his father used to beat him, and if his mother would try to

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intervene, his father would beat on her instead of Mark. He had thoughts of shooting his dad, but thought that he would then be sitting in prison and that would be worse than dying. He also said "I'm a person who doesn't like to fight".

What do we understand of Mark's process at this point? He identifies as a victim of affects in the form of aggressive abuse from his father. This aggression is happening to Mark; it is beyond his control and causing him suffering. We might consider that within this aggression is a pattern of behavior with which Mark cannot identify, and cannot yet represent and access consciously in his life. It is for now represented as the "father" and appears in the statement, "I am a person who doesn't like to fight." (In the sentence structure, we would say there is a pattern for someone who fights with whom Mark does not identify). We also observe the pauses in Mark's phrases as well as the rhythmical way in which he fingers his buttons, suggesting that Mark is partially entering an altered state, "dreaming" in those pauses and in the rhythmical motion.

During the following two weeks, we had a few sessions with Mark, which culminated in a very intense session, before he left the hospital. A synopsis of these sessions is presented below.

### **The First Session**

During the first session with Mark, he is sitting with head tilted forward and downcast eyes, complaining that the staff force him to eat and do things he doesn't want, speaking in a monotonous low voice and then laughing a little.

Looking at his posture, his eyes looking down, and listening to his low and whining voice and comment that the staff are telling him what to do, we get a lot of information. His posture, tilt of the eyes and voice quality are signals from one part of a story. They represent an identity, a partial picture. We can ask ourselves with whom is this part communicating? What is the rest of the story, or how is this "gestalt" completed? We can imagine a "figure" looming over him telling him what to do. We see a scolded child and the "father" over his shoulder.

To work with the overall process, we will also need to access this figure looming over his shoulder, and then support the story to unfold. A good way of working here would have been for us to represent or enact this missing figure, adjusting our own creativity and unravelling the process according to his feedback, and trying to have him also "play" this figure, allowing it to unfold and perhaps bring its message to Mark's life.

Instead we are first curious about those downcast eyes and laughter, and interested in trying to establish contact with him. We both spontaneously lie on the floor looking up at him, making eye contact. He laughs and seems to genuinely like the contact, yet more predominant is his unmoving posture, and his eyes quickly look away. He says he wants to die. We experiment with engaging with his posture, guessing into the possible power in the unmoving quality of his position. Jean-Claude tugs a little on his arm and Mark pulls back, resisting slightly, but gives little feedback to this path of working. He then repeats that he just wants to die.

We can guess into two possible directions that his process may be leading. One has to do with a power, manifesting presently in this missing figure, or indeed as a resistance to this figure looming over him and to our interventions. We can guess that one step of his process will involve him being able to consciously resist the inner and outer figures dictating his behavior and assert or dictate his own wishes. Another direction his process could take would involve leaving contact with us, and the inner figures threatening him, and dying or entering a kind of altered state.<sup>1</sup> An

<sup>1</sup> Mindell defines altered states as referring to a state of consciousness which is different from the state associated with the collective primary process. For example, if ordinary waking consciousness is our primary state, altered states include nocturnal dreaming, hypnotic conditions,

altered state might involve a break away from his usual identity and the system of rules governing his internal behavior and relationships, and entering a necessary "dreaming process", which might evolve new patterns beyond the current identity.

We expect his process to unfold in the way of resistance, because of the aggression talked about in our first meeting, his posture, and statement that the staff won't leave him alone. But when he gives very little feedback to our interventions and says again that he wants to die, we follow him and go the other route. We say, "Let's do it now then." Giving very positive feedback to this idea, he lies down on the floor, closing his eyes, and soon says that he sees himself inside a coffin, feeling happy and very restful. He then describes a pressure all over his body. To amplify this pressure, we covered him with pillows and a punching bag. He says the pressure feels just right and we see no signal in him to push off the considerable weight. Once more, we attempt to amplify and differentiate the parts; the pressure maker and the one being pressured. We apply even more weight, and attempt to guess into this figure looming over him, representing it verbally. This brings negative feedback. Mark's momentary process is to

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drunken and drugged states, states centered around strong emotions like rage, panic, depression, elation or states induced by mediation." (1988, p.173)

actually enjoy the experience of feeling the weight on his body. He isn't just suffering and tolerating it, but in fact likes it. It seems to help him get in touch with his inner body sensation or proprioception. We observe this by the change in his breathing (stomach breathing in a slower rhythm), the color and muscle tone of his face, and in the vibration of his eyelids.

Mark stays like this for about ten minutes, as we encourage him to follow his body sensations. We need to end the session at this point, so we encourage him to find out for himself what was so good about this state before coming out. After removing the pillows we suggest that for now he not think or talk too much about his problems, but stay in touch with these feelings. He says he feels very peaceful.

One way to look at his process is that he seems to have a big edge to be powerful or assertive, and at the edge, he wants to go away and die. Upon reviewing the tape, we first asked ourselves if we could have accessed Mark's process more immediately by representing the figure looming over him at the start, or perhaps by insisting that he follow our orders as therapists and then process his reaction. Following the process of "dying", however, which for Mark meant to feel his body and to feel at peace, might be a necessary step in an unfolding process. If at the edge, he

goes away and "dies", he might need to make this trip around the edge, entering an altered state in order to develop the patterns or resources which he will need to deal with this conflict.

### **The Second Session**

In the next brief session, Mark is holding his head in his hand. As the therapist, I ask if I can hold his head, taking the place of his hand. He likes this and becomes quite shy. He then complains that he has a headache. I try to work with his symptom. He describes the headache as a needling and pounding, which causes him to feel in a drunken state. Encouraging him to show me, and move like the "needler" or "pounder" gets negative feedback. He is interested, however, in going more into the experience of the drunken state, which the headache brings on. He moves like someone in a drunken stupor and collapses on the couch, describing it as a feeling of "letting go". The experience of the headache mirrors the process which had begun when I held his head, so I return to taking over the part that can support him to just let go. I sit close and put an arm around him, talking about how rough things are, as he simply beams. Amplifying this process, I tell him we shouldn't even work today at all, but just sit here like this together. I then go with him to the nurse station, and while rubbing his back a

little, request an "extra strength" aspirin for his headache. He loves this.

### **The Staff's Reactions**

Meanwhile, however, the staff on the ward are becoming quite upset with him. Mark whines and complains a lot and does not stand up for himself except in a passive-aggressive way. He has lots of relationship problems both with the other patients and the staff, and no one seems to like him. The staff consider him a classic "borderline case," see no improvement, and already are convinced he will become a chronic visitor to their ward.

In a conference with his social worker, we decide to support the reactions in the staff, who feel he ought to be getting his act together to decide practically what he will be doing when he leaves the ward. The staff's concerns, and the part within Mark which they represent, are in need of support; it appears time to support and challenge Mark to take on responsibility for these concerns, too.

### **The Third Session**

The social worker, Bill, Jean-claude and Mark meet. Jean-claude and Bill begin to address Mark directly about the reality of his situation on the ward. Bill says that it will have to be his choice if he really wants to become a chronic



patient in the system, or to make a change. He emphasizes that Mark needs to begin making plans immediately about what to do when he is soon to leave the hospital. Mark's head hangs down and he said only a few words in a low monotone voice.

Recognizing that they are polarizing Mark's reaction by being in the role of the ones who are concerned and telling him what he needs to do, Jean-claude attempts to amplify this polarization. In Mark's head hanging down, there are two sets of signals; there is the part which is looming over him or pushing him down (now represented as Jean-Claude and Bill) and the part which is oppressed by this pressure, and feeling depressed. Amplifying this kinesthetically, by putting Mark's head forward firmly with his hand, Jean-Claude expects some resistance, and perhaps an opportunity to process the interaction of these conflicting parts. But there is no signal of resistance whatsoever. Instead, Mark seems to love it, and he sinks deep inside himself, again into feeling his body. Deciding to drop their program, and after explaining this to Bill, Jean-Claude supports Mark's introverted process as he remains deep inside himself for over a half hour. Jean-Claude stayed with him, his hand on his back, occasionally telling him to keep feeling all of the sensations within him. After a half hour, Jean-Claude says he'd like to stay, but needs to go, and supports Mark

to wrap himself in a blanket, and stay with all his body feelings. Mark walks around the rest of the day with a blanket around him, looking warm and content, apparently in touch with his proprioception and indeed a feeling of being special.

Naturally the staff on the ward do not think that this is a great improvement in his condition. There is general agreement among the staff that Mark is regressing, showing no signs of being able to relate realistically to his situation and other people. We have been intent on following Mark's feedback, and his process has evolved until now in a direction of "letting go", being mothered, feeling his body, dreaming, and dropping out of the system defined by the aggressive father and the weak son. The aggressive aspect of the process has not yet been accessed and appears in the staff's reactions to him as well as in his unconscious demands around the ward.

#### **A Meeting and Final Session**

Another short meeting follows, in which we discuss the practical issues facing Mark to prepare leaving the ward. Jean-Claude, George, Bill and I are all together with Mark. Mark has requested an additional week on the ward. George is concerned that he has been exhibiting classic behaviors of a severe and problematic borderline case. If we do not allow

him this extra week, he will probably attack us for being the "bad parent", go out, and be back in a few days with a suicide attempt. However, if we do give him an extra week, he fears we will be simply prolonging the same story next week, with yet deeper entanglement. With a sense that the process might yield its own solution, we make a commitment with each other that he can stay the extra week, with an agreement that Mark initiates working on his relationship issues on the ward, getting help from Jean-Claude, as well as work with Bill to line up appropriate outpatient services for when he leaves.

A few days go by, it is two days before his scheduled day to leave the ward and Mark has not initiated using Jean-Claude to work on relationship issues on the ward. Jean-Claude goes up to Mark and says directly "We had an agreement that you come and work on relationship issues and you haven't done it, so I'm through with you." Ten minutes later, Mark is all over the ward looking for us. He tells each of us that he has something very important he needs to talk about this afternoon. We have a half hour available and meet for a session. Mark says he has a relationship problem with a guy on the ward and wants advice from Jean-Claude. He says that he is experiencing anxiety and shaking in his body. He also tells us that he got so mad yesterday, he had to go into seclusion and then had hit a nurse with the door on purpose,

even though his fight was with someone else. He is shaking as he speaks and I began working with him, trying to communicate with this kinesthetic signal by mildly inhibiting his movement through touch. He laughs nervously, and continues to shake, but I find myself confused by his feedback, and unsure if this is an edge to go into the movement and apparent intensity of emotion behind the shaking, or if this is completely the wrong track. Mark had specifically asked for Jean-Claude's help, and is probably rightly angry at my intervention which is inappropriate at this point, and is unable to express it directly. I step back, asking for Jean-Claude's and his help to understand his feedback. Jean-Claude now begins to engage with Mark's movement. At this point, Mark suddenly says, "If you don't stop, I'll hit Arlene".

A very strong interaction follows. At first I am apparently quite oblivious to what he has said, seeing him as a weak and small guy, my perception is clouded. Jean-Claude asks me to move back, recognizing that I am not fully realizing that if someone says they will strike out, and has mentioned that they did this yesterday, they will likely do it. Jean-Claude then challenges Mark very directly. He is angry that Mark has threatened me. At the same time, he decides to use this affect in a way which will help Mark to process his own unconscious affect. If Mark's edge is to be able to confront

someone directly, this means that confronting Mark directly, and consciously, will be useful in getting to the core of this process. To access this process in Mark, he will have to first embody it. Strongly and congruently, Jean-Claude confronts Mark for having threatened me, and even restrains him physically in his attempt to turn away. At the same time Jean-Claude remains alert to Mark's response, ready to support him to pick up his own power.

At first Mark whines and squirms, complaining that he is the victim of Jean-Claude. But, as Jean-Claude keeps up his challenge, telling him that he isn't just going to let him leave the way he always does when things get tough, Mark suddenly becomes fighting mad. A remarkable change happens, as Mark suddenly has a booming and deep voice. (Bill, the social worker was next door and later mentioned that he could simply not believe that this was the "weak" Mark he knew.) Mark then throws Jean-Claude off with incredible power, (Jean-Claude is at least twice his weight), yelling, "If you touch me, I'll kill you". He threatens to leave the session and we do not try to stop him. He walks out of the office and straight to the ward.

Jean-Claude and I discussed what had happened. I had been representing the part in Mark which does not believe in his anger and power, enacting that side of him which leaves the

tension and doesn't take himself and his situation seriously. We also realized that the confusing message in his kinesthetic signal had to do with his leaving, dropping away, where it got tense. I had been dreamed up and unaware of the part in the process I was carrying. Jean-Claude, represented the other side, taking him absolutely seriously and going all the way. Here, we could say that Jean-Claude was representing the ability to strongly confront someone, with which Mark could not yet identify, or the power to stay with the tension and go all the way in a relationship encounter.

We could say that Jean-Claude was both dreamed up,<sup>2</sup> and in touch with his own reactions, plain angry at Mark for threatening me. More importantly, he used his own reactions to access Mark's process deeply. This is a "metaskill" in Process work, to have the ability and tools to carry the awareness of how one's own feelings, or how the immediate interaction between therapist and client, reflect the overall process - such that it can then be made useful to the client. At the same time, the willingness on the part of the therapist to engage momentarily in relationship, can be

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<sup>2</sup> We can consider that both Jean-Claude and I were dreamed up to represent different parts of his process, since Mark has so little awareness of either part, and their conflict. This phenomenon may account for the "splitting" which goes on among staff, particularly in respect to borderline patients.

essential when the client's unconscious process is in the relationship channel, in other words to bring one's true reactions out to the client.

We discussed Mark's overall process. He identifies as a weak guy and has no relationship to his own tremendous power. He has an edge to stay with the tension and stand behind his anger and affects. The overall process involves going into the affect and expressing it in relationship. Integrating his tendency to unconsciously leave the affect will mean then to drop or detach from the affect once it is expressed, leaving the internal system of an ongoing fight with the negative father in which he has been locked, such that perhaps he can use this power in his life.

Back on the ward, Mark wouldn't say a word. The next day we found ourselves really surprised. Mark was not out of bed and apparently hadn't talked to anyone. Then Jean-Claude, George and Bill went by his bedside and talked together about him. Jean-Claude explained that he needn't respond, but he wanted him to hear what they talked about. He explained that just the experience of yesterday was very impressive and important, but that it was not enough, that we needed to also bring some awareness to what happened between them. Jean-Claude discussed the overall process as

he saw it, as George and Bill asked questions, and then they left his room.

Fifteen minutes later, Mark was up, showered and nicely dressed, for the first time since his hospitalization. A while later, he came up to me, and appearing and sounding like a very different person, he apologized to me and then told me that all his anger which he'd had locked up inside for all these years was gone. He felt only a kind of emptiness inside, a feeling of emptiness which made him want to look ahead to the future. I told him that it seemed just right that he was empty now, and that I guessed he would be able to use some of that power we had seen in doing what he wanted with his life. He asked if he could hug me, and held me warmly. Then Jean-Claude came and Mark offered his hand, and shook Jean-Claude's hand while thanking him sincerely and strongly for having been willing to go all that way with him.

Mark left the next day. He has continued to do well in his living situation and vocational training and has followed up on regular outpatient therapy. He has never come back to the ward. George has seen him a few times at the outpatient clinic and said that Mark looked in good spirits, and talked fondly about his experience and what he had learned with us on the ward. George also emphasized to us that it is



highly unusual to see such a patient leave the ward and not come back, let alone to hug the doctors and staff good-bye, with a feeling of both love and independence.

### **Affects and Awareness**

As we have seen, Borderline Personality Disorder (BPD) is defined in part according to the affects from which these patients suffer, as well as the affects and sense of crisis from which people in their surroundings suffer. The core of the problem around treatment of Borderline patients seems to revolve around these affects and the tendency of the therapist and staff to get involved in complex ways with these patients.

Treatment generally emphasizes attempting to decrease the disturbing affects of these patients and the outbursts and unacceptable behavior which entangles the surroundings. This is attempted through increasing the patient's sense of identity and responsibility for actions by way of establishing structure and responsibilities in milieu settings, creating awareness of self and others in group therapy, setting rules and limits, and through intensive psychotherapy in which the transference often plays an essential role along with interpretation of current behavior and early childhood dynamics.

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Medications are sometimes used with these patients, though there is no single drug (or set of drugs) associated with BPD, as there are with Schizophrenia, Bipolar disorder, and Depression. Rather, if patients are agitated, they might get a sleeping pill or tranquilizer. If depressed over time, an antidepressant might be tried. Manic episodes may bring a trial of lithium, and with psychotic episodes an antipsychotic medication may be tried.

Process Work brings an important perspective to dealing with the affects and outbursts of borderline patients, as well as the affects of their therapists. Affects might be defined as emotions or moods which seem to take one over. One's experience is as a victim of them happening to you.

In Mark's case, which seems quite typical in the literature, he identifies as weak and powerless, as a victim of his father's abuse, of the staff, and life in general. The affects happen in outbursts toward him or from him towards others. Similarly the staff find themselves annoyed, angry or in moods about Mark. An affect is an affect because it seems to just happen beyond one's intent. It isn't a powerful emotion to which one gives deliberate expression in the form of love or confrontation. By definition it is an affect because one cannot identify with it and therefore cannot communicate it congruently.

An affect involves a system of interacting parts: a part closer to identity which experiences itself as a victim and would have nothing to do with the content or power of this mood or feeling, and another part which is the creator of the mood or feeling, which apparently has something to express and seems intent on doing so at all costs. As we have seen, Process Work involves differentiating and supporting the communication between both parts, discovering that they are locked together in an incomplete system of communication. This feeling or mood is communicating to the part that doesn't want anything to do with it. It insists on changing our identity.

The creator of the affect is secondary, appearing in dreams, fantasies, and body signals as well as moods and unintended communication. It also appears in the dreamed up behavior of others, who act as channels for this information to manifest. And this creator of the affect is projected onto others. A person will identify as weak and powerless at the very moment he is striking out and hitting people, and creating havoc in the surroundings, insisting the whole time that others are attacking or bothering him. And all of this occurs of course without awareness. The therapist suffers in turn from his own affects. He tends to feel a victim of these patients, and of his own angry affects arising. He may

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feel hopelessly entangled with the patient, while trying to remain detached, patient and loving, and sending double signals of anger and disdain. The client and therapist at this point may begin to look very much alike. Their processes mirror one another. Nathan Schwartz describes this situation:

"The therapist may think, 'if only he doesn't show up today... But then, he will surely have some insight that shows how my way of approaching cancellations is wrong. I'll charge him for the hour. I have to.. Well maybe not. Perhaps I'll just do nothing and trust him to pay. No, I hope he will come. I'll just remain calm, centered, prepared to deal with whatever he brings.' While it is somewhat caricatured, I think this soliloquy is familiar to many therapists treating borderline patients. The therapist has now become borderline! The patient is also defensively idealized as the therapist's hatred toward him or her is further split off through the ruse of deciding to be 'open, calm and centered'. Throughout, the therapist's self hatred builds as a reaction to feeling so impotent and cowardly." (1988 p.15)

#### **AFFECTS AND THE ENVIRONMENT**

The kinds of affects stirred between borderline patients, therapists, and others in the environment are addressed in various approaches to understanding and working with the transference and countertransference, in approaches which emphasize the importance of a therapeutic "community", and in approaches designed to set limitations upon these affects. The following discussion focuses upon: the

transference, countertransference, dreaming up, projections, and a "field" perspective. It includes a brief look at approaches to working with borderline patients from psychoanalytic literature, milieu therapy, and short-term treatment methods, along with analysis and illustration of the contribution Process Work brings to working with this population. Finally, the possible meaning of the borderline process in society is brought into focus.

### **Transference and Countertransference**

The term transference describes the process of a client's projection of unconscious material onto his or her therapist. Countertransference refers to the activation of the therapist's unconscious, and his tendency to project his unconscious material onto the client. Issues surrounding the transference and countertransference are a significant aspect of most psychotherapy situations, and it is a very rich subject within the field of depth psychology. In current literature about mental disorders, the literature which focuses upon working with Borderline Personality Disorder particularly emphasizes the transference and countertransference situation.

Borderline patients tend to have either a strong negative or strong positive transference onto the therapist, or

frequently they will flip between the two. At one moment, you are the most beloved saviour, finally a decent therapist has alighted on the planet. And before you know what's happened, you are absolutely wicked, despised, perhaps for having not fulfilled the expectations of the first projection. Or if there is more than one therapist involved, or a group of staff involved as on a ward, some receive the positive transference, while others receive the negative transference. In turn, the therapist's involvement with the client, in the form of fascination, interest or repulsion, is particularly marked in regard to these clients who receive a "borderline" diagnosis.

Jung (1970) said that the meaning of the transference was to be found not so much in its antecedents, but in its effects. (V.16 165-201) Rather than only looking backwards, to the early childhood relationships which are now being transferred onto the analyst, he looked at the process "cooking" between the analyst and client, and towards its evolution. The transference-countertransference situation allows the unconscious processes to mingle and meet, and both therapist and client may seem to sink into mutual unconsciousness. The therapist who does not want to be aware of how he is affected in the situation, and holds strongly to his identity of authority and detachment, may at this point really sink. Bringing some awareness along in the

encounter between therapist and client, and an attitude of humility towards the power and potential of the unconscious, and the possibility of mutual growth in the situation, allows the therapist some awareness, and the inherent creativity to emerge out of the apparent chaos.

### **Dreaming Up**

Dreaming up is a term from Process Oriented Psychology, referring to a common phenomenon in which a person's dream, with which he cannot identify or congruently represent, appears in the behavior, attitude or feeling of another person. Individuals in the environment act as channels for the information to be expressed. The phenomenon of dreaming up can often be understood in terms of a causal interaction. One unconsciously picks up the person's dream, through their double signals. Reacting to those signals, one feels compelled to represent the information. Its as if someone is stuttering along, trying to say something and you feel compelled to finish their sentence, to fill in the missing information. Dreaming up can perhaps better be understood in terms of a field which tends to have all its "parts" occupied or represented. If one cannot represent a given process, it will appear in the behavior of someone else.

If we are dreamed up, we persist in our compulsion to act out a certain part of the process at our own edges. Around our holes of awareness, we remain unconsciously identified with a certain attitude or behavior toward the client, without realizing it is indeed a part of the client's overall process, as well as obviously our own. Hence, if a client is in a big affect convinced and complaining that no one cares, the therapist who identifies only as warm and loving, with no awareness of his ability to be cool and disinterested, may withdraw from the client's affect, confirming his fear of abandonment. Both therapist and client will feel victims of each other, in a persevering system.

Thomas Ogden (1982) writes about the theory of "projective identification", providing a clinical-level theory to help therapists to organize and render meaningful the relationship between their own experience, (feelings, thoughts, perceptions) and the experiences and transference of their patients. He emphasizes how patients in an interpersonal setting "enlist" others to enact with them scenes from their internal object world. (p.3) Ogden states that many authors limit the concept of the counter - transference to those responses of the therapist that stem from his or her own needs and conflicts. (p.71) He suggests



that the term be used to mean all the therapist's responses to the patient.

Understanding how we are dreamed up around our edges may help clarify the nature of the countertransference as both a reaction to the client's unconscious or dreaming process, as well as the activation of the therapist's own dream.

### **Projections**

Similarly one receives a transference, or more generally projections around a hook. We are in some way those things which are projected upon us, whether god-like or wicked. The hooks appear in the double signals we send out, which the client picks up. Trying to resist either receiving projections or being dreamed up<sup>3</sup> unwittingly intensifies the problems involved, while we lose an opportunity to unravel the process as it appears in the interaction of patient and therapist.

One way of amplifying and accessing the information within a projection is to experiment with consciously becoming that which is projected upon you. If the projection happens

<sup>3</sup> We can speak of a projection when a client sees me as his strict mother, or as a ballerina. We can speak of dreaming up, when in his presence I find myself feeling and behaving like his strict mother, or wanting to dance like a ballerina.

around a hook, or double signal, it will be just the therapist's growing edge, to consciously be god-like or wicked, generous or disinterested. By being able to represent these qualities consciously in relationship to the client, rather than either interpret them or try to avoid them altogether, one's awareness is freed to also help the client both to respond to and access in herself those qualities she has "seen" in you.

Similarly with dreaming up; if I pick up the attitudes, feelings and unintended signals within myself, and bring awareness into the parts of the process I am filling, I will be simultaneously more free to support the interaction of these process parts without unknowingly remaining identified with one of those parts.

### **Field Perspective**

While pointing to how we are involved in each other's processes, discussions of dreaming up, transference and countertransference involve a perspective rooted in individual psychology (of the client or therapist). We can also take a broader perspective of a "field" which is expressing itself any way that it can. When we find ourselves in situations in which we no longer can be certain whose process belongs to whom, we might be reminded that

these processes indeed belong to all of us, and transcend us altogether.

Such a field concept can be likened to Jung's conception of the collective unconscious, (1970, V.9 Part I) that aspect of the psyche which is common to humankind, and perhaps even the material world. The archetypes of the collective unconscious are universal forms which emerge throughout time and across cultures, constellating the patterns of our group lives as well as individual lives, as they mix with our personal and cultural stories. From this view, we can envision a field which seeks expression through whole civilizations, groups, families and individuals. We can understand the "transference-countertransference" and relationship processes generally, in terms of a field differentiating itself through our mutual involvement.

Whether we take an individual perspective of the client's process or a "field" perspective, we need tools to deal with the immediate dynamics we are faced with in a given situation. Whether a therapist's reactions are dreamed up, a countertransference reaction, a result of his bad mood that morning, a natural reaction to a troublesome client, or an expression of a collective pattern belonging to them both, he needs tools to deal with it, and hopefully to make it useful for the overall situation.

A common warning in the literature about working with Borderline patients is that the therapist must never "act out" her countertransference. In process terms, "acting out" would mean to identify unconsciously with one part of the patient's process. Process concepts tell us, however, that trying to avoid or simply analyze the therapist's feelings, actually leads to the tendency to act them out unconsciously. As long as they are not represented with awareness, they continue to signal, disturbing the communication, and the more they are "kept out" the more likely they will suddenly take one in an affect.

This is of course where the therapist's own analysis is considered to be crucial, such that he will have consciousness around his own related material and not simply be sucked in to the system of the borderline patient's psyche. Process Work ideas confirm the importance of the therapists own work on himself, but suggest that this work is an ongoing process. And not simply ongoing in the sense of having continued therapy or supervision, but a process of accessing with awareness the information he is carrying in the very moment the problem is constellated between therapist and client.

As we have seen, process tools involve bringing awareness along, inside of the stream of a process, as one represents the various parts and perspectives of an unfolding process. The Process Worker not only follows the process in this way as it appears in his client's signals, but also in his own signals, along with the complexity of their interactions. This is a basic part of all Process Work. The problems described with Borderline patients seem to simply drive home its significance.

#### **Borderline: Working with the Transference in Other Psychotherapy Systems**

Waldinger (1987) gives an excellent summary of how various theorists and practitioners, specializing in work with Borderline patients, who agree on the importance of working with the transference in psychotherapy differ in the relative importance they attach to working with the positive or negative transference in treatment. (p.270 ) Buie and Adler see the idealizing transference as the core of borderline pathology, and view working with the negative transference as clearing the way to get to the more fundamental idealizing self-object transference.

This unrealistic positive transference is worked through by way of "optimal disillusionment" (Kohut's term), a process

by which the patient gradually notices discrepancies between the idealized 'holding introject', and the actual holding qualities of the therapist. Each disappointment, such as the therapist's vacation, if it is not overwhelming, prompts the patient to develop insight into the unrealistic aspects of his or her positive feelings for the therapist. The idea is that the therapist is ultimately accepted as he or she is, and the patient's 'holding introjects' are modified accordingly. The therapist's job during this phase is to stay with the patient empathically, to provide clarification and interpretation of the dynamics involved in these disappointments, and to avoid any confrontations that would intensify these disappointments.

Kernberg is known for seeing the negative transference as the primary manifestation of the borderline pathology, and the working through of the negative transference as the main task of treatment. Positive transference is seen as a defense to protect borderline patients from their negative transference and hostility. Waldinger points out how these two views are like a figure-ground problem. While Blueie and Adler see the patient's positive feelings as the background upon which negative transference is the overlay, Kernberg sees it in reverse. What results is a different view about what constitutes the core of treatment, and different ways of understanding and interpreting the patient's behavior.

Where one might see the patient's positive transference on the therapist as a defense against deeply rooted hostility, the other would see the idealization as fundamental and the hostility as a result of disappointment.

We see here an example of how a particular theory concerning the roots of borderline pathology influences diverse approaches to treatment. Waldinger points out another distinction in theory and corresponding methodology. Those who emphasize the centrality of the intrapsychic conflict claim that interpretation is the most important means of bringing about change. And those who emphasize the patient's "deficits in ego-structure," particularly the lack of inner representations of helpful people and experiences, emphasize that interpretations cannot be "heard" without the creation of a therapist-client relationship in which experiential learning can take place.

Waldinger goes on to explore the reasons for and the implications of the existence of such diverse approaches, all within a psychoanalytic perspective. He suggests that because the borderline population is so diverse, perhaps the patients sort themselves out, such that each of the different theorists establishes relationships with subgroups of borderline patients on the basis of a good match. He suggests that this idea is consonant with the finding that

the vast majority of borderline patients do not complete psychotherapeutic treatment, and those who do complete treatment are likely to have had previous contacts with other psychotherapists which did not last.

Furthermore, he suggests a striking correspondence between the theories and personal styles and personalities of the different theorists. He notes that Kernberg, for example, has a confrontational tone, makes sharp interventions and seems personally eager to meet the challenges of his patient's hostility and paranoid projections. His focus on the negative transference pervades the treatments about which he writes. He suggests that Masterson's tone is parental, and his technique involves coaching, and creating a better parenting experience for the patient, providing a role model on which to base new, healthier inner representations. Blueie and Adler are described as warm and giving, and their emphasis is upon their patients' longings for a perfect care-giver, and the need to allow positive feelings for the therapist to emerge and flower. (271)

Waldinger closes his discussion with some interesting remarks. He suggests that another worthwhile hypothesis may be that these individual therapists achieve good results by using different methods, because the effectiveness of their work is based on something other than what they believe



effects change, factors common to all their techniques which have not been identified. He suggests an ongoing study of the particular constellations amenable to specific interventions and suggests that we also study more closely the process by which therapists and patients are matched, according to the therapist's techniques and the patient's and therapist's personality styles. (274)

### **Process Interventions**

In the case of Mark, over a short period of time we see very different styles of work according to the momentary process and feedback. We find that our early theory that we should help him to access the power and aggression of the "father" needs to be put aside in favor of his feedback, which takes him on a course of following his inner body sensation and feeling, and being supported in his apparent withdrawal from confrontation and into a kind of altered state. The basic finding of Process Work is that the inherent structure of the process and momentary feedback will lead the way, as opposed to creating method out of the theory of what we believe to be the etiology of the problem. And any number of therapy modes will be created from the process itself.

The various approaches to therapy described in the literature might have been developed out of their success

with given patients at given moments. Hence, it is natural that there are so many approaches. It is not only true that subgroups or individual patients may need different approaches, unique to their process, but that each patient may need a multiplicity of approaches within a given treatment period, or even within a single hour. Tools to support and differentiate a process help the therapist not to find him or herself unconsciously polarized into a particular viewpoint, or particular part of the process. Even more essential, however, in the context of an individual therapy is that the therapist has tools to enter and process his or her own states and points of view in a way which can be made useful to the client, rather than these remaining identified with the therapist - whether the states or viewpoints of the therapist are considered a part of a countertransference or dreamed up reaction, or perhaps a theory of psychopathology or method of treatment.

In Mark's case, we saw the importance of supporting different parts of the process at different times. We can look back and consider that perhaps Mark needed the experience of contacting and supporting his inner body feelings, before he was able to work intensely with his affect and anger. He may have needed Jean-Claude's support, along with the corresponding positive transference, before he was able to tolerate the intense challenge and fight with

him. In the last session with Mark, Jean-Claude entered his own affect with awareness, modeling this for Mark, and then supporting Mark in his intense affect and in the process of leaving it behind. Rather than avoiding the affect he himself felt, or making a new program of it, Jean-Claude welcomes it as the opportunity to work deeply with Mark, considering it as information presenting itself to be now supported and unravelled.

While there may be similarities between the processes of different people who receive the diagnosis of "Borderline Personality Disorder", because of the kinds of issues which bring them a common diagnosis, the process of each patient, and even the same patient on a different day, or with a different therapist, will naturally suggest different modes of working. Making a program out of working with the positive or negative transference, or with one's particular theory about the roots of the pathology, will inevitably be one-sided. In this way, it will be only partially useful, and even harmful to the patient, as it limits the opportunity for the patient to discover the interaction of processes and to benefit from the wisdom of the inherent structure and unfolding of the process itself. The Borderline patient's need for support and challenge in different aspects of his process may account for the

Borderline patient's tendency to go to several different therapists.

George had hoped that we might be able to come up with a way for the nurses and doctors to record the process structure of a patient during intake, with the idea of being able to conclude what kind of therapy program would be useful for that particular patient, according to his or her specific process. While it would certainly be helpful to write up a process structure according to empirical observation of signals and language structure in an intake session, we determined that creating an individualized therapy program out of this initial session would only be very partially useful. The application of a process approach involves picking up the momentary structure of a process.<sup>4</sup> The following case of Lisa exemplifies the importance of flexibility of interventions according to the momentary process, versus establishing a program out of the process which arises in a given session.

In the first session with Lisa, another patient on the ward with a borderline diagnosis, she accessed a secondary

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<sup>4</sup> This can also be seen as a limitation in the application of a Process approach within such a setting. Although a certain amount of Process Work tools can be learned and applied quickly, a rigorous and long training would be needed for the staff to be able to observe and unravel the momentary structure of their patients' processes.

process of toughness and discipline, which communicated to her primary process of believing she couldn't do anything because she was "sick". She discovered that she needed to set firm limits to her own openness and be decisive about who she wanted to relate with in her life.

This pattern of discipline was also reflected in her concern that she receive regular medication (pills to help her sleep at night). Such a process is not only conducive to creating a program, but suggests that a program should be made to support the process of self-discipline. Together, we created a more rigorous program for her, which included regular half hour sessions with me, and times for her to write down her thoughts and dreams, as well as her schedule of groups and activities on the ward.

In the following session, however, picking up the momentary process involved supporting gentle feelings of sadness, and confusion about liking me. Amplifying her posture, she curled up like a baby in my lap as I stroked her hair, and treated her like a very cute, sweet baby, with both humor and real love. She was very moved, had never done something like that before, and had an insight that she is always trying to be nice and do the right thing to be liked by others in her life, but had never supported her own needs. She stayed in my lap for the whole session.

The process of toughness and discipline and the process of being a baby, appear far apart at first glance. Had we made a treatment program out of the initial process of discipline, we probably would not have included lying for a half hour on the therapist's lap. We can see, however, that the toughness and discipline is needed to cut off her own tendency to consider herself sick, to not believe in herself, and just adapt to others. This corresponds to her discovery as a baby, about focusing on her own needs. The larger process which evolved was one of learning to follow all the different parts of herself with great sensitivity and discipline, and to do this in relationship.

The following session involved relationship work between us, in which she expressed her fondness for me and fear of getting close, because she would soon have to leave the hospital, and I, the area. The process involved closely following both her impulses to get close, and those to set limits. A couple of further sessions involved continuing to process her positive transference, and our relationship together. She was impressed with the fun I had while doing something which she felt was challenging and interesting in the world. Allowing this to unfold, I took over the quality of having fun, which she projected on me, and like a big sister, I spoke with her intimately about my personal and

professional life. I brought her books to read, and invited her to accompany me in my work around the ward. We laughed a lot, discussed our clothes, body image, and what our inner critics said when we looked in the mirror, and what we could say back to the critics. We discussed her plans for applying to a college, exploring her interests and career possibilities. As we parted, I both supported and challenged her to be the woman she is, to stop carrying on like she's sick, and to enjoy life out in the world.

Borderline clients may particularly benefit from a process perspective because it involves diverse interventions according to the momentary situation. With their problems around identity, in coming to terms with life, and their relationships with others, it is useful to be able to fluidly enter the different parts of the process which are experienced as so split off from each other. This allows the processes to come into a dynamic relationship, from which a creative development seems to evolve. It also allows the therapist a fluidity of roles, so that the transference situation, or the tendency to be dreamed up does not become frozen or static, inhibiting the further evolution of the process.

### Milieu Therapy

The pioneers in psychiatric reform at the end of the 18th century were the first to believe that the environment in which a patient lives can greatly affect the course of his or her illness. Until that time, patients were provided with milieus intended only for the purpose of containment to prevent destructive behavior. Containment remains a major factor in mental institutions, including locked doors, the use of seclusion rooms, and even leather restraints. The concern for moral treatment of the mentally ill in the 19th century, was accompanied by an emphasis on providing a supportive environment as well as containment. While this attitude towards mental patients triggered the establishment of a state hospital system, with a mandate to provide safety and support for a natural healing process to occur, these institutions in turn transformed into large custodial institutions, reverting back to carrying out the sole function of containment. (Gunderson 1983 p.1-3)

A few studies in the 1940's and 50's began to research the effect of the milieu setting on patients. Famous among these studies is that of Stanton and Schwartz (1954), in which they researched staff and patient interactions at a private hospital. They described how communication and social organization directly influence the course of the



psychiatric patients' treatment. Jones (1953) work on therapeutic communities attempted to show that it was possible to change the social attitudes in patients with severe character disorders, provided they were treated together in a therapeutic community.

An active focus upon the milieu setting as a form of treatment has developed into an important school of thought in the field of psychiatry. Therapeutic communities stem from the recognition that being part of a social unit helps to counteract social alienation and promote rehabilitation. They usually involve an emphasis upon group therapy and some degree of self-government within the community. (Levy, 1988)

Important characteristics of therapeutic milieus also include an emphasis upon structure, involvement and validation. (Gunderson 1983 p.4,5) Structure refers to such things as the use of privilege systems, contracts, mandatory meetings, and a clear schedule of activities. Involvement refers to the importance of the patients' active rather than passive role within their social environment, and the demand that patients discuss their problems with one another and accept responsibility for socially unacceptable behaviors. Validation refers to the affirmation of a patient's individuality, by way of individualized treatment programs, and acceptance of incompetence, regressions and symptoms as

meaningful expressions which should be understood rather than terminated.

While Milieu therapy is not limited to any particular group of mental patients, Borderline patients seem to be particularly addressed by this approach, with their issues of identity and relationship, and their tendency to become unconsciously involved (or entangled) with their social environment. The ward in which we worked was based on a therapeutic community model and emphasized patient involvement and responsibility in community meetings. Communication groups were held regularly and these groups appeared to be especially popular among borderline patients, who seemed to enjoy having the opportunity to get involved in each other's lives.

During our stay, we also instituted an Open Group for staff and patients, an opportunity for staff and patients to meet together on equal ground, and work on individual, relationship or group issues. We observed several examples of how an individual's process interfaced with relationship and group issues among both staff and patients. During one of these sessions, Jean-Claude began to work with Fred, a patient in his early twenties, who was feeling depressed. The work involved processing an inner critic, who told Fred that he was a worthless "bagboy", drug addict, and arsonist,

that no one would ever accept him because of his record. Playing the role of the critic, Fred said "You ain't shit, You've never been shit, and You'll never be shit, You are nothing to society. You are Borderline, Borderline SEVERE".

As the work unfolded, this inner critic evolved into the capacity to step out and critically observe his internal communication process. With real insight and surprise, as he watched Jean-Claude representing his depressed reaction to this critic, he said "I do believe that shit, I guess? If you tell yourself something long enough, you begin to believe it." He looked awakened, momentarily relieved from his unconscious identification with this internal pattern of communication, and he began to thoughtfully consider what it would mean if he really didn't believe this any more. It would mean he would have to do something with his life.

Now, another patient, (also Borderline), burst into an angry affect, saying that Fred had taken up too much time for himself. We discovered that she had wanted to work on a relationship issue with one of the staff, but had been too scared to mention it. Having an opportunity to integrate his work immediately in relationship, Fred stood up for his worth, and the importance of this work for him and then very lovingly encouraged her to do the same in her relationship problem with the staff member! She was then able, with his

support, to address and work through the issue she had, which involved her hurt and anger towards a staff member who she felt had not taken her seriously, considering her only a patient and disregarding the personal consequences of a quite serious issue of confidentiality.

"Milieu therapy" within a psychiatric hospital brings a sorely needed emphasis on human relationships into the overall picture of psychiatric treatment. My impression is that it provides the beginning of an awareness about the significance of relationship and collective interactions, not only in the cause of mental disorders, or in their treatment, but in the meaning of these mental disorders in respect to changing patterns of relationship and collective interactions within society. Our experience on the ward suggest that process ideas could contribute to and enhance the approach of milieu therapy, with methods and tools for accessing the information within unintended communication and altered states, within relationships and group interactions.

#### **Short-term treatment**

Short-term treatment of borderline patients in a ward setting usually focuses on reducing the crisis, such that the patient can return to the community and receive follow-

up ongoing therapy as needed. These patients frequently return periodically to the hospital, their numbers making up a large part of the revolving doors phenomenon in mental institutions. Process work methods involving following the feedback and momentary unfolding of a process may seem to suggest a long open-ended therapy. In Mark's case, we saw that our first sessions ended up supporting Mark in what the staff saw as a regression, as if we were supporting him in just the opposite direction of what he would need in order to get over his crisis and begin to function in the community. A surprising finding again and again with Process Work, however, is that by following the way of nature rather than fighting against it, a process may be unfolded, bringing its own solutions, and very rapidly. While Process Work is also useful for long-term depth therapy, it seems it has a great deal to offer for crisis intervention and short-term treatment situations.

The various therapy programs in the literature about borderline patients not only evolve out of the different theoretical viewpoints regarding the causes of the psychopathology and the kind of environment conducive to healing. They are also created out of an attempt to avoid becoming entangled with the client, or perhaps as an unconscious support for the therapist in dealing with the entanglement which occurs against his wishes. For example, a

common approach to working with Borderline patients within a short-term treatment setting emphasizes a model of setting limits. (Nurnberg and Suh, 1980) The major characteristics of this approach involve setting clear discharge dates at the onset of treatment, and a neutral reality-oriented atmosphere. The creation of limits is said to reduce the occurrence of regressive acting-out behaviors on the part of the client and "incapacitating countertransference crisis" on the part of the therapist. A perspective is supposed to be maintained that while the patient can be pre-occupied with his therapy on a full-time basis, the therapist cannot, because he also sees other patients, aside from additional professional activities and a personal life. The therapist is advised to place an emphasis on "how he behaves toward patients rather than how he feels about them". (p.77)

This treatment method for borderline patients within a hospital setting, seems to arise out of the therapist's difficulty in setting limits directly. And it may signal a crucial need for therapists to gain support, experience and expertise in how to deal with their own needs and limits directly in relationship to their clients. We might also assume that the pattern of setting limits is very much needed among many borderline patients. However, by programing the setting of limits, the pattern is not differentiated and made accessible to the client. The theory

or therapy program may be useful to a certain extent just because it provides a backup or support for the individual therapist to go over his personal edge to be direct in setting limits, or more generally to be "real" with his patients. This in turn would create a necessary model for his patients or an opportunity for a relationship encounter. But because it is a "program", it does not necessarily help the therapist to do this with any awareness, and in this sense the program can serve as a circumvention of the real problem. The patient does not gain access to this process of setting limits, if these limits remain identified or polarized onto the rules, the program, or the therapist. Indeed, the opposite happens, such that the client remains polarized as the victim, while "others" carry the power, ability to set limits and authority. The patient's behavior may be temporarily stabilized, and then he returns at the next crisis.

In Mark's case, Jean-Claude told him that because he hadn't kept his side of the agreement, he was through with him. We can see that Jean-Claude was able to be direct in setting limits in relationship with Mark. He was quite simply through with him at that moment and states that directly in relationship. Had he simply assigned these limits to a date, a contract or an administrative rule, we can guess that the subsequent change in Mark's motivation might not have

happened. Jean-Claude was congruently direct, setting limits personally with Mark, which then set a process in motion, in which Mark was soon to discover this kind of power in himself.

Jean-Claude also congruently expressed his emotion and anger with Mark when he threatened me, and it was by Mark going into the affect and outburst (which the limits are designed to keep back), that Mark was able to access his power, and then leave the "affect" behind, using the power he discovered in dealing with his daily life. In fact this did involve setting limits as he began to integrate his work by way of entering and sticking with a day-treatment program, setting limits with the people with whom he lived, and setting career goals for himself.

Borderline clients create a tremendous challenge for therapists and for treatment within a short-term hospitalization. While creating limits is clearly a necessary process and in need of support, if it is not addressed in dynamic relationship to those processes it hopes to limit, there is a tendency to split off the disturbances and affects, such that they will persevere and may reappear in hurtful ways. Emphasizing the importance of setting limits, Nurnberg and Suh (1980) conclude:



Advocacy of an open-ended therapeutic philosophy that allows the therapist to be eaten by the patient little by little must first await a rigorous evaluation of its cost/benefit ratio.

While I assume most researchers and practitioners would agree that we need to find more effective ways to treat borderline patients than engaging in long open-ended therapy which drains our resources, I want to address the nature of this remark. It reflects the difficulty in being able to reconcile the setting of limits with the power and meaning in those affects which lie beyond these limits. Without awareness of this inherent conflict, the problem cycles, whether it appears between the borderline patient and the people in his environment, between therapist and client, within the staff's infighting about the borderline patient, or indeed within the literature which describes the field.

When I read this remark, I become aware that a hostility was awakened in me, and I observed my tendency to be drawn into what we can guess would be an endless conflict between people within the same field. The author of this statement unknowingly creates a borderline schism in his attack, unable to either express directly or limit his own affect towards his patients and others in his field. I want to suggest that as researchers and practitioners in the field, we have a challenge to bring awareness into our

communications within the field, and as a field to communicate about the meaning of such conflicts to the society.

### **The Borderline Process in Society**

The preponderance of discussions within the field about setting limits with borderline patients, suggest that we are not sufficiently aware of how we play a part in the perpetuation of the processes which these clients represent. This perpetuation of the problem inspires a desire for limits, and it could perhaps be limited if awareness were brought into the system. We have seen throughout this work that information repeats or cycles, apparently seeking communication or awareness. It changes channels and it changes levels, one minute appearing as a dream, another as a symptom, one minute appearing as an internal conflict within the intrapsychic dynamics of a patient, then in the intrapsychic dynamics of the therapist, in the transference-countertransference between therapist and patient, and yet again in relationships among staff.

This might feed our hope that if we could find methods to bring awareness into the borderline client's intrapsychic conflicts, we might not have to get so involved, but I believe this would be the wrong conclusion. Rather, if we

want to set limits, we may need to limit our own desire to remain uninvolved. In other words, it may be our attempts to avoid getting involved which perpetuate the borderline problem. The borderline patient moves from society to the psychiatric wards and back and forth, through the revolving doors of short-term hospitalization, raising a ruckus wherever he or she goes. The image of revolving doors illustrates perfectly how information cycles at an edge.

And what is the edge? I believe that from the perspective of society, our edge is to believe that information which disturbs us, belongs to us. Our edge is to become really involved with the "borderline" process, to consciously take an active part in it, rather than to find ways of avoiding our own involvement and the trouble it creates. Borderline patients challenge our identities. As a therapist, you thought you were a kind and clear headed professional, and you find yourself wanting to kill the client. You thought you had a good enough relationship with your colleagues, thinking it was wise to keep out all of your relationship issues which have crept up over time, and suddenly you find yourself in nasty fights about the treatment of a patient. Borderline clients may be challenging us to have identity problems, too - to not be so sure of our borders, and get entangled a bit more in each others lives. Paradoxically, we would also learn to set limits and to clarify boundaries,

rather than adapting to the unconscious limits defined by our professional roles, and the social rules which govern our relationships and collective interaction.

At both our edge to discover that we are indeed not so separate and our edge to make limits and distinctions, we institute programs, borders, principles and prejudice to guide our interactions, whether in therapy, in our collective interactions, or in our everyday relationships. Revolving between the doors of our institutions and the community, borderline patients challenge our collective notions of how to interact according to certain roles; the borderline psyche hooks itself on the environment, creating crisis and dragging every possible person into the therapy process.

In Process Work we often see that affects and crises are proportional to the edge system. In other words, if someone has a big edge to express a simple "no", or to ask for something he needs, he may find himself in extraordinary affects in order to express this information. On the other hand, strong affects may reflect an inner conflict of great proportion concerning archetypal and collective themes of humanity (Schwartz, 1988 p.13), such as the relationship between God and the devil, life and death, or isolation and union. Moreover, the power of affects is not reducible to

either a result of an internal conflict or the energetic impulse of a particular process trying to reach the threshold of awareness. The intensity of affects represents a process in itself. This intensity seeks a connection between intrapsychic contents which have been split off from one another, and a quality of intense contact between people, whether this is in a therapeutic context or in our personal relationships, whether in expressions of anger, grief, conviction, hatred or love.

In our society, we tend to favor a certain coolness and conformity to our social roles, over intense emotional contact. Intense emotional contact appears on the television, where we can watch in fascination without getting involved. If we could engage with our affects, or those we see in borderline patients, bringing awareness and expression to their intensity, our relationships and community life might take on whole new proportions. Looking at borderline patients as a piece of society's "shadow", we are being provoked to create community, to interact both more deeply and clearly, rather than define a limited encounter according to our identification with professional and social roles.

I'd like to end with a quote from Jung which I came across just after completing this essay. He gives an indepth

discussion of the creative process within the transference in "The Psychology of the Transference" (1970 V.16). In closing he states that by virtue of the collective aspects of the transference,

it transcends the individual personality and extends into the social sphere, reminding us of higher human relationships which are so painfully absent in our present social order, or rather disorder.

He goes on to say that

It is as though the psyche were the indispensable instrument in the reorganization of a civilized community as opposed to the collectivities in favor today.

What our world lacks is the **psychic connection**, and no clique, no community of interests, no political party and no State will ever be able to replace this.

(Jung, V.16 p.323)

## Essay Six

**RELATIONSHIPS AMONG STAFF**

Jean-Claude had worked on himself before class, noticing that he was feeling burned out whenever he attempted to think of plans for structuring today's session with the staff. On the previous day, the staff had worked with taking over the process of Coco, and everyone was feeling a renewed sense of energy and excitement - except one of the nurses, Nora, who had not participated in that process, preferring to watch. She had continued to feel hopeless and burned out. We had suggested that burnout was such a common and difficult problem, it was likely that the process Nora carried was not only her own, and that perhaps we could have a chance to address issues of burnout the next day. As the session began, we noticed that Nora as well as two other staff were not there, and we were joined by three visitors, two interns accompanied by a staff member from another ward.

Jean-Claude decided to represent his feeling in the group, aware that he was representing a part of the field. He also knew that if he attempted to jump over his feeling and offer an exciting atmosphere, the burned out response would probably come back from the group. Relaxing in his chair, he said "I feel burned out today. I'm open to change, but I

don't feel like initiating anything this afternoon. If anyone wants to, they should feel free to bring up whatever they want." George said he had something. He began to tell a story of how he remembered chatting, gossiping over the urinal with Arny at a conference, how much fun it was, and then Arny would promptly bring the gossip back into the group, after the break. "Gossip" is a great way to find out the secondary process of a group. In fact, a useful intervention in a group process is to simply suggest taking a break, and ask people to gossip together, and then remember some of the gossip to bring back to the group. Or to fantasize about what you will talk about on the way home, and go ahead and do it now. George said that he found himself dreaming that he could start the unit over, and encourage people to bring in gossip from day one. Because he couldn't start the unit again, he'd decided to start today. He said he had heard and participated in gossip about the staff problems on the night shift. George said that he knew and respected that some people did not want to bring the problems out in the open, but that he personally felt a need to address this in the group as a whole.

As soon as George had said this, a nurse from the night shift, Susan, spoke up and said it's because of her "problem". (We discover later that Susan had been having a series of violent accidents, involving foul play by someone



she knew). She said that this had caused problems among the staff, and that she felt that another nurse on her shift, Beth, was looking for another job because of her. The two began to work out their relationship.

Beth assured Susan that she was not leaving her job because of Susan. Helping Susan to access a double signal in the tilt of her head, Susan said that Beth had told her that before, but she simply didn't believe her. Helping Beth to now access her body posture which was turning very slightly away from Susan, she realized and told Susan that although they had been very close, she is pulling back from her out of fear. Susan felt a little relieved. Both realized that they had felt stuck in their communication at this point. While Beth had assured Susan she was not leaving the job because of her, she was double signalling that she was leaving, or pulling back in relationship to her in the moment. And Susan had kept asking, and insisting that she wasn't telling the truth, reacting to Beth's double signals rather than to her words. As Beth verbalized the information in her double signals, Susan naturally felt relieved from her insecurity and self-accusation that she was getting paranoid not only in her personal life, but around her friends at work. Beth explained that she hadn't wanted to hurt Susan on top of all the pain she already was suffering.

As they were clearing up their relationship, the whole group felt very touched.

Supporting the process to further unfold, we asked Beth if she could show her fear and how she was pulling back. She did this by distancing herself physically and standing by the door. Susan began to cry, expressing her guilt and her feeling of wanting to leave her job to protect the others from their fear. Yet, she felt she had no where to go. Jean-Claude encouraged her to experiment with leaving the group right now, and she walked out onto the patio. The rest of the group now dropped into a deep sadness and quiet. Several of the staff went out to go get her, and as she returned, the group realized that their sadness reflected not only their feelings for Susan, but it involved a deeper process which extended beyond Susan and Beth. The group recognized its tendency to identify with an implicit rule that personal problems and deep feelings don't belong at work, and that having personal problems had been attributed at various times to different staff members.

A couple of people represented the part within the group that says "Get it together. You can't have personal feelings at work. It gets in the way of our work and focus on the patients." Susan and Carol, who had come to stand with her, stood facing them. Carol had also recently had a serious and

very painful crisis within her family. By just representing these two sides facing one another, the whole staff was very moved, discovering how they had been distancing themselves from their real feelings and from one another. People began to share their feelings, including shame for how they had avoided even mentioning the problems which they knew about, or asking the other how it was going about very serious personal issues. They acknowledged to one another that they were like a family, probably spending more time together than with anyone else. They also discovered that they expected from their patients the kind of communication that they hadn't been able to do themselves. Indeed they had been afraid that they couldn't handle one more emotional thing on the ward. There were lots of tears and warm hugs as the session ended.

As I write up this process, I am interested that three of our group were missing that day, and three visitors were there instead. These visitors watched in fascination, but were also disturbed and critical. They thought they would be visiting an inservice session, and instead felt they were in the midst of watching a very personal and intimate encounter, and they did not know why they were there. On one hand we could say that the outside world, or these visitors may have needed to observe and witness this kind of interaction, as a part of their introduction to the system

they were entering as interns. On the other hand, an observer was also needed within the system of the ward, who could begin to reconcile and become aware of the real conflicts involved between the side which feels it needs a certain professionalism and detachment to maintain the daily tasks on the ward, and the side that would relate very personally as family. These visitors were not only neutral observers, however. They represented an expectation of being a part of a professional world, fascinated but annoyed by the personal dynamics they observed.

Looking back, I realize that the process they represented needed to be more thoroughly addressed. While this session was extremely valuable for the staff, these observers represented the need for an ongoing and thorough encounter between the "personal" and "professional" viewpoints. What are the issues, the pleasures, fears and difficulties involved when having a personal as well as professional relationship? Can we be loving, challenging and involved with one another, and still get all our tasks done? Should an institution support this kind of process among the staff? Is it really helpful to the overall situation, and to the task of providing services to people with mental disorders? These questions were in the minds of these visitors, who were beginning their career in a mental institution, and remained a question within the ward at the end of our stay.

As we were leaving, one nurse said that while the entire experience had been extremely powerful and very important to her, she was upset that they were further behind on their reports and files than before we came. This feedback tells us that we had more to learn about how to support the needs of the institutional context in which we were working, such that our work is not identified or polarized in relationship to the routines on the job.

A few days later, near the end of a staff session, in which we had focused on teaching relationship work, Jean-Claude was disturbed by a feeling of hopelessness and moodiness in the group. He noticed Nora sitting back, sighing and looking bored. He addressed the group, thinking that this might belong to all of us. Walking around the outside of the circle, he said he felt something like this was around: "I feel fed up and I don't want to do anything - It's too much, let's forget the whole thing".

Then George stood up quite suddenly. He was intensely irritated at Nora's attitude, at the way she sat, and sighed, her sulking and hopelessness. He told us later, that it had been making him really angry, and when Jean-Claude addressed the group's mood, he realized his own hopelessness and was simply set off. He decided to not just repress his affect, and go hopeless himself, this time. He swore at her

and yelled in a rage "I've had it with you being so laissez-faire, like when you came from your previous job, you said no one would work anything out there, but YOU brought that attitude here, and are blaming everyone else. You don't come out and deal - and I've had it and I want you to deal here and now with me." She was blown out of her socks, and everyone in the room was shocked. This had occurred with only one minute left in our session, and we all agreed we would deal with this the next day.

So we met the next day, and staff even came from days off to be there. There was an excitement, like gathering behind the schoolhouse for a fight! People obviously needed this. Nora and George agreed to work on their relationship with Jean-Claude's help. Nora started yelling "You f.... How dare you holler and cuss at me in front of a group," hollering and cussing all the while. They fought for a while and at one point, Nora asked if she should leave her job. George said he thought that she was actually a fantastic nurse, and wanted her to stay and to change her attitude, telling her exactly what he liked and didn't like about her. And he wanted to know what she thought of him. She said that she didn't see anything so special about him, and didn't like the way the other nurses kowtowed to him.

Jean-Claude worked with their signals, in their distance and position to one another. Amplifying her body posture and distance, Nora said that her distance helped her to have control, and awareness of what she felt about George. Exploring his own posture led George to express his interest and desire to make closer contact with her. Jean-Claude encouraged them not to try to change themselves, but just to try to keep awareness of what was going on inside of them and the distance which felt right, as they continued to experiment with their contact and distance. Following herself carefully, Nora expressed that she needed and liked this control in finding out about their relationship together. And George felt increasingly curious and interested in her. Their work ended in this kind of dance of two warriors, two people finding out about each other.

From that day on, Nora's spirit around the ward transformed and she became a real leader. George told us that at a meeting several weeks later, all the nurses were upset and complaining about another doctor, and that Nora had taken leadership in a brilliant way, working with the feeling issues as well as recommending practical solutions to their problems. When George told her about how impressed he was with her, she shared with him that her life had completely changed since their encounter, that she felt like a new woman in every aspect of her life.

Nora had been bitter, feeling a victim of her situation, with a cynical hopelessness. She was clearly angry at George for his leadership position on the ward, because she was a potential leader herself, and needed this encounter as a challenge to come out. She later told George that when he was yelling at her, she saw him as a white light. She hadn't told him that until now, because she was usually skeptical of such experiences. Being encountered with this affect and going into her own affect was an enlightening experience for her.

Her burn-out and hopelessness reflected the end of one pattern, and the beginning of an identity as a leader. A leader had been trying to emerge, kept out by a lack of belief in and awareness of herself. Her individual process mirrored very closely the process of Mark, the borderline patient described in the last essay. Both experienced that when they entered the affect which had been disturbing them, in a relationship confrontation, they felt freed of a chronic hopelessness. They both could leave a system which had been defined by a struggle between an inner power and a part that wouldn't believe in this power, freeing the possibility of using this power in their lives.



We can look at the violence which the staff had feared (a violence represented in the personal story of one of the staff) as a mirror of their fear of the split off affects within the staff as a group, as well as within their clients. The first process resulted in the group becoming aware that their personal feelings had a place in their interactions as a group. They discovered that by being personal in their relationships, their working situation was not threatened, but rather supported in the team spirit so important to their work. When George came out with his anger towards Nora, and she in turn towards him, the background affect or violence in the group was expressed, an intensity that was seeking to break up the pattern of hopelessness.

When George risks directly confronting one of his staff, he is modeling a new form of leadership, which can express and process the background affects in the group, much as Jean-Claude had modeled for Mark in the relationship encounter in their therapeutic work. Similarly, Nora's background affects and moods of cynicism and hopelessness are transformed into her own emerging leadership capacity. The whole group was inspired by George and Nora's work. In this case, their relationship work was not only significant for each of them as individuals and in their relationship to one another. Their interaction was addressing and processing something

essential for the group. As an individual can serve as a "channel" to express split off information of the collective, similarly, we can view a particular relationship as a "channel" for a group's process to unfold.

These two processes, with Susan and Beth, and George and Nora, changed the staff. With this experience of staying with an emotional tension, and discovering they could come through it, they felt both a renewal of energy and a sense of increased community. They had the experience that just those issues which were so disturbing, which they thought could never be addressed, held the potential for a transformation in their interactions. They experienced what its like to go over an edge as a group, where the limits of their usual identity are crossed, and a feeling of disorientation threatens along with its excitement, and then watching and participating as the system transforms, bringing a deeper sense of coherence and organization. As a group, they had a new spirit, that look of a team who has been through an incredible adventure together, and made it to the other side. And they began to process their relationship issues with one another. A few of the staff also began to tell us excitedly of changes going on at home, as they found new courage to address long-standing issues with their spouses or children.

The significance of the staff's relationship work goes beyond the importance of their interactions as a team and their own individual development. This group was willing to begin experimenting with processing the kinds of issues which lie at the heart of the conflicts from which their patients suffer. They had a chance to discover for themselves as a group, the meaning of an extreme state as a communication to a group. And they had a taste of the kind of training and experience which would be necessary if they were really to begin working with the processes of extreme states, both with patients on an individual level, and on a collective level, unfolding these processes within the communities they disturb.

### **Relationship Channel**

In Nora's interaction with George, as in Mark's story, we saw how when the affect was unravelled, it led to a power that was ready to assert itself in relationships and in the world. Out of hopelessness, Mark was ready to face his life, and Nora began to bring out her leadership ability on the ward. Process work allows us to see how different levels of interaction interweave. On the one hand we can say that the power behind the affect was communicating to the internal state that didn't believe in it, and as this communication reaches awareness and the internal system evolves, the

individual is also free to bring out that power now in relationships and in the world. On the other hand, it is the relationship confrontation which brings about the inner change. We can also view this as a process unfolding at different levels simultaneously. George's affect was a communication towards his own tendency to resign to the situation, his own hopelessness, and at the same time it is clearly a communication to Nora's moodiness and hopelessness. As he confronts Nora, we can say that he has gone over his individual edge, where he might normally step back, resign or adapt to the situation, according to internal values which tell him such an affect is inappropriate. While engaging in a relationship confrontation with Nora, he is "individuating", doing just in that moment what he is asking Nora to do. At the same time, his affect is a communication to the whole staff, which is changed in its coherence as a group. Process Work involves addressing and unravelling the dynamics of a process at different levels, in the individual, in relationship, and in groups or communities. And it involves addressing the information according to where it is experienced, where it disturbs.

Within an individual, this means unfolding the process according to where it appears in the different channels, in dreams, body sensations, sound, or movement. Process

concepts and tools allow us to see how these levels and channels interrelate, and allow us to access a process within any one channel or level, while following its unfolding, its differentiation, and integration in the others. Labeling a process according to its channel or level (individual, relationship or collective) is useful in so far as it suggests the mode of communication and tools necessary to unravel its communication.

For example, labeling a process as a body symptom, let's say a stomach cramp, is useful in so far as we have tools to access the information as it appears in the form of the proprioceptive experience of feeling the cramp - and then can follow the experience as it unravels through an experience of the cramping, in movement. If a vision accompanies this experience, labeling it as such is useful in recognizing we now need tools to access and communicate the visual information and so forth.

Let's say that as this information is unravelled, we find there is a secondary process of holding on tight and engaging strongly, while the primary process is defined by a value of going with the flow and taking it easy. The process doesn't stop here. As a form of communication and in dynamic relationship to a larger field of interactions, we can ask, to what does the person need to hold on tight, what for,

with whom, and when? The process may evolve now in relationship. How is the person being challenged to hold on tight, and engage strongly with you right now, rather than take it easy and go with the flow of your ideas? How is he being challenged to hold on tight to his ideas and needs and engage strongly in his relationships generally? And does the information also signal to the world? How does he need to engage more strongly with his job, community or perhaps political involvement. What was first labeled a symptom, is now a relationship matter or an issue in the community.

We see that to facilitate the communication of this information, one needs a fluidity in working with information as it appears in many forms and in the different channels. If we label information for the purpose of diagnosis, rather than as a framework for observing and accessing a process, its communication becomes hampered or threatened. If our awareness remains attached to one channel, while the information sends disturbances or signals in another channel, we have seen that the information will persist and cycle, but not be communicated.

If we have a particular hole in awareness within a certain channel, we will find the process polarized and cycling at this point. For example, I remember two people in a training seminar, who were doing an exercise together. The therapist

was working with the client on his headache. The therapist kept trying to get the client to feel the headache more, to describe it, to enact it and so forth. It was a pounding headache. The therapist, in his focus upon body work, did not notice that he was in fact in a battle with this client. The "pounding" process in the headache was structuring their momentary relationship dynamics. The therapist was unknowingly acting like the pounder, hammering away at his client, and the client was feeling a victim of his ongoing attempts to do body work. Without awareness and ability to work now with the momentary relationship dynamics, the two could go on indefinitely with the body work, to no avail. The disturbing information is occurring in the moment as a relationship disturbance, but while the focus is upon the diagnosis of the body "symptom", and there is a lack of awareness of themselves in relationship, they are momentarily not able to unfold this process any further.

### **Channel Changes at the Edge**

The concept of the edge gives us a framework for understanding the dynamics occurring around information changing channels or level (individual, relationship or group). The concept of the edge is useful in understanding a process as it manifests both intrapsychically and in different levels of systems and subsystems. It allows us to

simultaneously differentiate and put together an individual orientation with a systems approach which sees the individual in terms of his or her connection to a broader context. Information changes channels at the edge. We can view this at different times in different ways. It may imply an incomplete communication, in which the information simply changes channels at the edge and repeats, an amplification of the information in a process of developing and differentiating the pattern in different channels, and an integration of information into other channels.

If the tension between process parts at the edge, the values structuring the incomplete communication, are not addressed, it will not necessarily be useful to simply follow the tendency of information to jump between channels and levels of interaction. One might follow the information as it appears one moment in body sensations, the next in dreams or movement, and as it moves on to relationship and/or collective dynamics, without bringing awareness into the conflict which structures the repeating communication.

This phenomenon of information changing channels is behind the classic advice given to therapists to not act out their countertransference, which is reasonable if one does not have the concepts and tools to deal with the edge. If the therapist simply "acts out" the countertransference, the



client loses the opportunity to come to terms with his intrapsychic conflict, which is now manifested and polarized between therapist and client. The therapist "steals the process". A process approach allows us to see that it is by not having familiarity, awareness, and tools for working in the different channels and levels, that precisely such a polarization is assured. The split off process, over the edge, appears in a channel or level beyond the therapist's awareness, and the tension and potential creativity from an interaction between parts at the edge are never addressed.

Understanding relationship as a channel, we see that it has particular significance, in terms of an information system moving beyond its internal (or local) interaction, into its communication and connection to the environment. In any therapy situation, the therapists ability to pick up and process the client's dream within the momentary relationship dynamics between them, will be a significant part of helping the client to also live and integrate this information in his life.

In order for the therapist to be able to support the client's process as it communicates in relationship, she will need to have worked a lot with her own dreaming material, in its expression or integration in relationships. This represents a particular challenge for those people

working with the extreme states of people with mental disorders. If these states represent an attempted communication to the collective, and are "extreme" relative to the cultural norms of a collective primary process, to work with people with such experiences, the therapist may need to find out about parts of herself which she might otherwise be able to ignore. We might consider, however, that in the staff's encounter with their patients, they are being personally as well as professionally challenged to pick up and process this information also in their own lives.

I would like to suggest that if the extreme states of people with mental disorders carry information for a collective, one important way that this information can begin to be communicated and taken out of a purely internal or individual context will be through relationship work with the mental health professional. Our tendency to diagnose and distance ourselves from people with mental disorders, and from our own extreme states and affects, involves trying to look at that extreme state or affect in isolation. We tend to see it as a basically closed system, a problem unto itself, as belonging to an individual, a family, a subgroup, or a set of circumstances, and we imagine we can repress it or cure it. Viewing extreme states and affects as a necessary communication within relationship as well as

within the individual's psyche, encourages the mental health professional to help their patients to access and process this information within themselves and to communicate this information within their family relationships and the community.

The staff on this ward had the courage to begin experimenting with what it would mean to engage in their own relationships, and develop a familiarity with their own extreme states as a communication process in relationship and in the group. They began to reckon with the reality that engaging in their own relationships is essential to the task of working with the processes which they meet in their patients. An awareness of the role they are filling in society began to emerge, and the challenging nature of their jobs to which they devote their time and indeed their lives. Their experiment suggests a possible way of understanding the role of the mental health professional as initiating the process of bringing awareness into their patient's and their own altered and extreme states. If the extreme states associated with mental disorders involve a communication towards society, who will be the first to hear these messages, and what kinds of forums can we develop in order to facilitate an ongoing dialogue?

## Essay Seven

**MEETING BETWEEN WARDS:  
An Encounter with Administration**

**The Meeting**

A large circle of chairs was set up in our usual meeting room, and the room was full of people, most of whom we had never met. A couple of representatives, doctors, social workers and nurses, from each of the wards had come together at George's invitation, resulting from our very first group process on the ward. George opened the meeting, explaining that in one of their staff sessions, issues between the wards had come up. He explained that they had worked on the issues internally, but had determined that they also needed to take the problems seriously in terms of their relationship to the other wards, and so had decided to invite representatives from all the acute units together. He hoped that they would have the opportunity to get any gossip about one another out in the open and find out something about their relationships. Perhaps they would be able to get unified in working with the administration about the common issues they share.

Jean-Claude asked others in the group how they saw what was

going on. The group seemed glad to be there. As people introduced themselves, and their feelings about the situation, we discovered there was actually very little conflict between them, everyone agreeing on the problem. They expressed that it was already a lot that they had gathered together as a group. The representatives of the wards talked about having a territorial attitude concerning their own wards, with a feeling of needing to protect their own interests. The problems of census were discussed. The hospital admits patients, and the different wards need to absorb them. They feel if they don't stand guard, they will be overwhelmed. All the wards indicated that they felt helpless in the face of administration, regarding this issue.

As the group shared their concerns and feelings among themselves, it became clear that their biggest problem was one of hopelessness. Cynical comments went around about administration. Giving input or trying to change administration in any way had become basically a joke, as it was impossible to make any real changes. A few people began to say that they felt they needed to still try to work with administration towards making changes. It was suggested by someone from our ward that if administration lets them know clearly what is expected, perhaps they should pick up this ability and do the same - let administration know clearly

what they as service providers expected from administration in order to fulfill their jobs.

We began to try to process the roles of "the administration" and "those wanting to make changes" as they were appearing in the present group discussion. As the two roles interacted, administration was strongly represented, an attitude which managed to make everyone go limp. A few people kept on trying to talk them into making changes, but to no avail. After this cycled a few times, everyone left the center of the room, giving up and sitting down in a feeling of hopelessness.

The room was quiet for a moment, and Jean-Claude and I suggested that perhaps we just forget it, call it a day, and have a cup of coffee. I got up to start pouring coffee. Then Kate (the nurse who had authority problems with Cheryl), stood up and spoke with a command and intensity, mobilizing the group to get involved again. Everyone stood up and a circle formed. She insisted that we try again, and reckon with our choices, to find a way to deal with this or to resign to just carrying out our duties, day by day, feeling hopeless and useless.

Everyone now participated and a process unfolded in which the group was moved by a strong realization of how they were

mirroring administration by just talking and paying lip service to the severity of the problems, making stop-gap solutions, but not really acting and doing something about these problems. They realized how they tended to entertain thoughts occasionally about making changes, and then just resigned all too easily to the situation. This awareness awakened a great deal of energy. A few of the doctors spoke with real shock about themselves, saying that if we are the ones who are supposed to have competence with these patients, then why are we not acting with our authority? We stepped back and watched as a task force was formed, and times negotiated when they could concentrate on this issue. Tasks were sorted out concerning organizing statistics and writing up their history and current situations. The group left in a lively spirit, with a schedule of activities laid out, to act together on this problem.

#### **The Changing Field :**

#### **Follow Up and Looking Back**

We heard the follow up story. A subgroup formed at this meeting and prepared themselves carefully, taking their task to heart. George told us that he had to leave one of their meetings early one day, and got yelled at by a usually quiet and reserved doctor, that he should take this as a priority, not leave early and stay completely involved! They then met

first with the hospital administration and then with the director of the Department of Human Services, head of all human service programs of the county. It turned out that this man had a deep-seated interest and history in trying to make changes in the system, but had himself felt hopeless to do it on his own, and this was just the challenge and support he needed. It also turned out that another group from the hospital had been separately involved with collecting statistics and formulating their complaints and recommendations as well.

A series of meetings followed with all of these parties involved, which ended up in a dramatic restructuring of the administration of the hospital. The administrator of the hospital was actually fired, and a position was established which combined the role of medical director and chief administrator. This role was filled by an unusually talented person who had a much broader overview of the social, and medical as well as administrative issues involved in the hospital. And a five member board which had conducted its discussions in secrecy, was replaced by an organizational committee with 25 people from various positions and levels of employment in the hospital.

Since this time, there have apparently been many helpful changes put into effect in the hospital. It was quite



remarkable to hear about this sequence of events which unfolded after that initial meeting. While it would be inaccurate to say that this meeting had been the cause of all these changes, issues of administration had already been processed on many levels, and process ideas suggest that as information is processed at one level of interaction, a wider sphere of events and communication will be affected.

The staff on our ward had worked on their problems with the census on the first day, (Essay 1) discovering the urgency of the overwhelming numbers of patients, and the "Prima Donna", as a process of being special and standing up for their concerns. One afternoon, the staff had also worked individually, discovering their internal administrators or their own unconscious expectations and demands upon themselves. While each of the staff had a unique process, each had discovered the possibility of integrating the power of the administrator, in determining what they should do on their jobs and in their lives, rather than simply adapting unconsciously to inner and outer dictates. We had seen Cheryl's interaction with her inner authority, (Essay 3 and 4) which had been followed by relationship work with Kate, her head nurse on one occasion, and Carol, her occupational therapist, on another. In both cases, Cheryl not only had a chance to evolve her process in relationship with the staff, but Kate and Carol become aware of how they felt a victim

of their jobs and administration, just as Cheryl had felt a victim of their authority. Both had begun to experiment with standing up for themselves in relationship to their patients, rather than just imposing a program, which they felt was imposed on them. George had worked with his own inner administrator one afternoon in front of the group, discovering his expectations of himself and the staff. And he had challenged his own hopelessness, as well as the hopelessness of the whole staff, that afternoon he confronted Nora. Together the wards had now become aware of their tendency to talk and not act, what they had projected on the administration, and had set out to make changes. In the actual administrative changes which followed, a structure was instituted which supported the idea that effective administration required involvement by many people with experience and understanding of the overall situation.

Where the ward felt they would run into a block with the other wards, they discovered a readiness to act, behind the initial hopelessness. And where the wards together thought they would run into a block with administration, they discovered at the top level of administration, someone waiting for this awareness and motivation. Where least expected, they encountered feedback of others who felt the same, indeed waiting for the opportunity to engage in making

changes in a system within which they all devoted their lives.

People discovered that administration represented the unconscious system of rules which prevented them from being themselves within the system, whether on an individual level, in their relationship interactions, or as a group. These rules dictated what was possible, or, more to the point, impossible. These rules belonged to the unconscious edge-figure, or gate-keeper, discussed in Essay 4, the unconscious assumptions and rules which define one's identity. The "administration" was the institution within the institution. It represented the set of rules and attitudes which allow the system to perpetuate itself, everyone believing that they must maintain certain behaviors, and stay within certain limits, in order to keep their jobs and uphold the system. And as the disturbances loomed ever larger, in the form of numbers of patients on the wards, affects, gossip among staff, burn-out and personal problems, hopelessness of equal magnitude arose.

### **Hopelessness**

This hopelessness mirrored the feelings of many of the patients coming through the ward, many who were there after suicide threats or attempts. Hopelessness can be seen as a

tragic state of suffering and giving up, but it can also be understood as a loss of hope that old patterns will be useful in effecting change in a situation which seems to repeat itself endlessly. Hopelessness might even be considered an intelligent recognition that the old identity has reached its limits and has got to go - it needs to give up its hold and die. Supporting the hopelessness, or even "death", might result as in the case of Mark, in dropping out of the system within which he suffered, changing channels, and dreaming the new pattern and support necessary for a new identity to emerge. In the case of George and Nora, as well as Mark, the primary identity is killed along with the associated hopelessness, as the intensity of the affect is expressed and communicated. A new mode of encounter replaces the cycling communication at both an intrapsychic level and in relationship. Similarly in the meeting between wards, the problem cycled as one side tried to talk the other into change. They gave up in hopelessness, because this system of communication was indeed hopeless. We support this giving up, suggesting we forget it and drink a cup of coffee. They then experienced a kind of channel change, as Kate mobilized the group and they began to do what they had been asking administration to do, that is to take their needs seriously and act rather than talk.

### The New Administration

Administration is a role, a process, occurring within individuals, within patients and staff, within their relationships, within the ward as a group, between wards, and in the hospital as a whole. Administration represents the unconscious values, or the edge figures, which structure the interactions of a system at its various levels of interaction. As these edge figures were encountered, awareness and participation became the new administration.

Throughout the staff's work on these issues, I was struck by the significance of how addressing such a process involved both discovering the "other wards" or "administration" as a process within the individual or subgroup, as well as working on the objective situation of the problems between wards, and with the hospital's administration. Process theory suggests that just creating an "administrative" solution would rarely be sufficient in itself. In fact, it could create the erroneous idea that administration belongs to this governing body, rather than belonging to the interactions of the "field". In this way it could further the problem, by splitting off this authority or polarizing it onto the so-called "administrators", much like how the borderline problem is perpetuated, if the staff

unconsciously fill the role of this authority, such that the client has no opportunity to pick up the process himself.

Focusing upon administration as a process allows an awareness to begin to enter the system at various levels. And as this "administrator" is picked up, rather than projected or assigned somewhere else, it implies a process of taking action in the objective situation. If it were to remain a psychological discovery at this point, the process would not have been communicated. Hence, it makes sense to see how the ward moved to establish communication with other wards, and began to take decisive action in their community, concerning the actual hospital administration. This reflects the same dynamics as an individual process. For example, it would be less useful to interpret for Mark his intrapsychic dynamics concerning his relationship to his parents, than to help him to process the affect within himself, in relationship, and as a communication in his daily activity in the world.

### **Roles**

We speak of roles within a group or collective, as we speak of process parts within an individual psychology. When there is a fixed identification with roles, there tends to be a static polarization, with little awareness in the system.

This is the reason for outlining roles within a group process, and encouraging people to fill the role to which they are drawn, but to also switch roles when they feel so moved. Roles or parts remain locked in a polarization when their communication is incomplete. These roles, therefore need amplification and differentiation, so that their messages can be completed, and this occurs as different people fill the roles, filling out the communication with their individual perspective. Roles are larger than any one person. A group can be seen as a single system or body in conflict with itself. When its parts are differentiated and encounter each other, a new level of coherence is created out of the interaction of these parts.<sup>1</sup>

Similarly, individuals of course are bigger than any one role. As individuals, our wholeness and awareness suffers when we can identify with only one part of ourselves or one part of a collective process. In fact, we have seen that the capacity to metacommunicate (to communicate about our communication), or consciousness (the awareness of our process of perception<sup>2</sup>) implies becoming aware of our

<sup>1</sup> This idea of roles is found in part, in the field of family therapy, in the concepts of interlocking triangles (Bowen, 1974), the family's boundaries and subsystems (Minuchin 1974), and particularly in Whitaker's focus on a healthy family's ability for the different members to be fluid in filling the various family roles. (conference, Seattle 1983)

<sup>2</sup> The subject of "consciousness" is discussed in more depth in Essay 8

identification, or the frame of reference or values which govern our experience. For this to occur, one needs to enter a frame of reference which is foreign or disturbing to that identity. And as this occurs, one's identity changes along with acquiring this new awareness.

We might describe a "group awareness", which emerges through the interaction of roles and the individuals' ability to move between roles, amplifying and representing this information. Facilitating an interaction of roles, differentiated from the people who tend to identify with a given role, will allow a process to unfold, while bringing awareness into the system.

### **The Role of Disturber**

Mental Patients fill a role within society. In the exercise with Coco, we saw a small example of how the staff amplified and differentiated the role Coco represented, by each filling the part, enacting "her process" in their individual style. In a group process, as in individual and relationship work, picking up the disturbing process, involves helping the disturber in his role, amplifying its communication, and then facilitating an interaction between the disturbing process and that which it is challenging.



## **The Role of Leader**

### **The Leader as Representing the Primary Process**

A leader is also a role in the group. It is frequently the role which represents the group's primary process, its implicit and explicit ideologies and values. As an important role and function in a group, it too needs to be filled by more than one person. In groups and organizations, we usually see this occur as a natural process of a leader stepping back or moving on after a period of time, or in the instituted requirement of leadership terms.

### **Leadership as Facilitation of a Process**

Some talented leaders may be able to not only represent the primary process of the group, but help the group to access and represent the secondary process, for example formulating a vision which matches the background dream and future pattern of the group's life.<sup>3</sup> This kind of leader usually has the understanding that it is not she who leads the group. What actually seems to lead or govern a group seems

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<sup>3</sup> This notion of leadership is in step with current discussion of leadership within business and organizations, in which a leader formulates visions for the future while a manager manages the existing "culture" of organizations. (Leavitt, H. 1987, p.178 Deal, T. and Kennedy, A. 1982 p.37)

not to be its identified leader, nor even the ideology which that leader represents. Rather a group's leader seems to be the "leading process", the usually unconscious dynamic relationship between the group's ideology and its disturbance. We often speak of leaders as prominent figures who seem to appear at the right time and place, who are able to access and facilitate the collective process which is already present and ready to unfold.

### **Feedback from the Field**

We had experienced a taste of what it might mean to process the inherent conflicts at various levels of interaction within an institutional setting, which in turn reflect collective issues of our society. We saw pockets of hopelessness transforming into action and involvement. We saw a whole field of interactions unfold, and the subsequent reorganization of the county hospital. If an institution were to go beyond its current function of helping to maintain the homeostasis of society at large, however, and instead help to bring awareness to the collective conflicts around its gates, such a process would need to become a larger and ongoing affair. And awareness would need to develop not only within the institution, but throughout society, regarding the institution's role in attempting to

deal with the conflicts between our collective identity and the disturbing processes represented by mental patients.

### **Feedback from Staff and Patients**

When we left, we received feedback that what had been most useful was a sense of validation felt by everyone. The idea that all the parts are needed for a creative evolution to unfold had touched this ward. Patients left the ward, often speaking fondly and powerfully about their experiences, feeling both a sense of "community" on the ward and a readiness to go back out into the larger community. This had apparently arisen out of support of those processes which had typically been only repressed, medicated or analyzed. Several of the staff felt that their personal lives had significantly changed from their experiences on the ward, along with their ability to deal with their internal dynamics as a staff team. George told us many months later that the changes in the staff were long-lasting.

While the staff felt a readiness to continue processing their own issues as a group, with a base of new experience and some tools to continue this with one another, they also felt that their knowledge and tools were limited. Moreover, while they had witnessed a potential for deeper work with their patients and could begin to apply some of the tools

they had learned, they did not yet have the skills to really do this work.

A significant step had been taken, by developing their ability to deal with their relationships and group dynamics as a staff, and they had begun to see the connections between their personal development, their ability to deal together in relationships and as a group, and their work with the patients. We believed that this personal work was a crucial foundation for any possibility of the staff learning to apply Process Work methods with their patients. But both the training we had offered in process concepts and methods, and the experiential aspect of dealing with their relationships and group process were limited. Over a period of six weeks, and with the advantage of meeting with the staff daily, we calculated that our time together had amounted to approximately only one five-day training seminar. The group intended to continue learning, however, together with George, who had always provided them with both inspiration and skill training.

### **The Ward Ends, A Role Unfilled**

George had been the leader of this ward since it opened and had set the pace for it to be indeed a special ward, which experimented ahead of most wards across the country in

creating a milieu setting for the patients, patient involvement in decisions, and staff involvement in all aspects of treatment. And he had initiated this experiment of applying Process Work within the ward. Some months after we left, he was offered a job as the medical director of the day hospital. Here he would have an opportunity to use his creativity in developing new structures and programs for this area of services. The job represented not only an advance in his position, but a personal and professional challenge. As George prepared to leave the ward, many of the staff decided to follow suit, and found other jobs within the hospital, job advancements according to the skills they had acquired over the years on this ward. This process led to the ward, in its designation as an acute unit and milieu setting for young adults, coming to an end.

George's change in position was a positive step for him professionally, but behind the subsequent change in staffing and the integrity of this unit in its designation as a milieu setting for young adults, there lie questions.

Why did this ward end when its designated leader moved on? In order to begin considering this question, I think we need to look at roles in distinction and in relationship to job positions. Process ideas suggest that leadership is a role within a field and needn't only be identified with a given

position. In organizational structures, however, roles are generally very much adjoined to job positions. In the position of leader, George can use his leadership skills to support an attempt of the ward to gain awareness of their dynamics and encourage the staff's involvement in leadership, as well as continued professional training to make this possible. The staff in this way become involved with the leadership role. But, if someone else were to take over the leadership position, the staff feared that this would no longer be possible. They were apparently unable or unwilling to adapt to losing this involvement, yet they were unable to really take over the leadership role without someone in a leadership position supporting it.

This kind of dynamic is common in organizations and is often stated as the reason why change is so difficult, if not impossible. We had seen this when the staff felt it was impossible to make any changes in administration or with the other wards, because administration carried the role which could effect change, not them. Our work shows that this is not necessarily the case as the role of administrator was processed within the field.

It is important to note, however, that we were invited into this institution by George. We carried a role of trying to bring awareness into the system, but also needed the support

of someone in a leadership position to be invited into the system at all.

We can also ask if perhaps the individual staff on this ward would be now able to bring their increased awareness within new environments. More abstractly, if the ward ends, did its process live on? This ward had filled a role within the hospital, and we can wonder if the process of experimentation and awareness which had characterized this ward would continue now within the larger hospital.

George also shared with us that this job offered an opportunity for him to leave behind a role which was becoming impossible to fill. This involved his legal responsibility as a doctor for the patients which came through the ward at a rate of 80-90 per month. As a doctor, society gives him the legal responsibility to determine if a person is "safe" towards himself and others, before leaving the hospital. And simultaneously, he is required to insure the patient's speedy treatment and return to the community. He is literally identified as the one responsible for the patient's behavior in society. Some difficult ethical problems concerning this legal responsibility had come up over the years, and again during the months following our visit. George felt ready to leave this role behind.

This role carries the collective conflicts and ethical responsibilities which belong not to one individual, but to our society as a whole. The significance of the issues which George faced regarding his legal and ethical responsibilities suggest a huge problem in our society, which cannot be adequately solved by an individual, a ward, or the county institution. Whether or not we could find agreement that our society's secondary process is expressed through its mental patients, we see that society assigns its problems with these patients to an institution and to the doctors within that institution. We see that the whole problem of society in dealing with its own shadow is transferred onto the doctor, who is made legally responsible for the situation. It is one thing for a borderline patient to come and project his intrapsychic conflict onto the doctor, which we can get away with discussing together as a psychological matter. But if society projects its inner conflict, assigning legal responsibility onto a doctor for keeping its shadow from itself, we are forced to begin to look at the preposterous nature of the current situation.

We need to find ways to fill this role of authority and awareness, presently assigned to our institutions. Will we be able to find alternatives for taking responsibility for our ethical conflicts as a society?



### **A Big Problem and a Big Dream**

Our experience on the ward has convinced me of the enormity of the problem represented by our tendency to stay identified with one part of a process while shutting out what disturbs it. It also gave me hope, in seeing that people are eager to find ways to access and integrate these disturbances, as individuals, and in their relationships and involvement with institutions and society at large.

As I suggested in the opening to this dissertation, I envision the possibility of our mental institutions, erected around the edges of society, beginning to amplify and carry out their role - such that they not only house and attempt to repress the symptoms of these patients in crisis, but attempt to access the information which the patients bring in their doors, and facilitate an encounter between both sides of the gates.

While it may seem like an impossible dream, I am personally moved by Kate's call that we reckon with our choice, to either resign to maintaining a system in which we feel useless or to try again. And I am reminded how the role of "administration", (the gate-keeper), began to transform into a process of individual and group awareness and action.

## Essay Eight

### EXTREME STATES, COLLECTIVITY AND CONSCIOUSNESS

#### Introduction

The study of extreme states, as one important access to understanding more about collective behavior, may have bearing on broad questions concerning the evolution of human consciousness and civilization, and upon very practical matters concerning approaches to conflict resolution.

The study of extreme states within the framework of Process Oriented Psychology allows us to consider the behavior of an individual in context to a field of interactions, and our tendency to identify with parts of this field. This suggests that by way of studying extreme states, we have an opportunity to develop awareness of our assumptions concerning normal behavior, while seeking an underlying perspective on human behavior which accounts for both "normal" and "extreme" states.

We can say that what is considered to be a mental pathology is not only dependent on our frame of reference concerning normal behavior, but also reflects the point at which we

tend to get stuck in our ability to communicate and deal effectively with a particular state or experience. Our lack of awareness and familiarity around such states leads to our need to create categories and diagnoses to explain the phenomena.

Process Oriented Psychology suggests that our lack of fluidity in dealing with these states is associated with an edge, or unconscious value system, belonging to a collective consensus. We are not only limited in perceiving and engaging with the particular nature of a process with which a person in an extreme state is in conflict, but more generally in our relationship or access to a frame of reference foreign to the collective identity and the consensus of perception.

I believe the significance of studying extreme states is probably not found so much in examining the conflicting contents in points of view between a cultural consensus and that which disturbs this consensus; rather it is found in the nature of the process itself in which a consensus frame of reference is created, along with the tendency for a simultaneous disturbance which manifests as an altered or extreme state. And process concepts and tools suggest that it is this very dynamic which holds potential creativity in

dealing with collective matters towards the evolution of a culture or society.

### **Shamanism**

The idea that an extreme state of one member of a group involves vital information for the collective is reflected in shamanistic activities and in vision quests often associated with initiation into a tribe. Shamans acquire the ability to enter an altered state of consciousness at will, and use this ability to find solutions to tribal problems, to cure illness, and to acquire knowledge from other worlds. Puberty rites which involve the individual leaving the tribe and engaging in a vision quest often involve extreme and altered states, in which a message for the individual and the collective is received, such that the individual is ready to be considered a contributing member of the tribe. Studies of shamanism (Eliade, 1982), indicate that similar practices pervade many cultures. Before discovering his role and engaging in this function for the tribe, the shaman may have a long physical illness or a psychological crisis with all the earmarks of a psychosis. They may describe their initiation as a death, even a violent dismemberment and subsequent awakening.

In contrast to the nature of a psychosis, the shaman develops complete control in his ability to access altered states of consciousness. There is an assumed vital significance of altered states for the collective in such practices. We might consider that it is the process of going into altered states itself which may be of essential importance in the renewal of culture. Campbell writes of the crisis preceding shamanic initiation:

The crisis, cannot be analyzed as a rupture with society and the world. It is, on the contrary, an overpowering realization of their depth, and the rupture is rather with the comparatively trivial attitude toward both the human spirit and the world that appears to satisfy the great majority. (Campbell, 1969 p.253)

### **Extreme State as Communication**

An extreme state can be seen as a signal of a society, a signal which is out of beat, out of sync with the consensus rhythm. It breaks the pattern - or creates a new pattern depending on one's perspective. Process Work in general, and its study of extreme states in particular, is based on bringing focus to the signal which is incongruent or out of sync. The disturbing piece of information which does not quite fit the pattern, the apparently chaotic or incongruent signal, is picked up, amplified and brought into awareness. Process Work theory and observation tell us that if these

signals are not brought into awareness, they will repeat in cycles, changing channels, and perhaps gradually over time amplify themselves into awareness. Process Work involves facilitating this tendency, helping it along, and bringing awareness to this process. And Process Work theory and observation tell us that the apparent chaotic nature of this incongruous signal is a matter of viewpoint, the "off" beat is relative to our perceptual frame of reference. And the tension between our consensus perception and the "off beat" carries the potential for the creation of a more complex, yet highly patterned rhythm, along with the potential for awareness to enter the picture.

If we view this as communication, we see the incongruous signal as the "difference which makes a difference", the difference which constellates awareness. (Bateson 1972, p.453 and Diamond, 1989) If a well-dressed top executive has a small spot of ketchup on his shirt, it will be this "off-beat" pulse which disturbs our perception and enters our awareness. If a bum with dirty hair and tattered clothes which haven't been washed in years is wearing a gold watch, this watch will be the pulse which disturbs and catches our awareness. The bum may have a ketchup stain, and the executive a gold watch, but these will not serve as communication, because we will not perceive them. Much of Process Work can be understood in terms of communication

concepts. In respect to the study of extreme states, we can understand the extreme state as a communication to the collective which it disturbs.

### **Order and Chaos: A Look at Prigogine and Process Work**

It would be interesting to study roots and comparisons of Process Oriented Psychology's approach to extreme states within a variety of different fields from philosophy to sociology to economics. Such a project would become very large, very quickly, and within the limits of this work, I could not begin to do justice to the task. But I would like to briefly explore some of the thinking on the frontier of a changing world view which is beginning to affect research in many fields, and which has bearing on the theme of understanding collective dynamics and the relationship between extreme states and collective processes. The work of Ilya Prigogine, mentioned in Essay 2, has exciting implications in regard to understanding systems, whether physical, biological or social. Prigogine received the Nobel Prize in 1977 for his work on the thermodynamics of non-equilibrium systems. In Brussels, where he lives, a cross-disciplinary team is exploring implications of his ideas in such varying fields as the social behavior of ant colonies, diffusion reactions in chemical systems, and dissipative processes in quantum field theory. In the work, Order out

of Chaos, (1984) Prigogine and coauthor Isabelle Stengers present their research and raise powerful questions and possible implications for its role in a changing world view. One of the key concepts of Prigogine's work is that order and organization actually arise spontaneously out of disorder and chaos. Prigogine states that all systems contain subsystems which are in continual fluctuation. At times, a single fluctuation may become so powerful, as a result of positive feedback that it shatters the pre-existing organization. At this singular moment, or "bifurcation point", the system will disintegrate into "chaos" or leap to a new, more differentiated level of order or organization.

This phenomenon of order arising out of chaos occurs only when a system is in a far-from-equilibrium state, rather than in a near-equilibrium state. Prigogine and Stengers point out that traditional science tended to emphasize stability, order, uniformity and equilibrium. It concerned itself mostly with studying and describing closed systems and linear relationships, in which small inputs uniformly yield small results. While some parts of the universe may operate like machines, these are closed systems, and closed systems form at best only a small part of the physical universe. Most phenomena of interest to us are, in fact, open systems exchanging energy, matter and information with



their environment. "This suggests that most of reality, instead of being orderly, stable and equilibrical, is seething and bubbling with change, disorder and process." (Prigogine and Stengers, 1984, forward by Toffler, p.xv)

Prigogine was troubled as a young student by the contradiction in the way science viewed time, and this became the motivation of his life work. In a Newtonian model of the world, time was an afterthought. The endless cycling of a simple machine, or the planets, in principle could go either backward or forward in time without altering the system. Hence time was seen in Newtonian systems as "reversible". The discoveries of thermodynamics in the nineteenth century brought up a central concern of time. According to the second law of thermodynamics the world machine was running down, and therefore one moment is no longer exactly like the last. Darwin's theory of evolution in turn separated the worlds of physics and biology. While the physical world was "running down," the theory of evolution described a world evolving into ever higher levels of complexity and order. Prigogine's work has suggested a synthesis that embraces both reversible and irreversible time, and a perspective in which biology and physics no longer contradict one another.

Additionally, Prigogine has suggested the potential implication of these ideas in understanding change in collective behavior. Prigogine describes a model of the growth of an urban area according to economic factors, which he borrowed from economics research. (p.197) It starts with the supposition that populations tend to migrate as a function of local economic activity, or employment capacity. But the local population is also a potential consumer for locally produced goods. Hence, a "double positive feedback loop" is in effect. At the same time each local level of activity is also determined by competition with similar centers of activity located elsewhere. As the model charts the migrations and evolution of the area, it soon becomes clear that a single chance factor, such as the place and time where an enterprise starts, for example a small corner grocer, is sufficient to produce gigantic changes in the community's structure. Prigogine states that in spite of its simplicity this model succeeds in showing some properties of the evolution of complex systems, and particularly the difficulty of "governing" a development determined by multiple interacting elements. "Each individual action or each local intervention has a collective aspect that can result in quite unanticipated global changes." (p.203)

Prigogine's findings seem to have strong parallels to the discoveries of Mindell. Intuiting into these connections

seems significant to me in respect to an ongoing research process in which an underlying framework may be emerging which allows for both a differentiation and connection between realms of study which have been operating until now with very separate sets of assumptions. Prigogine suggests in his work that present day research leads us farther and farther away from the opposition between man and the natural world, rather towards "a growing coherence of our knowledge of man and nature". (p. 4) In a process model, it is the incongruous, seemingly chance event, which does not fit the "static" or statistical picture, which is the gold which brings a higher level of differentiation and coherence. Prigogine's notion of positive feedback loops leading to a bifurcation point, at which point small fluctuations can produce a whole new level of organization, are reminiscent of process ideas of positive feedback and the edge. In Process Work, we see a positive feedback loop achieved as a (secondary) signal is addressed, and communicated with its own channel. We speak of "amplification", a process which happens naturally and which process methods assist.

Along this course of positive feedback, we meet an edge. This point is characterized by a distinctive quality, quick fluctuations and seemingly random unintended signals. At an edge, an individual experiences a disorientation and tension, and we may see spontaneous, erratic movements, the

voice may get stuck, or the person forgets what he was saying, gets spaced out, the face may get flushed with color, eyes may move back and forth, or fix in a partial trance. In a group process, the edge is characterized by such things as increased speed in the interactions between members of the group, lots of movement, changes in sitting position, giggling, whispering, or a strained silence and anticipation.

When an individual or a group is at an edge, a seemingly small intervention may result in a powerful change and evolution of the system. At another point, when a group is not yet near this edge, we can refer to a homeostatic system, or in Prigogine's terms, a near-equilibrium state. Here interventions intended to support secondary material are not readily picked up, and the primary process of the group seems powerful in its ability to keep out anything which might disturb it. (At this point in a system, however, it is interesting that a positive feedback loop leading to an edge, might occur when one supports and amplifies the primary process.) In any case, it is when the system reaches an edge that we see an apparent regression into chaos, and a potential for a spontaneous reorganization to a more differentiated and coherent communication.

In group processes, we see that it is at this point, at the edge, in which one individual's actions can initiate a transformation in a group. Mindell gives an example from a training seminar in which I was a participant. (Mindell 1989, p. 138) A very tense and painful process had come out of a language conflict between German and English speakers, in which anger and resentment between the groups about the holocaust emerged. The conflict was tense; it escalated and cycled, and at a certain moment, a single German woman stepped forward and wept in pain because of what had happened during World War II. An American Jew came forward and knelt in front of her hugging her legs as she, too, wept. The whole group experienced a momentary resolution in a profound feeling connection around this expression of pain and humanity.

As I consider parallels between Mindell's work and that of Prigogine, the subject emerges which seems to differentiate their respective areas of work: awareness. Toffler points out in his introduction to Prigogine's work that it is especially interesting in that it shifts attention to those aspects of reality that characterize today's accelerated social change: disorder, instability, diversity, and disequilibrium. He suggests that the next revolution of science may well involve a new dialogue not merely with nature, but with society itself (xv). In these times we are

pressed into discovering new models for understanding and intervening in the collective dynamics in which we participate. Rather than trying to instill order and harmony into a chaotic world, Process Oriented Psychology offers concepts and tools which deal with just this aspect of ourselves. Process Oriented Psychology supports the notion that order and organization arise out of seemingly chaotic situations, and it may well bring a missing link into this picture, with its concepts and most importantly its tools, for bringing awareness into the apparent chaos of the system's momentary evolution.

#### **Awareness: The Individual and the Collective**

The relationship of extreme states and collective processes is tied closely to the subject of the relationship of the individual to the collective. Process concepts which allow us to differentiate a process from our tendency to identify or disidentify with it bring a significant perspective to the relationship of the individual identity and the collective. An individual may be a channel for information belonging to a group, and the individual carries the potential for bringing awareness into collective processes.

An idea running through much of the literature concerning "primitive" societies, is that the "primitive" lacks a clear

differentiation between subject and object, or a clear differentiation of self and the world. (Coan, 1987 p.52) There is not an experience of the individual identity as separate from the collective dynamics of which s/he is a part. Levy Bruhl (1923) spoke of this as "participation mystique" (Coan, 1987 p. 52), a term Jung was later to use in describing this phenomenon in its parallels in the process of psychotherapy. In the process of evolution from "primitive" to "modern" civilizations, we see this participation mystique replaced by the development of the individual identity or "ego". The term "ego" refers to having a coherent identity, the ability to repress or sublimate unacceptable unconscious or collective forces, and also involves the ability to deal with stimulus from the environment. At the same time, it supposes the individual has the potential to not only adapt to the demands of collective dynamics, but to oppose, influence, act on and change those dynamics.

In psychoanalytic circles, one hears that a client needs to have a strong enough ego to begin to benefit from psychotherapy, to be able to "hear" the interpretations of the analyst. Jung suggested that individuation is a matter for the second half of life. He felt that it was of utmost importance that the ego was secure, before engaging in an encounter with the contents of the unconscious. Otherwise,

one ran the risk of either an inflation (the unconscious contents absorbed into the ego), or a possible psychosis, (the unconscious contents overwhelming the ego).

The term ego refers to a structure of the personality, while process terms, such as primary process, refer to concepts which facilitate one's momentary observation of signals in terms of their distance from awareness and identity.

Therefore, the two terms cannot be compared with real accuracy. We might say, however, that the meaning of the term ego is roughly related in process terms to aspects and combinations of the concept of a primary process (the processes with which we identify) and the capacity to metacommunicate (to have awareness of the signals received and sent.) In the continuum representing metacommunication capacity which I introduced in Essay 2 (p. 61), we could envision what is meant by having a strong ego, fitting somewhere in the mid range of this continuum. There is an ability to communicate about one's experience, but perception is tied firmly to the primary process identity.

Mindell reserves the term "conscious" to refer to those processes of which one is completely aware (1985b p. 13) In this way consciousness refers to a process of being aware of one's awareness, being aware of the signals one is receiving and sending. You not only see, hear or feel something, but



are aware of the fact that you are seeing, hearing and feeling that something. It turns out that primary processes, those processes with which we identify, are unconscious to a great extent. We are identified with a frame of reference, we observe and differentiate ourselves from within this frame of reference, but have little awareness of the frame of reference itself. Process oriented concepts contribute a notion of consciousness which is related to the phenomenon of perception. This notion of consciousness breaks away from a conception of a realm of consciousness which stands in relationship to a realm of the unconscious. Rather than seeing our normal modes of perception and communication as "conscious" and our altered states or dreams as "unconscious," consciousness can be understood as a process of awareness, accompanying either our consensus perception or our altered states.

If we reserve the term consciousness to mean "awareness of our awareness," we see that having a strong ego does not necessarily imply much consciousness. Having an identity separate from the collective, and separate from our dreams does not necessarily imply much awareness. However, we might want to consider the capacity to differentiate things as the beginning impulse towards awareness. Similarly, in a relationship or group context, we can trace all kinds of interactions between people, which proceed without

consciousness. I have an argument with my husband and we later discover it has been my father and his who have been involved in this discussion, without any awareness on either of our parts. In this way, we might also look at the development of human civilizations, and question whether there has been much consciousness involved. Just as we view relationship interactions as occurring unconsciously, so we might take a view of the whole of history, as an unconscious encounter of mythic figures or archetypal patterns and processes, with very little awareness until now in the drama.

### **The Evolution of Consciousness - Individual and Collective Jung and the Collective Unconscious**

Jung emphasized the importance of the individual's path of individuation, a process of becoming aware and participating consciously with the collective patterns which structure our lives. He believed that our only chance as a collective in coming to terms with the collective forces and archetypal patterns which tend to possess entire collective movements would be by way of the development of individual consciousness.

Jung's conception of the collective unconscious was as a realm of "forms without content", archetypes, or

propensities, common to all humanity. These archetypes reflect universal patterns which are evolving within the collective dynamics of different cultures and civilizations, as well as forming the basic underlying principles in the psyche of the individual. (Jung 1970 V.9) While Jung's conception of the collective unconscious is named one of the major distinguishing elements between his theories and those of Freud, it is often overlooked that the seeds for Jung's discoveries about the collective unconscious were in Freud's work. The conclusions drawn from Freud's Oedipal theory, (which at this point are commonly agreed to be highly questionable), are based in a conception of the psyche which has allowed a much larger notion of the psyche to emerge. One of the early and most fundamental conclusions Freud reached was that just as dreams express the unconscious of individuals, myths express the unconscious of the human species as a whole. Where Freud became fixed on the Oedipal myth, Jung began researching the numerous archetypal patterns structuring the collective life of different cultures as well as individual lives. He felt that by finding the universal patterns of mythology, he would be led to finding the core patterns underlying the psychic life of individuals. (Progoff, 1973, p. 139) Jung's investigation into the unconscious indicated that not all unconscious contents are a result of repressed material. The unconscious is not only a repository for repressed contents, but rather

is filled by emerging contents never before in consciousness. To this point Freud was forced to agree. And from this time, attempting to grapple with this problem in his theory, he developed the concept of the id, referring to this realm of non-repressed contents as a realm of instinctual, primarily sexual forces.

### **Freud, Jung and Civilization**

Freud's idea was that civilization was created by way of sublimation of the instincts. The conflicts of the id and the ego on the one hand created the neurosis, and on the other created culture and civilization. While Freud would see diverted sexual energy as the stuff of which civilization is created, Jung would see civilization as well as the development of the individual personality in terms of the expression of archetypal patterns which transcend our sexual and instinctive natures. Freud's reductive approach to understanding the development of civilization is replaced in Jung's theory by a "teleological" view which sees our history and the development of civilizations and cultures, as well as individual lives, as evolutions structured by these basic archetypal patterns. Jung points out that the active and creative power of the archetypes can be seen vividly in the political ideologies of modern times (this was post- World War II) where mass beliefs reshape the life

of nations, whether for good or evil. (Proffoff, 1973 p.176, and Jung, 1970 V. X) Jung's view of human evolution could be understood in terms of a process of differentiation, and a creative participation in the unfolding stories of the archetypal patterns, as opposed to being only a victim, or a passive recipient and enactor of these tendencies.

The significance of the collective in the individual's life is accompanied by the significance of the individual's awareness in a collective evolution. In Jung's description of the connection between the archetypes (contents of the collective unconscious) and the complexes (contents of the personal unconscious), we can understand the archetypes as emerging and speaking through the complexes, just as the complexes at their deepest levels can be seen to touch the archetypes. Therefore, we could say that the collective speaks through the individual's personal life and the individual's personal life is rooted in the collective. Individuation in Jungian Psychology involves a process of differentiation from the collective, in the sense of not being identical to the collective or just living collective patterns unconsciously. But becoming an individual does not mean opposing a collective, rather it implies living these collective patterns with awareness and creativity.

## Process Work

Process Work develops out of these roots and brings tools, such that we can observe and facilitate this dynamic in terms of both the individual's development and the collective patterns' differentiation and chance to come to life.

In group process work, we see that an individual brings awareness into group life, just as the individual "individuates", or becomes more whole, through representing and participating in those collective dynamics. A group or a collective process differentiates itself through roles. These roles might be thought of as archetypal forms and for the most part, these are played out unconsciously, through individuals and subgroups identifying unconsciously with their patterns. Bringing awareness into these roles facilitates both the individuals' development, through their conscious representation of these patterns, as well as the group's evolution.

In this context, the individual is not understood in terms of his opposition to nature or the collective, in respect to the ego's ability to repress, or sublimate the instincts and to adapt to or act on the environment. In this view the individual recognizes him or herself as a channel through

which these natural and collective processes emerge and unfold, and thus the individual may bring the potential of awareness into unfolding of the collective picture .

### **The Evolution of Consciousness and Notions of Time**

We have seen throughout this work that a basic finding in Process Work is that when awareness enters an interaction, the system evolves. Without this awareness, a system cycles, the same information repeating itself endlessly. And we have seen that individuals, couples and groups tend to proceed in their communication and interactions without much awareness in the system, unconsciously identified with certain parts or roles. Where there is an edge, the individual, couple or group sends mixed signals, several parts communicating at once, and none finishing their message to the other - and so a system cycles or remains homeostatic.

At the same time, Process concepts suggest that if any one subsystem completes its communication, over the edge, the other parts of the system also reach their edge, and an evolution of the system may be set in motion. If an individual, a couple, or a subgroup works on itself, processing the interactions of its parts, a larger shift

occurs in the surrounding field, as the other parts of the field can no longer remain polarized in the same set pattern of interactions. This suggests the possibility that if more awareness could be brought into our individual and group lives, at various levels of our interactions, our collective experiences of repetition, growth and evolution may be transformed. We might play with the idea that as a world, we may be at an edge, a "bifurcation point" to borrow Prigogine's vocabulary, with potential for a leap from chaos, into a higher level of organization.

The archaic view of cyclic time is found throughout the world (Eliade, 1954) In this view, the world is created over and over again, conforming to the cycles of the seasons, the moon, and the repetition of day and night. Here, the individual is not yet set apart from nature, but involved in a "participation mystique", an intimate part of this cycling and renewal of the collective. The Hindus had an elaborate cyclic model in which a complete cosmic cycle lasted 4,320,000 years, and was composed of four consecutive ages. Within this cosmic cycle, there occurs a cycle of samsara, or successive incarnations. Here, the individual is destined either to cycle in endless reincarnations or he might release from this samsara by way of withdrawal from the everyday world, to be united with the Brahman or universal soul.



Our common notion of progressive and linear time in the western world is often linked to the differentiation of an ego identity, and the development of rational-analytic modes of perception, in which we experience ourselves as separate from nature, able to differentiate things and oppose or act upon nature. Western thinkers have tended to view the development of consciousness in terms of a cultivation of this rational-analytical mode. The opposite idea pervades much of eastern religions and philosophy, where the highest consciousness is considered to be an experience of our ultimate and implicit oneness with the universe - or union with the Atman, realization of our Buddha nature, or knowledge of the Tao. Wilber (1983) suggests that we are evolving towards a goal of this ultimate and implicit Wholeness, via intermediate stages which contrast sharply with that ultimate goal. He speaks of the evolution of consciousness through stages, beginning with the archaic world, through the stage of magic and rituals, to a mythic world, involving the great classical civilizations, into our present stage of rationality, of mind over body, and that we are on the way towards a higher stage of development in which we will reach this ultimate and implicit Wholeness. Coan (1987) suggests that whether the direction is towards rational efficiency or transcendence, whether a direct path or an indirect path, all of these views have a similarity in

their goal-orientation, with a limited vision of what comprises the highest form of consciousness. Coan offers his own vision of evolving consciousness, towards a goal of maximal realization of all our potentials for perceiving understanding and judging, and says that maximal realization requires having access to all of these potentials.

### **Spirals, Cyclic and Linear Growth**

Coan (1987) discusses the combination of cyclic and linear orientations in Jung's, Chardin's and Spencer's works. In Jung's work, we see both cyclic and linear models of change. As contrasting contents are differentiated, they tend to become reconciled or integrated into a higher unity or coherence. This might be pictured as a spiral growth, combining both a cyclic and linear view of evolution, and combining both the characteristics of differentiation, taking things apart, and of Wholeness, the creation implicit in the encounter of the parts. Herbert Spencer had a similar model, assuming a movement from simplicity to complex forms by way of the joint operation of processes of differentiation and integration. He believed this model to be of wide applicability to biological and social evolution. (p. 8) Teilhard de Chardin formulated a theory that he hoped would embrace evolutionary processes at all levels of manifestation. Like Spencer, his basic idea of "complexity-

centricity" assumes two complementary processes of unification and diversification. Teilhard de Chardin envisioned a shift from the development of individualized consciousness toward a more collective process, which would both yield a sort of collective consciousness, embracing all humankind, and at the same time it would "super-personalize" individuals. (p.10)

### **Awareness and Process**

The concepts and tools of Process oriented Psychology for facilitating awareness to enter an unfolding process brings a sense of participation and creativity into those patterns which have tended to cycle and structure our lives unconsciously. It is worth a cautionary note that bringing awareness into a process does not imply a linear view of process, such that we expect a process to simply "move ahead" in a linear fashion, instead of cycling. Rather it would be more accurate to say that by bringing awareness into the processes affecting our lives, we participate in that cycling or spiraling, expressing these patterns, enriching and creating with them.

An example of this is in our work with childhood dreams and chronic symptoms. Jung spoke of the significance of the childhood dream as a kind of personal myth which appears

throughout all of life. Adler also focused upon the significance of the first childhood memories. (Adler, 1979 p. 197) Mindell has researched the connection of childhood dreams and early memories, with chronic symptoms, discovering that the long-term patterns which structure our lives can be observed and accessed in both the childhood dream and in chronic symptoms. When we work with a childhood dream or chronic symptom, we access a sort of personal myth. Working with this material involves bringing awareness into these basic life patterns. It does not imply stepping out of them. Rather such a long term pattern will continue to appear throughout many years of one's life, as a challenge to be lived in its many aspects. It differentiates and expresses itself in the different channels. It appears as an internal work, and then in relationships, and again in a worldly task. Similarly if we work with any dream, symptom or relationship problem, we discover that we are not relieved of this dreaming process. Rather we simply have the opportunity to live it consciously instead of 'it living us' unconsciously. Jung said about the process of individuation that our choice was simply whether we want to be dragged by the collar, or walk upright and notice the signposts along the way.

The I Ching, an ancient work which was probably developed over a couple of centuries between the sixth and third or

fourth century BC (Wing Tsit Chan. 1973), suggests that from the interaction of the basic elements of Yin and Yang, all patterns, ideas, systems and culture are evolved. The 64 hexagrams, derived from the various possible combinations of Yin and Yang, are like archetypes which structure the momentary situation. As these are always changing, the Chinese vision is not at all of a simply well ordered state of existence in which all things were correlated. Rather there is always a state of tension which keeps the world regenerating itself. Wilhelm stated, "The problem is to choose one's point of reference so that it coincides with the point of reference of cosmic events. Only then, can the world created by one's decisions escape being dashed to pieces against the systems with which it would come in conflict" (Wilhelm, 1973) The purpose of the I Ching is to discern the order of nature and fate, so that you can live in tune with it. By becoming aware of the innate patterns which are unfolding, one can adjust oneself accordingly.

If we look for a moment to the kinds of collective processes which have tended to repeat and cycle throughout history, we might consider what it would mean to bring awareness inside of these dynamics, through current and new collective forums for communicating the underlying processes which structure our interactions within and between our cities and nations, along with individual and relationship work. From a

process view, we would not expect to see a world evolve in which love triumphs over jealousy and hatred, or peace and harmony finally replaces our affects and violence; Rather we might envision a world in which we participate with awareness in the collective processes which have held us in their grip, and dragged us by the collar. We might expect affects and violence to evolve in the direction of something like powerful contact and an ability to consciously confront, even destroy old patterns, and create new forms of community life. From this perspective, we can see that a goal of harmony and peace is a significant process in its own right, but if we identify with that goal without awareness, it even creates and polarizes violence.

### **Altered states, Morality and Creativity**

In the development of our ability to form a coherent identity which stands relatively separate, or even polarized from environmental and psychic forces, it would seem that "consciousness" has often been equated or confused with our tendency to identify with a certain frame of reference, or mode of perception and communication. We have seen that altered states, in the form of extreme states, represent processes which lie over our agreed or consensus perception, or "consciousness". By studying extreme states, and altered states more generally, we are exploring the phenomenon of

leaving a frame of reference with which we have identified and accessing information which disturbs that identity, which gives us an opportunity to become aware of the overall system of these interacting processes. The study of extreme states is one avenue towards understanding the distinction between consciousness and consensus perception, and suggests the significance of entering altered states for a culture's renewal. And Process ideas suggest the potential of a society's evolution if this could be accompanied by awareness.

Charles Tart (1987) suggests that we tend to be completely unconscious of our culturally induced behaviors. We operate in a kind of "consensus trance", like machines without awareness. He suggests that consciousness can only come about through being able to be aware of the different "altered states" or "identity states" which we enter. He describes "enlightenment" as the ability to enter different "identity states" and to be able to learn how to choose which identity state to be in. (p.120)

A problem which I see running through his work, however, is that the altered state seems to still be described from a point of view which is not defined. He is not clear about who it is, or which identity state is doing the choosing. Tart addresses this issue by suggesting that in the method

of self-observation, employed to develop this familiarity with altered "identity states", one "I" may be observing another "I". (p. 207) He also speaks of a process of "self-remembering", as a creation of an aspect of consciousness that does not become identified with the particular contents of consciousness at any given time, and which can keep track of the totality of oneself. (124) This "self-remembering" is considered a partial to full awakening from "consensus trance".

This might be compared to the process concept of metacommunication, (on the left side of the continuum in Essay 2), a neutral awareness which can enter a range of states or experiences as well as observe and facilitate the interactions between these. Coan (1987) emphasizes the importance of "flexibility" as one key in individual development and in psychic evolution. While he suggests this might take many forms, he describes a profound flexibility, in being able to shift readily from one state of consciousness to another, or from one mode of "processing, ordering or channeling" of conscious contents, to another mode. (p.178)



## Morality

I believe an important element in Tart's thinking, and Gurdjueiff's, whose ideas form the basis of Tart's work, is what he has to say about morality. He states that people in a consensus trance cannot be considered good or bad, just as Pavlov's dogs are not good or bad for salivating when the bell rings. He says that only when a person has developed a genuine capacity to choose whether to lie or not, will questions of morality become relevant. "Before that development, questions of morality are a diversion from the real problem, namely a lack of genuine consciousness and will " (p134) While there would be room for much debate about the meaning of morality, and the existence of morality and responsibility for actions which may not be fully conscious, Tart's idea is significant in relationship to the kinds of collective problems we face in our cities and nations. It may be useful to look at the collective problems we face - such issues as murder and violence in our cities, poverty, hunger and drug abuse, military invasion and the killing of innocent people to satisfy political ideals - in terms of consciousness, rather than morality. In fact, morality, at least that sort of morality in which one follows the "mores", (that which is in accord with a collective custom), represents an identification with collective unconscious values. Such morals may allow us to

easily go kill a hundred men in war, but not lie to our mother.

Such "morality", as an unconscious identification with collective values may unwittingly create (by way of polarizing processes) those behaviors which in turn are called immoral. Distinct from this sort of morality is what we know as "ethics". Here, two or more decisions or ways of acting, each affirmed to be moral, collide with one another. Jung suggests that here the decision is drawn from "dark and deep waters", from the unconscious foundation of the personality. (1970 V.X p.454). While, such a problem is often solved by simply repressing one of the opposites, if one endures the conflict to the end, a creative solution emerges. In Jung's words, "The nature of the solution is in accord with the deepest foundations of the personality as well as with its wholeness; it embraces the conscious and unconscious and therefore transcends the ego." (p.455)

In Process Work we discover that supporting a secondary process often involves a break from the consensus view of morality, moving beyond our empathy in supporting the viewpoint of the primary process. It may involve a compassion which can support the part or point of view which never receives support. It is by then supporting the representation of all the parts, supporting the conflict

itself and facilitating the full expression of the impossible situation from all points of view, when creative solutions spontaneously appear.

An example comes to mind. On the ward, Jean-Claude worked one afternoon with a so-called "borderline" patient. In the work at one point, he reached out and held her arm to demonstrate a way of making contact, and she jolted away, began to cry, and asked him to please let her go and forget it. She had apparently been abused, and held down with her arms like this. This abuse was carried on inside of her, by a part which insisted that her problems were not of any importance, and made her feel powerless against life and this attitude itself. Instead of letting go, Jean-Claude told her he cared for her, but was going to hold on and even just a bit more tightly. She cried and suffered, to the point it was almost unbearable to see. Jean-Claude expressed his conflict, and his own pain, but held on, until she was able all at once, to stand strongly against this part and release his fingers. Shortly after, as she calmed down, she thanked Jean-Claude, as well as George and I who were present in the session, and said she had never experienced anyone caring for her this deeply, to be willing to not only side with the part in her which retreats in hurt, but to really challenge and help her. She had discovered for herself after the session, the ability to set limits to her

own inner voices and critics, and to be able to confront her friends in relationship issues, rather than feel she must helplessly adapt or flee. And more importantly she discovered a pattern for supporting the side of her which normally doesn't get support, the side which doesn't just give in to her inner criticism and feelings of being weak and worthless.

### **Creativity and Extreme States**

Mindell's conception of the "global dreambody" suggests that we can look at any group, community, city, nation or indeed the world in terms of a body with interacting and conflicting parts. It involves a systems orientation, adding the idea that we tend to identify with certain processes and be disturbed by those apparently chaotic or troublesome signals which carry the potential for a creative evolution of that community.

Jung's conception of the collective unconscious, the realm of the archetypes, was described as the source of all psychic creation, such as myth, religions and rituals, social and cultural organization and expressions of art. Neumann (1959) describes how in group life, before the growth of individuality, the creative element of art, music, dance and poetry are the inner possessions of the

collective, integrated into the mythic or religious festivals of the community. With the growth of individuality, this situation in which the creative element in art is one with the life of the group disintegrates. Now the group can be understood as operating with a collective consciousness, the system of the culture's values which also sets its mark on individual consciousness. And, at the same time, there is the presence of the collective unconscious, whose perpetual eruptions prevent the stagnation and death of a culture. And the collective unconscious forces find their expression through given individuals. Neumann states in his essay on Art and Time:

When unconscious forces break through in the artist, when the archetypes striving to be born into the light of the world take form in him, he is as far from the men around him as he is close to their destiny. For he expresses and gives form to the future of his epoch. (p.94)

and

There is a continuous interchange between the collective unconscious (which is alive in the unconscious of every individual in the group), the cultural canon (which represents the group's collective consciousness of those archetypal values which have become dogma), and the creative individuals of the group (in whom the new constellations of the collective unconscious achieve form and expression). (p.90)

I was drawn to Neumann's words, not only because they clearly express Jung's concept of collective dynamics, and the role of an individual or group as a channel for collective evolutions. Below this statement, I discovered a footnote, which read:

We must leave out of account here the fact that the same constellations may appear in great individuals and in borderline cases of neurosis and insanity.

This is not to suggest that a borderline or psychotic person is simply an undiscovered artist. The individual process of an artist involves suffering the tension between the primary process of the collective and that collective's dream which emerges, disturbs and fascinates. And the artist brings a coherent expression to this very conflict, the numinous or creativity inherent in the conflict, which resonates through the collective, whether in his time or in the future. But the idea seems evident, that processes emerge from the dream of a collective, or the collective unconscious, through the extreme states experienced by mental patients, just as they emerge through artists. The individual pattern of dealing with and expressing this information is different, along with the collective pattern of receiving this information.

## Conflict Resolution and Creativity

The study of extreme states, and more generally altered states may be of vital significance to the growing field of conflict resolution.<sup>1</sup> Process concepts help us to see that good will, indeed a sense of morality, are not enough to begin to process our conflicts in relationships, let alone in city life and global matters. Mindell's study of individuals, couples, groups and communities in conflict, suggest the ability to facilitate bringing in altered states and affects with awareness, leads to creative solutions. (Mindell, 1989) Making a program of repressing affects and violence in an attempt to come to a reasonable compromise, seems to rather insure the continuation of the problem. While a conflict may be temporarily eased, such methods may unwittingly actually create violence, which will emerge either within the same or a related context.

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<sup>1</sup> The field of Conflict Resolution is attempting to organize a body of concepts which are applicable to various levels of conflict, from the family to international relations. (Sandole, D. and Sandole-Staroste, I. ed. 1987) There is also a growing consensus that it is more productive to focus attention on ways in which people "manage differences," as opposed to "resolving conflicts." This encourages people to welcome, make use of, and celebrate diversity, rather than concentrating on the more limited perspective of resolving conflicts once they have arisen. This difference in orientation is seen to hold more promise for a pluralistic society and multicultural world. (personal correspondence Dr. Donald Klein)

We have seen that Process Work tools are not only useful in accessing such altered states, but facilitating the ability for a group to discover that processes are not identical to the people momentarily identifying with them, allowing a flexibility of perspective and awareness. Process observations suggest a profound web of interconnections of different levels of conflict, the internal conflicts of individuals, relationship conflicts in families, the conflicts within our cities, and between communities and nations. As a part of the ongoing research to find effective ways of dealing with conflicts in our cities and nations, I am especially made hopeful by the observation that when a conflict is processed on one level, it seems to not stand in isolation, but create accelerated change within a larger field of interactions. This phenomenon suggests to me the possibility that process methods for conflict resolution may be truly useful towards our world's need to catch up our conflict resolution technology to that of our military technology. It suggests that in spite of the complexity and extent of our problems, individual awareness, subsystems and local interventions could influence change on a collective scale.

The notion of extreme states as relative to a field of interactions, suggest not only methods of working with conflicts in a setting of negotiation, but in dealing both



with affects in a crisis setting, and in considering a more long-term and global focus on the issues involved. In Manhattan, one night at 11pm, Jean-Claude and I were walking quietly down the street, when suddenly two men, approximately fifteen feet away were yelling at one another. One had grabbed the other by the hair and head, and was about to smash his head into the glass pane of a store window. I felt the tension surge through my body, knowing I was about to see blood and glass. In a split second, I leapt at Jean-Claude, (who is twice my size), grabbed him by the hair and screamed at him at the very top of my lungs that he was an asshole and he had better stop acting that way. After a momentary shock, Jean-Claude joined in, yelling back at me. We glanced carefully to the side, seeing that these men had totally deescalated and they were looking at the commotion we were making. While calming down, we continued to discuss our conflict, and they appeared to follow suit. A group of people had stopped on the sidewalk fascinated by this foursome. I had spontaneously decided to flip the polarization of the field, similarly to intervening with a psychotic person in a flipped state, in order to avoid the crisis. Through my taking over the violent affect, the two men were momentarily relieved of their role.

The goal of this intervention, on one level was as a crisis intervention, to stop the violence and avoid blood. And, on

another level, questions are raised. Did I take over this process for them to avoid the bloody situation? And/Or had they been taking over the process for me, and others on the streets of New York City? Jean-Claude and I walked on and studied our relationship. In fact, I needed to be more free to confront him so strongly in our relationship together, and I needed to be able to live more readily this kind of intensity and spontaneity in the world, which this affect awakened in me. This intervention was not complete until I had processed its significance in my own life. Behind such violence, I believe we might expect to continue to discover patterns of creativity, attempting to destroy our identification, and challenge our growth, as individuals, in our relationships and as communities.

### **New World Views**

Talk of a new paradigm, a changing world view, abounds these days. Toffler, in the forward of Prigogine's work (1984) refers to a "Prigoginian paradigm". A focus on "process" and fluctuation replaces a focus on static states. Surrounding the work of the physicist, Bohm (1980) is an emphasis upon the implicit enfolded order of life appearing like a web of interconnected phenomena. Or the world is viewed as a "hologram", each part carrying a pattern which mirrors the

whole. (Wilber ed.1982) A focus on systemic interactions increasingly replaces a focus upon discrete units. The industrial age has passed and we have fully entered an information age. And hierarchies are increasingly being replaced by networks.

Wilber (1984) discusses the issue of the frequently discussed relationship between the realms of physics and mysticism, by collecting virtually every statement made on those topics by the founders and grand theorists of modern (quantum and relativity) physics. A general and common conclusion is reached by the majority of the theorists. Eddington begins his explanation with the now acknowledged fact that physics is dealing with shadows, not reality. He states that the great difference between the old and the new physics is not that the latter is relativistic, non-deterministic, four-dimensional, or any of those sorts of things. The great difference between old and new physics is both much simpler and much more profound: both the old and the new physics were dealing with shadow-symbols, but the new physics was forced to become aware of that fact - forced to be aware that it was dealing with shadows and illusions, not reality. Schroedinger said it like this:

Please note that the very recent advance of quantum and relativistic physics does not lie in the world of physics itself having acquired this shadowy character; it had it ever since Democritus

of Abdera and even before, but we were not aware of it; we thought we were dealing with the world itself. (p.9)

Wilber's discussion suggests to me, (although this is not his conclusion), that the new paradigm emerging in our times may involve the ability and interest in becoming aware of the framework from which one is viewing the world. Rather than discussing a shift from a Newtonian world of discreet units and machine-like dynamics, to a world view in which all events are interconnected, we might speak of a shift from a world view in which we were unconsciously identified with our viewpoint, believing we were talking about the objective world, to an emerging world view in which we have tools to become increasingly aware of our world view, and how our perception is limited and intimately tied to our momentary identification. This would mean developing a view of the view, even a "meta-paradigm", or a set of tools for awareness to enter the stream of our perception.

While I am certainly biased in reaching such a conclusion, I believe that the concepts and tools which Process Work has developed hold exciting potential as a contribution to such a world of human inquiry and human interactions accompanied by a little more awareness. In such a world we would expect a multiplicity of visions, world views, identities, and

modes of interaction, the tendency to form identities, and the tendency to destroy these identities and create again.

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## CLOSING

### Summary

The cases presented in this study illustrate how the structure of individual, relationship, group and collective processes interface. As presented in this work (specifically addressed on p.239 and p.277-278), if the tension or conflict between parts of a system are processed within a subsystem, the relationships within a larger field of interactions shift.

A conflict is "processed" within a subsystem when there has been a change of identity and perspective with awareness. Process Work brings to systems thinking concepts and tools which facilitate this possibility of shifting identity and perspective through attention to the channel within which information manifests, and attention to the edge which structures the relationship of subsystems and determines our identity and perspective.

Viewing this process of change within systems gives us the opportunity to map a deep structure of an evolving system distinct from the behavioral or communication interactions which may appear to effect change.

I'd like to summarize some of the cases in this work in terms of this dynamic.

In the Prima Donna story (essay 1), the staff as a group move from an identity of feeling a victim of and trying to adapt to an overwhelming system - to an identity of standing up for being special and taking their problems as a ward seriously. It is from this new identity that they call a meeting with the other wards. Process theory allows us to see that had this ward simply called a meeting with the other wards, but from the identity of being a victim of the census and the other wards actions, the subsequent shift in the system would not have occurred. The polarization of processes would have manifested between our ward and those invited. The process would have simply changed levels or changed "channels" and repeated.

Similarly, at the meeting between wards (essay 7), the representatives discover how they had been behaving just as they had accused administration of behaving. .

The representatives from the wards and particularly the group of doctors changed identity from being unconscious "administrators", making bandaid solutions without awareness of the medical and social consequences, to standing up for their expertise and authority, and taking responsibility in telling administration what was required. While we cannot

prove this, we can guess that even if the wards had made similar actions and communications in compiling statistics and presenting administration with these issues, the process would not have unravelled in this way, had the change in identity and awareness not occurred. A polarization might simply have been created with administration, such that administration would not be free to receive the communication and change.

In Mark's case (essay 5), when he identifies as a victim, the staff and people in his environment get in affects and Mark acts out his own affects unconsciously. When first Jean-Claude and then Mark enter and bring expression to the affect consciously, there is a shift of identity. Mark has a loud and booming voice, his posture and manner change. From this new identity, he can work more easily with the social workers and outpatient services and make constructive changes in his life. Without this change in identity, the outer situation simply mirrors his internal drama. Here, Jean-Claude's ability to bring congruent expression to his own affect allows the shift in the system such that Mark can follow suit. This emphasizes the importance of staff learning to work on such processes internally and within their group dynamics.



The day Jean-Claude is disturbed in his attempts to plan the class by a feeling of "burnout" and then represents this feeling in the class, there follows important relationship work between Beth and Susan and then the group process in which the group discovers how they have been keeping out their personal feelings and sensitivity for one another. (essay 6) When Jean-Claude comes into the class, sits back in his chair and says he doesn't intend to initiate anything today, he has gone over a personal edge, changing identity from a teacher who must just go on with his job, to a teacher who models what he teaches by representing the process which is momentarily disturbing him. Similarly George goes over his edge, shifting identities from a leader who does not speak out, believing he must respect people's privacy, to a leader who models and strongly requests that the gossip comes out in the open.

The subsequent relationship work and then group process ended up in the staff discovering how they had been keeping out their personal feelings and sensitivity for one another by being identified with having to be professional, with no place for their personal feelings at work. Jean-Claude's and then George's internal processes had mirrored the larger group process. By shifting identities and perspective, these "subsystems" shifted and a larger field of interactions could then unfold. As a teacher and as a leader, Jean-

Claude and then George also model what they are asking others to do. In the group process that follows, the staff in turn discover that they need to be able to address these kinds of feeling issues among themselves if they are to ask this of their patients.

When George confronts Nora for her "laissez faire" attitude, he has gone over his own edge, killing his identity with being hopeless and "laissez-faire" himself. He is confronting her from an identity of being angry and wanting to do something about it, not from an identity of hopelessness with the anger only flaring up in the background. Again, had George simply screamed at her from an identity of hopelessness, we can guess that the subsequent evolution of the individual, relationship and group process would not have occurred in this way. Both would have only felt victims of each other, their affects hurling from the background. After George goes over his edge, Nora in turn needs support to process her reactions, which evolve into a process of taking control and then leadership. As Nora's identity changes, their relationship work is momentarily complete and in turn influences the larger group's interactions.

We can view the importance of this shift of identity in terms of the effect of congruent communication. If one has an identity of involvement and action and makes recommendations to the administration, the communication is congruent. If one identifies with being a victim, angry at the system, the communication comes through with double signals, which disturb the receiver - thus inhibiting the effect of the communication.

When someone sends double signals, one cannot simply receive and be influenced by the intended message. It's not that such communication is slightly annoying or just not as effective. Incongruent communication is ineffective because we operate together in a field. One actually cannot get the message because one is immediately polarized, as if locked into a position in the system. Think about the times we automatically want to play the "devil's advocate", taking the side we would never normally take on a given issue.

The study of extreme states is relevant to this picture, because some members of our society experience themselves quite literally locked into these states. Family therapy describes the identified patient as carrying a process belonging to the system dynamics of the family. Similarly, these processes can be seen as belonging to the larger system of society. Attempts to discover the structure of

extreme states in dynamic relationship to the collective identity which they disturb brings the opportunity to help individuals, families and communities to process these inherent conflicts, shifting identity and perspective with more awareness.

Viewed the other way around, people in extreme states flip-flop between identities with little awareness and ability to congruently represent the conflicts from which they suffer. In turn, people in the environment naturally become involved and disturbed. A person in an extreme state may assign to others parts of their internal process, (see p. 72-76 and Mindell 1988 p. 47,48, 52) or people in the field find themselves unwittingly acting out these conflicts, (see essay 5 ). The fact that people in extreme states are individually unable to process the conflicts from which they suffer and hence disturb their communities, is a simple and empirical way of suggesting that the processes of people in extreme states also belong to a collective process.

This work has also focused upon institutions, specifically mental institutions, as gates of society. Institutions are notorious for making one feel a victim of a system in which no one feels in charge; like a Frankenstein which has taken on a life of its own and which no can stop. This experiment

in applying tools of Process Work in an institutional setting suggests that the power of such a Frankenstein figure holds the potential for creative and active involvement within community structures. By way of processing the inherent conflicts within the dynamics of static and cycling systems, a powerful and lively society might emerge.

I'd like to add that an understanding of systemic change from this perspective could be extremely valuable to social and political movements. On the one hand this dynamic lends a sense of hope and possibility that local efforts can contribute to global effects. On the other hand, it suggests the frequent futility of political and social groups who do not work internally, whether as individuals, in relationship or as groups on the issues being fought for in the larger community. The communication creates a kind of locked polarization, in a long term confrontation between viewpoints. If such groups could also process within themselves the issues which they fight for in the world, their contribution in the outer world would be greatly increased. A person who calls for peace, while yelling and shaking a fist is unfortunately playing out a part in polarizing war. But just changing the outer communication signals will not be enough. The war in the shaking fist and

yelling voice is needed by this individual, it needs to be "communicated", changing the identity of the pacifist as a victim of war, to a warrior, able to stand up congruently for his or her stance.

### **Conclusion**

I have attempted to illustrate and analyze our project in applying the approach of Process Oriented Psychology in a psychiatric ward. I have tried to present a picture of how processes can be observed and worked with on an individual, relationship, group or organizational level, while emphasizing the significance of how these levels interface.

I hope this experiment opens the door for further research concerning the application of Process Work within similar settings in respect to treatment of patients, and working with the relationship and group dynamics among staff and between staff and patients. More generally, this might add to ongoing research within the fields of psychology, psychiatry and related disciplines in trying to understand and work with the experiences of people in extreme states.

The work touches upon the significance of the study of extreme states to broad questions concerning the evolution of consciousness. It also suggests the value of studying

extreme states in connection to conceptual and methodological concerns within the field of conflict resolution. I hope that the emphasis I have placed on institutions as "gates of society" or collective "edge figures" might trigger further research and social projects which make use of the potential role of institutions in facilitating an encounter of viewpoints from both sides of the gates.

I would like to close this work by discussing some of the thoughts and questions with which I am engaged as I finish this dissertation.

#### **Questions and Directions for Research: Edges, Minorities and Subculture Formation**

Throughout the world, the organization of families, communities, cities, nations and groups of nations are in flux, and new organizations are emerging.<sup>1</sup> Process concepts suggest to me that as our identification with roles and collective organizations change, we are facing the opportunity for awareness to enter our collective interactions, and perhaps for more differentiated and

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<sup>1</sup> As I complete this work, the Berlin wall is down, and the east block has undergone tremendous transformation. Mandella is about to be freed in South Africa, and the world is hoping that South Africa is approaching the end of apartheid. And the European community is preparing to transform it's economic boundaries.

coherent collective structures to emerge. I have lots of questions concerning the structure of collective processes; these center around the significance of minority groups within a community, the nature of subculture formation, and the development of methods of collective process work and conflict resolution which address these identities.

### **Minority Cultures, Minority Processes and Subculture Formation**

While thinking about the structure of collective processes, I tried to clarify for myself the seemingly obvious distinction between the nature of minority cultures and the nature of my subject of extreme states. I became interested in how a process which is split off from the majority culture begins to form its own minority subculture.

Cultures associated with ethnic, national or religious groups have their own identity, representing certain values, customs, art and traditions. If such a culture forms a minority group within a majority culture, from that majority's viewpoint the minority group will often represent a secondary process, its values foreign to the majority's identity. In such cases, within the minority group we tend to see a process structure which mirrors the majority group's process. Mindell has used the "equation" A:B as



C:A+B to show this tendency for a subgroup (for example an oppressed minority) to have internal dynamics which mirror the dynamics of its relationship to the majority or oppressive culture.

From the perspective of society at large, we can view people experiencing extreme states as reflecting a minority process, a secondary process to the collective; and their internal conflicts seem to mirror this collective process structure. But, people in extreme states are not a "minority group" in the sense of a culture, or even necessarily having a sense of identity as a subgroup. They are placed into that role by the majority culture's inability to understand and integrate their experiences.

If we look at such dynamics a little more closely, however, we find that many groups which are first identified in terms of being split off from the majority culture, evolve into subcultures with their own identity. I am curious about the significance of this tendency towards subculture formation in understanding collective processes and in developing methodology for collective process work and conflict resolution.

Let's briefly look at some examples of this phenomenon.

People with disabilities are seen by the majority culture as

being ill and handicapped. They reflect processes secondary to the collective primary process or consensus perceptions. The blind or deaf, for instance, have quite literally each a different perception of the world. In City Shadows, Mindell suggests that the meaning of mental retardation for the community may be that the retarded person is less able to rationalize his feelings away, and as such becomes the city's sensitivity towards its own insensitive behavior. (1988 pg.161)

At the same time, each of the disabled groups have in some way developed their own cultures. The deaf community is the most striking example, and I have also had the opportunity to be very involved with this community. The deaf community represents a very strong minority culture, with its unique language, values, customs, theater, humor, leadership, community organization, and history.<sup>2</sup> I was also intimately involved for many years with the evolution of a deaf-blind community, and I recall the feeling of awe in observing the very creation of a deaf-blind culture, with its own values, customs, language, deaf-blind jokes, and deaf-blind rituals,

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<sup>2</sup> I would refer the interested reader to a book by Oliver Sacks, Seeing Voices, A Journey into the World of the Deaf, University of California Press, 1989. It makes an excellent contribution to the hearing community, describing the linguistic and cultural aspects of the deaf community and how they have been very misunderstood by the hearing world.

along with the creation of community networks, and organizations.

Another group of interest in this respect is the gay community. Homosexuality was (and is sometimes still) considered an illness by the majority culture. And homosexuality reflects a secondary process of the majority culture in our very basic relationship to gender roles and love between people. The gay community has over the years evolved a very strong subculture.

A minority group which less easily commands the respect we would tend to give a minority culture is that of gangs, which are becoming increasingly disturbing to our communities due to the associated violence. Behind the violence may be a secondary process disturbing and breaking up collective consensus values and community life, and perhaps attempting to recreate the structure of community interaction. Gangs also literally form their own communities and culture, their own internal organization, government, language, rituals, and values.

#### **Extreme States and Subcultures**

As I look again at the extreme states of people with mental disorders, I realize that Borderline patients might be

forming a kind of subculture. I have suggested that the significance of Borderline patients to our society may have to do with the quality of our collective interactions and relationships with one another. The revolving doors phenomenon in mental institutions is accompanied by these wards serving as a meeting ground for Borderline patients. The ward even becomes something of a dating center, where people meet, fall in love, have fights and go to "group" to talk about it. People in more acute extreme states generally are more isolated from one another in their experiences. It is interesting to note, however, that within the homeless population, people with extreme states are accepted; hence extreme states are becoming a part of the subculture which is forming among the increasing homeless in the United States.

Another group which represents a secondary process of our society are drug abusers. With some similarities to people with "mental disorders", they may be representing the need for society to find ways to access altered states for the purpose of a renewal of our culture. We see aspects of a culture formation among drug abusers in terms of lifestyle and networks of interaction in the street scene.

### Questions and Directions of Research

What is the significance of all of this? Do subcultures develop because a given process needs support to develop and differentiate itself before being either rejected or integrated too readily by the majority culture? Is a process of subculture formation associated with a process of the majority culture's values being questioned and breaking down, such that the edge or value systems appear and can be encountered within different levels of the community's interactions? How does subculture formation relate to our increasing awareness of living in one-world, with the current political, economic and ecological issues which connect us?

Looking at these dynamics in terms of a marriage, I imagine a couple which functions as a single system in that each of the individuals is completely unconscious of their internal parts, conflicts and wholeness, and simply projects or sees these qualities in the other. They function together as a single system. If this system is taken apart, each is put in a position in which he or she is first in a crisis, and then may begin to encounter the internal dynamics which until now have been lived out unconsciously in their relationship dynamics. Let's say they do this, and rejoin - a new sort of relationship now occurs, in which we see an encounter

between two individuals as well as a single working system. The system now includes some awareness or has become more differentiated.

In the deaf community, as an example of this dynamic, we see issues of leadership, education, and linguistic prejudice encountered with more awareness within this community, which used to be polarized only between the deaf and hearing communities. As the deaf community becomes more differentiated within itself, it is also more powerful in its encounter with the hearing world.

Through subculture formation we also see new patterns of alliance and encounter occurring across various subcultures. Deaf women's groups, a subculture of the deaf community, may be welcomed as a part of the women's movement. While these groups are aligned around women's issues, issues concerning the hearing and deaf community's relationship then need to be encountered between those women who are a subculture of the hearing majority and the deaf women who are a (sub)-subculture of the deaf community.

Process concepts suggest that if processes are no longer polarized across borders, and between nations, the same processes may appear, or become more disturbing or accessible within other levels of interaction. Politicians

and journalists have been making commentaries, that along with political freedom in the east-block countries we will see new problems appearing in terms of inner city violence and drug abuse. We might also expect to see the development of subcultures of many varieties which until now have been suppressed. Political commentaries have also suggested that perhaps we will see a focus on political conflict between countries being replaced by an increased focus on the internal social problems in communities throughout the world.

Are such dynamics a part of an evolution, leading to increased awareness of our collective interactions? Are these dynamics related to the "information age", which is accompanied by a move from hierarchical structures towards networks, from centralized leadership towards decentralization, (Lipnack and Stamps, 1986 and Naisbitt, 1982) in which smaller communities form autonomous identities (faced with encountering their internal dynamics), and connect with other autonomous groups in a single world?

#### **Research in Collective Process Work and Conflict Resolution**

We have seen that the concept of the "edge" gives a framework for understanding the relationship between the

group's conflict as a whole, how the conflict appears within various subgroups and individual members, as well as in the group's relationship to outside groups. Around this subject, in Process Work, there is much yet to be researched and tested. Mindell has emphasized, in his courses on collective process work, the importance of processing conflicts at different levels of interaction. In a large group process, we may at one moment process a conflict as a whole group, and at another moment work on the process in subgroups, in relationships and as individuals.

Theory and experience show that if issues are not processed at these different levels, we might expect that while a large group process is momentarily resolved, individuals or subgroups might remain or become identified and polarized with a part of a process. Viewed in terms of a long-term evolving process, the individual or subgroup may need to have the opportunity to more clearly differentiate this viewpoint or process part. This viewpoint may then be represented more fully at a later time, and/or that individual or subgroup may be able process these issues outside of the large group context, within subgroups and relationship dynamics, or in relationship to outside groups. The questions and challenge arise in determining from the process structure and feedback which level a conflict will be processed within a given situation, and in facilitating a



process as it continues to unfold within these various levels and contexts.

As mentioned in Essay 3, recent research of Process Work methods with individuals reveal that the most sophisticated work seems to involve multi-level interventions in which all the parts of the process are communicated with simultaneously.<sup>3</sup> Multi-leveled interventions in which all parts of the process are simultaneously supported becomes a complex matter in a collective context. The various identities of individuals, subgroups, and the group as a whole would need to be addressed along with the conflicting process parts or roles. It would be a useful research project to investigate those interventions in which different levels and parts of a process are addressed simultaneously, and/or to research how we can determine from the process structure and momentary feedback which level a conflict should be addressed and how an organization or community's process unfolds over time in respect to these different levels of interaction.

As we begin to apply process ideas in situations in which there are complex interacting factors, identifications, and power stakes involved, it will be especially important to

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<sup>3</sup> Amy Mindell's current research on "Magical Moments in Process Work"

continue researching ways to support these identities along with addressing the inherent conflicting processes. Such a study might also lend information regarding the choices involved in where and when to make interventions regarding a given issue. For example, if we wish to address the problems of violence in inner city life, could process work concepts help us to clarify the interrelationships of the various subgroups and identifications involved, such as the police, courts, schools, victims of violence, gangs, the average man or woman who watches the news, and the media? Could process work concepts help us to become more aware of where and when interventions will be useful to a given subgroup, the other subgroups, and the collective issue as a whole?

I envision such research both coming out of and creating new forums for collective process work in which we could address such issues within and between the subgroups involved. In closing, I look forward to reaching out into the world together with my colleagues in the field of Process Oriented Psychology, and with researchers and practitioners from different fields and walks of life, in furthering our involvement with the collective issues of our times.

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