Towards alternatives beyond psychiatry

A personal & professional journey

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For the Diploma in Process Work

By Daniel Lewis

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"The city shadows are the repressed and unrealized aspects of us all,

lived openly by the so called mentally ill."

(Arnold Mindell 1998)

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Introduction

This work summarizes four projects I have initiated during the eight years of my formal training in Processwork. The projects reflect different aspects of Processwork, both on a professional level through my work in community mental health organizations in Israel, and on a personal level through working with my own personal experiences of extreme states of consciousness.

I first encountered Processwork twenty years ago when I happened to come across Arnold Mindell's book *The Shamans Body* (1993). At the time I was struggling to make sense of challenging psychological and spiritual experiences that shook the very foundation of my identity. Mindell's words conveyed a hopeful message: that as confusing or painful as these experiences were, they could be understood and explored as meaningful expressions of growth and personal development rather than pathologizing them as fundamentally wrong or symptoms of mental illness. *The Shaman's Body* ultimately inspired a decision to set out on a journey fuelled by a passion to learn about shamanic wisdom in traditional tribal settings. Some years later the need for a holistic framework which could help me integrate the different challenges and worlds of experiences I had encountered and give something back to the world inspired my decision to become a formal student of Processwork.

When as a Processwork student I began working in community mental health organizations I identified many unmet needs for better understanding and support for people living with severe emotional and mental distress. This paper demonstrates how the spirit of Processwork informed the ways in which I attempted to meet these needs by introducing new approaches and models of care that are already implemented by mental health services in other countries, most of which fundamentally differ from the attitudes and practices of the prevailing psychiatric system.

The four projects presented here are:

1. Setting up a community café called *Abracadabra* within a psychiatric rehabilitation center in Beer Sheva, Israel.

    While also expressing my interest in introducing Processwork to my workplace, this initiative was a response to a need for an informal social meeting space for people struggling with severe mental and emotional difficulties. Abracadabra offered a safe, non-judgmental space where people could talk about their experiences, find support and friendship, express creative abilities and explore alternative approaches to traditional mental health. The café was unique in that it also fostered dialogue between clients, mental health professionals and the larger community.

2. Designing and producing a course on alternative models beyond traditional psychiatry. The purpose of this course, which took place at the Beer Sheva psychiatric hospital, was to introduce alternative approaches to understand and support people experiencing extreme states of consciousness most often labelled as mental illness. The course was attended by leading mental health professionals, service consumers and family members thereof and offered a unique opportunity for dialogue between these different stakeholders while also exploring the viability of implementing these alternative practices within the current system. The course was also unique in that it was the first time most of these models were formally acknowledged by the mental health establishment.

3. A series of lectures I gave introducing the alternative approaches explored in the above course that included sharing my own personal experiences with extreme states. These lectures were the beginning of a new integration, inspired by Processwork, between my personal story and the field of work I chose. The central idea behind this integration was to express extreme states as being on a continuum of consciousness thus challenging the medical dichotomy of illness and health and patient and healer.

4. The process of writing this final paper. The writing of a final project has been a challenge that overwhelmed me throughout the eight years of my studies. Inspiring visions of potential projects and frustration in face of their insubstantiality mirrored a polarity that defined much of my life as I constantly swung between states of elation and periods of fragmentation. The expectations I had of myself and the standards I thought this work needs to uphold were constantly met by my insecurity and self-doubt. And so the process of writing this paper, as I present it, reflects a process of self-acceptance and integration of my different parts as this work comes to fruition.

Although the purpose of this paper was not to describe the theoretical and practical applications of Processwork but rather demonstrate how the spirit of Processwork nurtured and sustained my professional and personal endeavors it later became clear that it wouldn't be complete without demonstrating if only briefly how valuable specific Process-Oriented skills and interventions can be in therapeutic relationships working with people experiencing extreme and unusual states of consciousness, to this end I have added an additional chapter (p. 49) in which I describe several therapeutic interventions that were helpful for clients I worked with in unfolding and finding meaning in what would normally be regarded as pathological symptoms of mental illness.   All along Processwork was like a good friend, a constant companion that supported me along a very long winding path, providing insight, guidance and hope while navigating the mental health system with a vision for change and while exploring my own inner worlds on a journey towards becoming more fully and simply myself.

Since this work focuses on projects I have created and my own personal experiences I didn't include many specific bibliographical references in the body of the paper. My work is however inspired by the writing of Arny Mindell (1985, 1988, 1990a, 1990b, 1993,1995), Amy Mindell (2003), and Diamond & Spark-Jones (2004).

Psychiatry, rehabilitation and recovery. Throughout recorded history the understanding and treatment of people considered mentally ill has shifted back and forth between being seen as having physical, spiritual, moral or religious origins. Ever baffling scientific, philosophical and religious authorities, treatment has more often than not resulted in practices based on restraint, social exclusion and precarious, often inhumane interventions. In the past decades there have been many pharmacological advances in psychiatric medicine as also important reforms in institutional treatment. However, in spite of these advances, many people who depend on psychiatric care feel that the current psychiatric system and society at large is oppressive and disempowering, maintaining social exclusion and often unhelpful and abusive methods of treatment. Psychiatric and social prejudices around mental illness create in many people a life-long stigmatized identity and over-dependency on psychiatric treatment.

One of the most significant changes in mental health care in recent history was the emergence of the recovery movement. The recovery movement began alongside the deinstitutionalization of mental health care in the 60's and 70's when the large psychiatric hospitals, in which chronic patients often lived for years, closed down alongside an increase in community based rehabilitation services. (Borus 1981).

Recovery in mental health is based on the idea that people who suffer from mental illness need more than just symptom relief but have the right to realize educational, residential, vocational and social needs. Recovery advocates that given the right support and opportunities people with severe mental illness can learn and grow to realize full, meaningful and productive lives. This notion challenged and still challenges the prevailing attitude in psychiatric establishments that mental illness entails a chronic life-long, downhill prognosis with little expectation for recovery. One of the biggest changes that supported the recovery movement was including the voices, opinions and experience of mental health consumers, some of which became mental health

professionals in their own right. Over time this inclusiveness supported the development of new attitudes and models of care.

Although the recovery movement included the voice of mental health consumers and supported a major shift in attitudes, focus on psychological and social aspects of mental illness have been largely neglected and the predominant paradigm of treatment still emphasizes symptom management rather than emotional and relational healing. However community-based rehabilitation services provide many people with support to regain independence and self-realization in the community.

The dominant attitude of traditional clinical psychiatry today addresses severe mental health problems as symptoms of an underlying illness involving physical processes rather than expressions of difficulties and problems in people's lives. This is particularly prevalent with people who experience psychotic disorders involving hallucinations and delusional beliefs. According to this disease model such experiences are most commonly associated with schizophrenic illness. The standard intervention for the treatment of psychotic disorders is the prescription of high doses of psychotropic drugs that attempt to reduce or eliminate the symptoms by supposedly restoring chemical imbalances in the brain. This approach marginalizes and ignores the mounting evidence that the underlying cause of psychotic episodes is most often traumatic experiences and life difficulties as also the option that these visions are an expression of spiritual sensitivities or perception of other existing realities beyond consensus reality.

This paper doesn't attempt to judge whether the biomedical approach and the methods of treatment it offers are right or wrong but rather to introduce other perspectives and voices which explore unusual and extreme states of consciousness in a way that encourages a more holistic approach to healing and recovery.

Throughout history and in different cultures, voice hearing and visions find different meaning and purpose. For example some may argue that prophets were voice hearers as are perhaps those capable of spiritually mediumistic channeling experiences. In indigenous tribes voice hearing and visions may be perceived as a special gift denoting spiritual powers of healing and leadership. Such individuals would be recognized as worthy of special training and guidance so that these gifts may serve the greater good of the community.

Voice hearing, visions and other "psychotic" experiences are often a very scary experience and are usually only one aspect of a larger reality of emotional and mental distress often associated with past trauma or significant life changes. Those who seek professional help are usually overwhelmed with fear, confusion and a sense of helplessness exacerbated by the reaction of fear from the person's social network. Traditional psychiatric attitudes do not attempt to understand the experience or explore the meaning or the context the voices and visions may have in the person's life. The experiences are treated as symptoms of a biological brain disorder and interventions are aimed at restraining, suppressing and eliminating these experiences. Quite often these interventions not only fail to offer relief but intensify the person's sense of disempowerment and helplessness. One of the disadvantages of the biomedical approach towards extreme states of consciousness is that while physiological disease is evident and measurable, psychic phenomena is a subjective and non-measurable experience. Therefore the psychiatrist can only guess and categorize the experience according to diagnostic tools as found for example in the Diagnostic and Statistical Manual of Mental Disorders (2013). While chemotherapy, for example, can show whether a cancerous tumor has changed in size, psychiatric medicine cannot observe the same tangible physiological change. In this sense psychiatry treats extreme states without seeing the cause of the problem or seeing whether it has been addressed. At the best, psychiatric medicine provides symptomatic relief.

A phenomenological perspective

From a phenomenological perspective voice hearing, seeing visions, delusions, unusual beliefs and other experiences psychiatry considers expression of psychotic disorder are a very individual and diverse experience. Taking the experience of voice hearing as an example, some people may hear voices originating from within their own mind or body while others will hear the voices originating from outside them. For some the voices appear sporadically while for others the voices accompany them over years. Some voices are triggered by certain situations while for others the voices may be a constant never-ending experience. Some may hear one voice while others may hear several different voices, each with their own distinct personality. Voices may talk in 1st 2nd or 3rd person. Some voices comment on the person's behavior while others are commanding. Some voices present themselves as helpful and benevolent while others persecutory, shaming and destructive. The same diversity of subjective phenomenal experience is true for many manifestations of extreme states such as seeing visions, tactile sensations and unusual beliefs of grandeur or persecution by supposedly real or supernatural beings.

Having worked in recovery-informed community rehabilitation services for the past five years it was interesting for me to learn that the "traditional" idea of recovery is still very much biased towards the biomedical paradigm. Recovery is largely founded on the acceptance of having a disease with a biological component that one is striving to manage and overcome in order to live as normal a life as possible. Both in clinical psychiatric treatment services and in community rehabilitation settings there is little if any focus on the subjective experience behind extreme states as meaningful or useful to the process of recovery and self-development. On the contrary, many professionals maintain the attitude that focusing on the content of "psychotic" experience exacerbates the symptoms. For many people this structure creates a constant "hidden" struggle between striving to function as a "normal" human being while their unique perspective and experiences are being excluded as irrelevant.

My learning and process-oriented projects in the mental health system

Six years ago, by recommendation of my study committee, I began an internship as a counselor in a psychiatric rehabilitation service in Beer-Sheva, a large town in the north of the Negev desert in southern Israel.

Until then I had had no contact with psychiatric services and knew very little about the mental health system. During those six years I worked in several departments offering vocational, housing and social rehabilitation services for people with the diagnosis of severe mental illness. My mandate was not to work as a therapist but to support individual clients in creating recovery and rehabilitation programs by which they could best utilize, according to individual needs, the various services provided by the agency towards greater independence and self-realization.

While learning how the mental health system worked, I had the opportunity to develop meaningful relationships with many of the agency's clients and as time went found how Processwork helped me better relate and understand people and support them in their recovery and rehabilitation process.

Rewarded with clients' confidence I was privy to their personal struggles with inner experiences as also their frustration with many aspects of the psychiatric system. The most common of these challenges included struggling with side effects of psychiatric medication, not being heard or listened to, thus often misunderstood and subject to social stigma that enforced a sense of isolation and oppression. Most if not all the clients I met over the years never received psychological treatment and were obviously indoctrinated by an attitude that says that they are suffering from a life-long mental illness due to a brain dysfunction for which medication is the best if not only treatment.

Over the years Processwork had been instrumental in providing a framework for my own journey of recovery and personal growth and for the past four years I also had a small successful private practice. It was now interesting to explore how Processwork could support my newfound calling to explore different approaches for supporting individuals and services in the field of mental health.

In the back of my mind I couldn't help but reflect back on how I was able to understand and work through my own experiences coping with extreme states of consciousness (on which I will write about more later) and I was inspired to find ways in which I could support some kind of dialogue exploring mental illness from a broader perspective both on an individual level with clients and on an organizational systemic level. This line of inquiry was the beginning of an unexpected journey which evolved into the projects reported on in this paper.

The Processwork paradigm is made up of two complementary aspects. It is a therapeutic framework enhancing awareness and supporting change on intrapersonal and interpersonal levels of reality and also a framework for addressing and facilitating social change through organizational development, conflict facilitation and community building. The latter is known as Worldwork. The projects I discuss in this paper reflect the way in which these two aspects correlate and come together as my professional endeavors and inner journey of self-discovery meet.

The most fundamental idea of Processwork and Worldwork that has guided me in the development of these projects over the years is the concept of Deep Democracy. Deep Democracy lies at the heart of the philosophy of Worldwork and is based on the understanding that in order to support sustainable development and change in any given system all voices, roles and levels of reality within it need to be addressed and heard. Deep Democracy values and supports all voices in a non-judgmental way that brings awareness to marginalization and power inequalities and supports a real dialogue between

the different parts. This kind of dialogue is healing in itself since it can free the system from limited perceptions that sustain overt and covert misuse of rank and power.

Through my projects in the field of mental health I attempted to foster Deep Democracy by emphasizing interaction and nurturing a dialogue amongst mental health service consumers and professional service providers. It was in the spirit of deep democracy that I found the courage and inner support to do so. Each time I found myself discouraged or challenged by inner and outer forces I returned to this idea and listened to the different voices inside me. This mindset was particularly helpful as at it freed me from polarization and helped me remain fluid between being an individual with lived experience of extreme states and a mental health professional.

I believe deep democracy is a valuable solution for approaching opposing and conflicting forces, especially when it comes to conflict between tradition and innovation. The alternative models I presented in the course challenge many basic assumptions on which the current psychiatric system lies and accepting their viability inevitably brings up tensions between the old and the new.

Deep democracy isn't only about fostering dialogue between different roles and voices. It also places equal value on different levels of reality and worldviews. In the book *City Shadows (1988),* Arnold Mindell, the founder of Processwork talks about the way in which extreme states can be seen as an expression of disavowed aspects of society. In this sense extreme states aren't merely non-consensual realities that belong to the realm of individual experience but rather are an expression of forces we marginalize as a society. The Idea behind city shadows is that these experiences hold a message to us all. This could be compared perhaps to the ecstatic shaman who journeys to the realm of spirit. On a consensus level the person might be seen to having a fit, dancing or talking incoherently but on his return the shaman might report on some imbalance in the community field and the awareness he brings facilitates a change for the benefit of the collective.

On a personal level, Mindell's ideas about extreme states instilled in me the confidence and faith that the extreme states I experienced over the years are teleological, that is to say they have meaning in the context of a process of growth and personal development. They also helped me understand that there is something impersonal about them, that when we "lose our mind" we are then open to expression of powers and forces that go beyond consensus reality and in a way we may become "psychic ambassadors" for the collective. The question is whether we can learn, as individuals and as a society, to mediate these powers and integrate them into a wider reality in a way that is helpful, and not only be their victim. These transpersonal insights freed me from thinking in terms of mental illness and helped me use my own experiences as shamanic and spiritual cursors on a path of learning and self-discovery.

To summarize Processwork's contribution to my endeavors I approached the idea of Deep democracy on two correlating levels:

1. On an organizational and social change level (worldwork) deep democracy supported an overview of the different roles, attitudes, polarities and tensions in the mental health system. The first three projects allowed for a dialogue between mental health clients, family members and mental health professionals from different clinical and community rehabilitation settings.

2. On an individual level deep democracy supported me in addressing the value of accepting different levels of reality in a non-judgmental way, accepting different meaning and worldviews people have about their inner experiences. Mindell's concept of *dreaming* reflects this idea in the best way. Consensus reality is just one level of reality that coexists alongside other valid levels of reality in which inner experiences that may conflict with outer reality can be explored and unfolded as meaningful expressions of our wholeness. This idea is fundamental in supporting people to understand their "otherness" not only as a sign of pathology but as an expression of a creative force that could be understood in the context of growth and healing. The last two projects

express the value of addressing the dreaming when working through extreme states of consciousness.

Project #1: Abracadabra Café

Six years ago, as part of my training internship in Process Work, I began working as a counselor and workshop coordinator at Enosh (www.enosh.org.il), the largest mental health association delivering community-based, psychosocial mental health rehabilitation services in Israel. After a few months working at Enosh I identified the need for an informal social meeting space in which clients could meet and talk about their life experiences as also a place for sharing and expressing artistic talents. This led to my first big project within the rehabilitation center.

As a counselor and workshop coordinator at Enosh, I was responsible for running cooking and gardening workshops and together with a few of the center's clients we got permission to use the large hall on the second floor one evening a week as a social café where people could meet in an informal atmosphere while we served coffee and freshly baked pastries made with some of our own garden's produce.

The café attracted a regular following and before too long we had a house band, set up "Mad Art" exhibitions for local artists and began hosting lectures and workshops around mental health for the larger community. The friendly ambience created a sense of community in which people felt safe to share more openly their personal stories dealing with the mental health system as also inner worlds of experience around being "mad".

By this time I had heard many personal accounts that resonated deeply with my own experiences dealing with extreme states. Secretly I began wondering how I managed to "get away with it" and carefully considered what particular circumstances allowed me to unfold my own craziness as a catalyst for my own self-development even though I suffered many years of solitude in emotional pain, hiding experiences I dared not share with anyone, not even the therapists I had over the years. Openly I began questioning whether there might be, somewhere out there, other ways for the mental health system to

understand and cope with these experiences that are usually labeled and treated as mental illness; was a life-long identity of being sick a clinical fact or a product of a societal system that devalues the potential wisdom behind the experience of madness by marginalizing the role of traumatic circumstances, under-nurtured sensitivities and damaged relationships in an oppressive culture play in our private and collective mental health?

After struggling for a long while to find a name for the café we eventually called it "*Abracadabra*". Every child knows this word, which is in fact an ancient Kabbalistic incantation in Aramaic meaning "As I speak so I create". The name was chosen because it reflected a creative spirit and the potential for personal and social change around mental health that was so missing in society and in the world of psychiatry. We felt the name encourages the freedom to talk about mental health from different perspectives within, adjunct and beyond the psychiatric model of mental illness as solely an expression of biological abnormality within individual brains. Dr. Patricia Deegan a pioneer in the recovery movement and a world renowned psychologist who was diagnosed as a teenager as having schizophrenia put it wisely when saying "The goal of recovery is not to become normal. The goal is to embrace the human vocation of becoming more deeply, more fully human." (Deegan, 1996)

During the two years that *Abracadabra* was open I also began working as a rehabilitation counselor in the housing division which meant I was working closely with people within their own homes and amongst other aspects of daily living was responsible for assisting with psychiatric visitations and hospitalizations thus gaining an even more intimate insight into the personal lives of my clients and into the workings of the psychiatric system.

During this time I also deepened my enquiry into alternative models of care for severe mental problems. If an initial google search yielded nothing in Hebrew, in English I was flooded with a whole world of information and a rich array of initiatives, most of which were developed by peer support and mental health consumer organizations. Even though the field of alternative care systems

was still on the very fringes of conventional mental healthcare it was very much present and gaining greater recognition, support and funding. The information barrier in Israel, however, was undeniable.

Once I felt familiar enough with the various models through my own research I felt it was time to open it up to public discussion and so during one of the last days of Abracadabra, which was about to close due to lack of funding, I gave my first public lecture on the subject. The introduction to the talk was also the first time I "came out" and talked openly about some of the extreme states of consciousness I experienced over the years, which led me to studying Process Work in the first place and subsequently to working in the field of mental health. I will elaborate on these personal experiences in a later section of this paper.

The talk was received well both by the peers and the professional mental health workers who attended and allowed for a deeply touching and fascinating discussion. The non-judgmental sharing space the community café created gave me the incentive to deepen my research in different frameworks and services that are more holistic and accepting of diverse emotional and mental experiences.

Project #2: A course on alternative models in mental health

The desire to find support in introducing and implementing the development of the models that I found in different parts of the world led me to work in *Lishma,* the primary consumer-run mental health organization in Israel (www.lishma.co.il). Encouraged by the support and openness I found amongst my peers in the consumer organization I set out onto my next project: developing a course about alternative models in mental health at the Beer Sheva psychiatric hospital. Success of the course was made possible due to a close partnership I formed with Anat Shalev, head of social services in the Beer Sheva Mental Health Center and with Yaki Singer, at the time senior supervisor and information manager at Enosh, the Israeli mental health association.

The course was attended by people with lived experience of mental illness who work as mental health professionals, representatives from family advocacy organizations, senior staff and heads of departments from the psychiatric hospital (chief psychologist, head nurse, head psychiatrists from several wards, head of social services), directors from several community rehabilitation agencies and representatives from health insurance agencies. This collaboration between different groups achieved one of my goals which was to create a meeting space for dialogue between different stakeholders in mental health development.

The course consisted of six half-day meetings and each session introduced a different model for alternative psychiatric care including video conferences with the leaders of respective models from abroad. Every lecture was followed by discussions that gave an opportunity to express and explore different perspectives and voices and the last session provided an opportunity to envision future steps towards implementation of these approaches and models within the current system.

And so the course was launched and for the first time the psychiatric establishment was to recognize and address these models and their contribution to the field of mental health services.

The course focused on two different kinds of services:

1. Professional interventions for treatment of first-time psychosis.

2. Peer-support systems for people with severe mental problems.

The common factor in all the models presented was that they approached severe mental health problems from various psychosocial perspectives and offer alternative interventions to traditional services.

Day 1. The course opened with a valuable and challenging opportunity to embrace the idea of deep democracy in real time. As participants sat gathered in a small conference room in the hospital I opened the program with words of welcome after which we were formally greeted by Prof. Ze'ev Kaplan, head of the Beer-Sheva mental health center and psychiatric hospital. In his hand the director was holding a copy of an early draft I wrote describing the course, on which he took time to highlight and circle every word and phrase that could be interpreted as criticizing or undermining the psychiatric establishment he was in charge of. A tall impressive man with a powerful demeanor, he stood and with somewhat a cynical tone criticized the very notion of "alternative approaches" and of thinking in terms of working "outside the box" of the traditional system. The atmosphere in the room changed from excited anticipation to tense discomfort. Following my own experience internally I felt criticized and put down for going "against" the system; the way in which he meticulously dissected my own words written on the proposal felt shaming and I began shutting down in hurt. I was aware I was getting polarized. "Quick Danny, think, Deep Democracy!" I took a deep breath. In his role I realized that the director was being defensive and even hurt. We were talking of innovation and change, introducing approaches that challenged fundamental biases of the traditional system towards the biomedical paradigm but we didn't acknowledge or validate current efforts to improve the quality of

services at the mental health center by introducing new recovery-oriented services. I realized that in a way the director was reacting to my own tendency to be one-sided against the current system. It was a reminder for me to be more fluid and neutral so that I could better facilitate a dialogue between a diversity of roles, points of view and experiences. Being strongly identified with the ideology of the consumer movement that harbors much grievance towards the psychiatric system I realized that somehow the whole history of the field was present with many unprocessed feelings. Having the ability to be aware of my own reaction, stepping out of my own role and appreciating the director's experience helped turn an awkward moment that could have potentially polarized the field, into a learning that deepened the awareness and dialogue between different roles and voices that were to come up during the course.

Following the opening greetings Dr. Max Lachman, a pioneer in implementing the recovery vision and developing recovery-informed services in the Israeli mental health system gave an introductory talk providing an overview of the history of mental health in Israel and the evolving spectrum of attitudes and services reflecting a system that is in constant change. The lecture was followed by a lively discussion and the opportunity for the participants to get to know one another.

Day 2. The second day focused on the *Soteria house* model and on *peer-run respite centers.*

The Soteria model was introduced with a lecture given by Prof. Pesach Lichtenberg, head of the psychiatric department in Herzog Hospital and head of the psychiatry department in the Hebrew University. Prof. Lichtenberg has been working for many years towards creating a Soteria house in Israel.

Soteria is a community-based home-like alternative to psychiatric hospitalization pioneered by Prof. Lawrence Mosher during the 70's in the United States (Mosher & Hendrix, 2006). Soteria houses are designed primarily for young people experiencing first time acute psychosis, presenting symptoms that would normally warrant the diagnosis of schizophrenia. The

unique milieu provided by these homes is based on a non-coercive approach that values psychosis as a natural psychological coping reaction to difficult life situations. In this respect people having psychotic experiences are supported to "go through" with the idea that the crisis is potentially meaningful to the overall psychological development of the individual.

The "treatment" focuses on close interpersonal relationships with non-professional staff, chosen for strong interpersonal and emotional skills by "being with" the clients and supporting them going through the experience of crisis. Emphasis is put on normalizing psychotic experiences, finding ways to communicate them and limiting the need for pathologic medical terms of illness, symptoms etc. Neuroleptic medication are seen as potentially repressing the process of recovery and are thus avoided when possible or limited to the lowest dose and shortest time possible. Medication is usually limited to address anxiety and to support regular sleeping. In any case there is no compulsory medication and it is the client who is responsible for making an informed decision if medication is to be used. Set up in a warm home-like family atmosphere, staff and residents of the Soteria house share equal responsibility for cooking and other household chores. Emphasis is put on maintaining and strengthening the support network within the community rather than the often isolating and fragmenting experience of being locked in a closed psychiatric ward. Although this model was not embraced by the American psychiatric establishment research shows that recovery outcome for Soteria residents are better if not equal to traditional hospitalization, enabling clients to get back to their employment or education of choice, limiting chronicity and over dependence on medication and offering a cost-effective alternative that reduces significantly the often traumatic, stigmatizing aspects of psychiatric hospitalization.

The second part of the second day was dedicated to **Peer-run crisis respite centers:** a relatively new model that is being widely supported in the United States as a hospital diversion service provided by trained peer-specialists. The National Coalition for Mental Health Recovery (NCMHR), a driving force behind the establishment of peer-run crisis respite services in the U.S has

described PRCRs as "A place for people in crisis to process stress, explore new options for short-term solutions, increase living and coping skills, and reduce susceptibilities to crisis in an environment that provides support and social connectedness (Mead, Hilton, & Curtis, 2001). The goal of PRCR is to encourage less dependence on the mental health system and help consumers avoid the trauma that often occurs during emergency room visits and inpatient psychiatric hospitalization (NCMHCSO, 2008; Stefan, 2006). Trained peers use compassion and a supportive approach to enable people to start the recovery process (Stefan & Poole, 2009). The expected outcomes are recovery-related outcomes, reduced emergency room utilization, and decreased use of mental health services in the future (MPOWER, 2008). The session on peer-run respite centers was presented by Yaki Singer.

Day 3: The third session focused on **Open Dialogue**, a unique family and network based mental health service developed over the past two decades by Prof. Jaako Seikkula and his colleagues at Keropudas Hospital in Western Lapland.

The open Dialogue method proved most effective and became world renowned as an intervention for the treatment of first time psychosis and currently holds the best outcome results in the western world for the treatment of psychosis reducing the diagnosis of schizophrenia by over 80%.

"The open dialogue (OD) family and network approach aims at treating psychotic patients in their homes. The treatment involves the patient's social network and starts within 24 hours after contact. Responsibility for the entire treatment process rests with the same team in both inpatient and outpatient settings and the general aim is to generate dialogue with the family to construct words for the experiences that occur when psychotic symptoms exist". (Seikkula 2006).

We began the session by screening a documentary about Open Dialogue made by Daniel Mackler followed by a video skype call with Markku Sutela, chief psychologist at Keropudas hospital and a senior member of the Open

Dialogue team. The video call was displayed on a large screen and allowed for an intimate discussion about the model.

It was interesting to find how Open dialogue applies the same ideas as deep democracy and has many similarities to process-oriented family therapy and group facilitation in the way that extreme states are seen as valuable and meaningful expressions that could be understood in the context of the family and social system. All voices are addressed and solutions arise from unfolding the experience rather than merely enforcing solutions.

Day 4. The fourth session was dedicated to hearing voices and began with an experiential introduction to a Mindfulness-based therapeutic approach to mental health (Mace 2008) presented by Dr. Oded Arbel a senior psychiatrist and founder of the pioneering Desert Mindfulness Clinic in the Beer-Sheva mental health center. Dr. Arbel was also one of the study group participants. Through the Mindfulness clinic Dr. Arbel introduces aspects of Mindful Buddhist meditation and Zen practice into the mainstream psychiatric hospital by offering learning and training opportunities for staff members and patients alike.

In second part of the session we had an online video discussion about the Hearing Voices movement with Will Hall. Will is a process work therapist, a consultant and a social activist who had been diagnosed with schizophrenia. He has co-developed several large peer initiatives in mental health in the U.S and is a renowned advocate for alternative approaches to traditional mental health (www.willhall.net).

The hearing voices movement began when Marius Romme, a social psychiatrist from Denmark working at the Maastricht university in the Netherlands, was one day challenged by Patsy Hague, a client of his who was extremely distressed by the voices she heard. She asked him how he could believe in a god he could neither see nor hear (knowing he was a Catholic), yet he was unable to accept the reality of her voices which were indeed very real to her? Until then the categories Prof. Romme used to understand his

clients experiences were perhaps helpful to his medical diagnosis but admittedly were not so helpful for his clients in dealing with their distress.

When Prof. Romme was privy to a discussion between Patsy Hague and a friend of hers who also heard voices in which they shared their experiences, he began to accept that voice hearing was a reality unto itself and worthy of study beyond the dismissal as delusional, meaningless arbitrary words originating in a psychiatrically ill and broken mind.

Following this revelation Prof. Romme was a guest at a television talk show were viewers were asked about the experience of voice hearing with special interest about whether those who heard voices found helpful ways for coping with the experience. The response from the public to this appeal was overwhelming, questioners were sent out to hundreds of respondents which formed the basis for an in-depth research into the experience of voice hearing leading also to the following statistics: 4% of the general population (in western countries) will experience hearing voices at one point or another.
One third of this number will require psychiatric care and will most likely be diagnosed as schizophrenic (implying 2/3 will be able to cope with the experience or suffer but refrain from psychiatric care. In 70% of the cases there is clear evidence of earlier trauma, usually sexual abuse, physical abuse or emotional neglect.

Realizing the scope of this phenomenon Prof. Romme together with his colleague Sandra Escher devoted their careers to research and development of support models for voice hearers both in clinical practice and through support groups they helped found. One of the valuable tools they developed is called the Maastricht Interview. Originally developed as a research tool for gathering information about the experience and the person hearing voices, they soon realized that the interview served as an effective tool for helping voice hearers begin to learn and think about their experience in new and different ways that supported the new therapeutic approach. As time went by hundreds of support groups for voice hearers began to develop all over the

world organized by national and international organizations promoting information and support. (Romme et al., 2013)

The hearing voices approach is still considered quite radical in the field of psychiatry and is based first of all on the acceptance that the voices are real for the hearer. This initial acceptance forms the basis for a process of inquiry into different aspects of the experience itself and an exploration revealing the relationship between the voices and the personal history of the voice hearer.

Most people who hear voices report that in their experience mental health services don't see the voices as being meaningful or valuable but a symptom of a disease and an expression of an imaginary reality. The attitude that voices are a symptom of madness or a brain disease often only intensify the sense of alienation and hopelessness the voice hearer already experiences. Contrary to the medical approach that voices need to be eliminated, experience working **with** the voices show recovery could actually mean changing ones relationship to the voices. This new approach to recovery is based on the understanding that there is a connection between the voices and the hearer's own life experiences and that the voices represent situations and feelings with which the hearer might not have been able to deal.

In 2009 Will Hall created the Portland hearing voices community group under the banner "Embracing mental diversity". The following mission statement describes the unique way in which this group went beyond supporting only the experience of voice hearing to include, under the same approach, a wider spectrum of unusual experiences also often diagnosed and treated as symptoms of mental illness:

> *"Portland Hearing Voices is a community group to promote mental diversity. We create public education, discussion groups, training, and community support related to hearing voices, seeing visions, and having unusual beliefs and sensory experiences often labeled as psychosis, bipolar, mania, paranoia, schizophrenia, and other mental disorders. We aim to reduce fear and misunderstanding,*

question stereotypes, promote holistic health options, overcome isolation, and create a more inclusive community.

We have a mental diversity approach that reaches beyond narrow medical diagnosis and treatments, and we explore creativity, spirituality, trauma, and sensitivity in our experiences. We are proud of who we are and we are not crazy. We help each other learn from and live with our mental differences, and we struggle with emotional distress and pain while also valuing positive sides of what we go through. Non-judgmental; people taking medication, not taking medication, and considering options are welcome.

We ask the question, what do these experiences mean to you? And welcome a variety of diverse personal interpretations and ways of coping. Throughout history the mysterious meaning of "madness" such as hearing voices has defied any final explanation, and we seek to create greater understanding through dialog and community-building in a non-judgmental and respectful atmosphere. Groups and events are donation based and low-income accessible; no one turned away for lack of funds.

We refer people to community resources and counselors who share our perspective and who offer accessible services. We also support people in learning to take greater control of our lives, including exploring coming off medications safely. (Portland Hearing Voices does not offer medical advice or treatment.)

Portland Hearing Voices is led and managed by people with lived experience of hearing voices and psychiatric diagnosis" (www.portlandhearingvoices.net).

Day 5: The fifth session was dedicated to The Icarus Project (www.theicarusproject.net) and opened with a Skype discussion with Sascha Altman Dubrul, co-founder of The Icarus project and a leading social activist in the Mad Pride and radical mental health movement. Sascha began by talking

about his experience as a teenager caught up in the mental health system in the US and being diagnosed as bi-polar. Following an article he wrote about his experiences in 2002 in the San Francisco Bay Guardian, he unexpectedly tapped into the collective dissatisfaction and creativity amongst so many young people whose troubling experiences led them into the mental health system only to be diagnosed, medicated and talked at in a medical language that often wasn't helpful for people in making sense of their experiences. Following the connection he made with responders to the article he founded *The Icarus Project* based on an online community website and local groups that met together supporting a wider exploration of madness based on the experience of those that actually live it. The Icarus Project supported a network and a radical mental health community that goes beyond the narrow definition of madness as a biological illness thus addressing the sense of isolation and oppression experienced by so many. The Icarus project vision statement:

> *"The Icarus Project envisions a new culture and language that resonates with our actual experiences of 'mental illness' rather than trying to fit our lives into a conventional framework. We are a network of people living with and/or affected by experiences that are often diagnosed and labeled as psychiatric conditions. We believe these experiences are mad gifts needing cultivation and care, rather than diseases or disorders. By joining together as individuals and as a community, the intertwined threads of madness, creativity, and collaboration can inspire hope and transformation in an oppressive and damaged world. Participation in The Icarus Project helps us overcome alienation and tap into the true potential that lies between brilliance and madness".*

Following the talk with Sascha the group delved into a fascinating discussion about self-determination and the legitimacy in challenging strong-held beliefs about mental illness to include the usually marginalized social, cultural and spiritual aspects of madness.

Day 6: The study group's final session included a creative art exercise that encouraged participants to explore what was most meaningful and inspirational for them throughout the learning experience and how can aspects of such personal learning be readily integrated into existing practices. A playback theatre improvisation allowed participants further exploration of different feelings and attitudes towards the study experience and the session ended with an invitation for those interested in further learning and practical development of any of these models to join a future task-force.

In conclusion, the study group was a success in that it created a precedent for acknowledging and discussing the viability of alternative models of healthcare within and adjunct to the traditional system. Prejudices and doctrinaire attitudes are strongly held amongst mental health professionals and consumers alike. The format of the study group created a safe space for exploring mental health from different perspectives. What helped me sustain this atmosphere is the idea of Deep Democracy appreciating that in order for a system to grow and create sustainable changes all voices and parts of the system need to be represented and heard

Word of the study group spread and I was glad to receive invitations to give lectures about alternative models in various conferences and mental health services throughout Israel and to date four other psychiatric hospitals are currently involved in hosting similar study groups.

The biggest breakthrough the study group had some part in was facilitating an appeal to the Ministry of Health to support a pilot for a Soteria house in Israel. The funding was approved and the house is due to open its doors in Jerusalem by July 2014 under the directorship of Prof. Pesach Lichtenberg. I am honored to be part of the founding Soteria team.

Another hopeful prospect is that the Ministry of Health has begun exploring the possibility of opening a peer-operated crisis respite center for young people in Tel-Aviv in partnership with Abarbanel Psychiatric Hospital. Such a project will have a great impact in asserting the invaluable role of professional peer-support services adjunct to traditional services, a process that has

already began by setting up the first peer-specialist training that will include peer recovery workers in psychiatric hospitals alongside traditional healthcare professionals.

It is with great hope that once proven viable these two projects will open up many more opportunities for alternative mental healthcare systems as also the much called for improvement of existing ones.

The Open Dialogue method is also slowly gaining interest and together with a group of advocates we are holding screening of Daniel Mackler's documentary followed by facilitated discussions.

I am also due to launch the first Israeli Hearing voices support group in Jerusalem by the end of June 2014.

Project #3: Sharing my personal story

In order that the implementation of any of these models be sustainable, there is a need to support a shift in wider circles of family and community systems. The basis for social change in attitude needs to reflect a shift from definitions of illness versus health, which creates a polarizing dichotomy, towards the idea of existing on a continuum between emotional and mental health and distress. Having realized the need to cross the edge between these two perspectives I felt called to use my own life experiences dealing with extreme states of conscious when introducing alternative models of care in mental health through lectures I was invited to give in various conferences and professional settings.

This endeavor required a deep level of personal exposure and a new perception of myself in relationship to my calling. Process work was a central tool enabling me to perceive reality as a continuum and work through my own difficulties to the point where I could feel confident enough to share my story without fear of being labelled in any social category with which I don't identify. Many of us live with hidden secrets and unusual experiences and beliefs because we are afraid of how we will be perceived by our peers and society at large, and because we often lack the awareness skills to embrace aspects of our hidden self. Marginalizing our secrets block our energy flow, our freedom for self-expression and the ability to experience our whole self. Process work's openness and non-judgmental approach towards extreme and unusual states of consciousness allows people the freedom to address distressing experiences and find relief, meaning and support.

Since at first I had no tools or a language to mediate between my extreme states and consensus reality, for many years I felt I had to conceal my inner life and pretend to be "normal", even though these experiences were so central to my identity and my experience of being human in the world. This need to hide myself created a split in my life. At times the best way I found to cope with long periods of deep loneliness, depression and psychological pain was by self-medicating with alcohol and drugs. Alternately I would experience intense bursts in my self-confidence, sense of purpose and spiritual elation

but these too found little grounding in consensus reality and so I would again crash into a deep depression, and so on.

When I began my formal training in Process work nine years ago the teachings and knowledge I was exposed to enhanced a sense of hope and excitement since I felt that I had found a language that can help me bridge between the separate worlds in which I lived. Process work resonated with me because it helped me integrate not only difficult emotional experiences but also helped formulate mystical shamanic experiences putting them in a new meaningful context. Process work helped me free myself from needing to formulate extreme states as pathological, and mystical experiences as being otherworldly and allowed me to integrate them all into one world that could hold all the different parts. The ability to take down internal barriers within myself created a new sense of flow between my disparate parts and the confidence to explore my experiences from a new non-judgmental place thus allowing a sense of healing.

I would now like to demonstrate how elements of my own personal story might sound like a classical psychiatric case and how process work helps shed a different light on the same experience. I will relay several experiences I had while travelling that could fit the psychiatric category of psychosis and how working with these experiences and addressing them from several points of view allowed a new way of understanding.

In 1996 I travelled to the Far East with the intention of meeting tribal shamans from whom I could learn about traditional spiritual philosophy and practices. This yearning was born out of experiences I had experimenting with psychedelic drugs a few years earlier. I embarked on this journey together with a partner whom I had recently fallen in love with. A short while into the journey I began spiraling down into a deep depression and was overcome with a feeling of inner turmoil, disorientation and a sense of existential loss. I shut down and was unable to understand or communicate what was happening with me. My inability to relate led to breaking up with my girlfriend, which in turn only intensified my sense of isolation and confusion. I felt as if I had no home to go back to since I had left my home both in Israel and

England. In this state I felt I had no option but to allow myself to just be with it. At this point I was travelling in Indonesia and stayed in a little hut on the bank of river in a Sumatran rainforest. I stayed there for a several weeks in solitude when one day while meditating by the river I caught in the corner of my eye the glimpse of a shiny light that fell very fast from the sky and stuck in my shoulder with a painful electric shock.

In that moment I had the clear knowledge that aliens have just inserted into me some form of microchip and that even though I didn't know for what purpose I would soon find out. In fact this event shook me out of my disoriented and depressed confusion giving me a new sense of purpose and meaning.

From that day onwards I began interpreting signs from my surrounding as messages denoting a messianic mission I was to undertake. Shortly after this experience I ran out of money and flew to Australia where I could find work where I recall passing by churches and seeing billboards such as "The Lord is coming" and interpreting that as a personal welcome sign confirming my messianic destiny. Songs I heard on the radio and books I read conveyed personal messages meant specifically for me.

At one point I arrived in Alice Springs in central Australia where I spotted on a notice board in a rundown bar a wanted ad for a worker in a gas station on a remote aboriginal community. I applied, got the job and became familiar with the local community and bonded especially the children who would sneak up to the pumps to steal petrol for their addiction – a devastating phenomenon that has plagued many aboriginal communities in Outback Australia.

Thanks to the good connection I made with these children they began coming over to the house I stayed in in the afternoons when I began receiving divine instructions as to specific activities I was to do with the kids, for example I was instructed to build kites with the kids using raw materials and through a guided meditation allow the children to find a symbol that represented their personal power which was then drawn on the kites and then we all flew our kites on a specific day from the top of a specific hill. During the weeks and months that

followed I found myself in an elated state of spiritual belonging and connection with the aboriginal community and the land.

Identifying with my sense of accomplishment and personal power at one point I began stirring the local politics a little. The community chairman was supposed to release government funding for the children that didn't get used and I thought I had to intervene. This didn't go very well and subsequently I was asked to leave the community.

Returning to Alice Springs, I was contacted by a Jungian psychoanalyst who heard about the workshops I did with the children and I was invited to stay on a remote outstation called Intjartnama that helped the aboriginal community deal with addiction issues by integrating traditional tribal wisdom and spirituality. The outstation was located nearby an ancient spiritual site known for its powers of healing and I could immediately sense how powerful that land was. In Intjartnama I met Elva, the traditional guardian of this site and the local Shaman and storyteller. Shortly after arriving at Intjartnama I fell once again into a depressed and utterly confused state except that within this state I began hearing the voice of a mystical beetle that would talk to me day after day. This spiritual entity, as I perceived it, introduced itself as the cosmic intelligence that inspired Carl Jung's and as such I had a direct information link to Jung's ideas about the collective unconsciousness and the connection between western psychology and the world of Shamanism.

During this time I had other visions of spirits, while awake and in my dreams, however, talking with Elva about my experiences she would confirm that my visions and voice hearing were on a par with the aboriginal experience of the realm of spirit or the dreamtime. Elva's confirmation and validation instilled in me the confidence to accept my experiences as part of my wholeness, even though I didn't quite understand what they meant. I am sure that if I had the same experiences while living in Israel and being as disheveled as I was then, I would have been a great cause of concern for others. The shamanistic context allowed me to accept these experiences and work with them in the context of a wider reality, rather than dismiss them as unreal or pathological.

Six months later I received news of my sister's upcoming wedding in Israel and arranged to return to Israel. During my last night in Intjartnama I dreamt that the warrior spirits who are the guardians of the nearby sacred site come up to me and one of them blows magic snake power through my mouth and into my belly through a sacred bone. I woke up choking from the insertion of the magic substance and an understanding that the experiences I had during this wild and challenging journey would continue unfolding. I returned to Israel with a deep sense of bewilderment not knowing how to make sense out of all these experiences and what I was meant to do with them now I was back at my family home in Israel.

The following years living in Israel were defined by swings between dramatic bursts of deep spiritual connection and visions of grandiose world saving projects, and bouts of utter depression and a sense of existential emptiness and loss. At one point I also had a paranoid episode where I was certain a girl I was seeing was having an affair with one of my best friends, even though they had never met. During these years I worked as a cook specializing in vegetarian food while also studying energy healing, various movement arts and bodywork and at one point I returned to the UK to open a café and spent that time studying martial arts and Buddhist meditation.

During this time I came across Processwork once again and could now appreciate and better understand the unique way in which it connected and bridged between psychology and shamanism, between body and mind and between the personal and the collective. I realized that this is what I wanted to learn.

Several years later I began my formal training in Processwork. I got married and became a father and family life brought up many challenges but also served as a sound container that supported my studies and inner work.

During the first years of my training I continued working as a chef. One day, while working in the kitchen of the café I was working in a woman came into the kitchen while I was holding a large knife at that moment I experienced a momentary disconnection from consensus reality and had a vision of me

stabbing the woman in the belly with my knife. This experience began recurring each time a woman came into the kitchen and every time I was overwhelmed by anxiety and fear of losing control.

At this point I will stop the story and take time to look at some of its components.

This story includes several episodes that could easily be described as psychotic. The alien implant, talking to a mystical beetle, the messianic calling and the stabbing vision all describe a certain break from reality and are stereotypical themes presented by people with severe psychotic mental illness. Characteristics such as implants and voice hearing are often associated with paranoia and fear of persecution, the idea that there is a voice or a power that takes over and controls your actions and thoughts, all these could have been exasperated by my experiences. If I had lacked the emotional stability or awareness and self-containment I might have broken down, feeling persecuted or victimized by these experiences.

Many people who seek psychiatric care lack the ability to contain their extreme experiences, nor do they have the social support system to do so. Therefore the natural reaction to such experiences is fear, anxiety and a sense of helplessness. More often than not these experiences are connected with repressed emotions surrounding unprocessed trauma.

In a way my relative advantage with my experiences was that they were accepted without so much fear. Also, the social vacuum I was living during those times didn't create a split between my experience and the world around me; more so, in Australia I even received spiritual validation for my experiences according to traditional lore.

These experiences can be described through the lens of psychiatry as a break from reality, as madness or delusions. Yet, the can also be described in as experiences of a wider reality. If we accept the possibility that extra-terrestrial entities do exist and they seek to communicate with the human race then what I have experienced could be just that; a contact with alien intelligence. Embracing this as a reality made communication not only

possible but an empowering experience. Another way of looking at this experience is that there are no aliens or spiritual entities that communicated with me rather the meditative secluded and deep emotional space I was in allowed me to encounter disassociated parts of my psyche that were beyond the limits of consensus reality. Sitting quietly near the secluded hut on the riverbank I began experiencing new parts of myself that found metaphoric representation as an encounter with alien intelligence.

The question isn't whether my experiences were real or not since truth is relative to consensus reality and cultural definitions of reality. The question whether these experiences are real or not is a trap created by our everyday mind and any philosophical or medical discourse will marginalize the experience as a potential for growth. Life brings us many unexpected and unintentional experiences on different levels of reality. The question isn't what is real and reasonable but how do I relate to my experience and how can I work with this power, be it a vision, a dream, a body symptom or a personal conflict. Process work is based on the idea that everything we experience and see around us is a representation of an aspect inside us and the work is to explore what this aspect is asking of us and how we can grow from it. Process work bypasses the notion of right or wrong, healthy or ill, good or bad but rather asks what does this experience invite me to meet and how can I develop the awareness to integrate the different forces and parts inside us that our life experiences present.

I might have had a paranoid experience when encountering the aliens, where fear would have enveloped me, splitting my world in an unbridgeable way. However, since I held a level of awareness and self-containment, which allowed me to follow the voices that presented an alternate reality where I was no longer lost but rather a savior. I had a calling, and a new destiny and it mattered not that this new path didn't align with consensus reality, what mattered was that it led me out of a reality of crisis.

If we accept the notion that our thoughts and feelings co-create our world (Abracadabra) then from the moment I received the alien implant I began interpreting the world in a new way which then led me to the aboriginal

communities. I began creating a new reality based on new assumptions and a new sense of identity and the world responded in return. And so from a young man who has lost his way I found myself in a position where I was able to help the aboriginal children reconnect with their own power. From the moment I shifted my self-perception and interpreted the church signs as meaningful cursors I became a co-creator of a new world and the world in return invited the opportunity to experience this creation. However, on my return to Israel I lost the totality of the newfound reality and had to go back to a consensus reality that couldn't fully support my new calling. I couldn't live as if that new world had never existed because it still lived internally but from that point onwards I experienced a split between these worlds. They were both inside me but they were not at peace since they couldn't exist as part of the same continuum. This is where process work came in supporting a process of integration between the two worlds.

Many people who experience extreme states have difficulty mediating their experiences because the social and cultural context in which they live doesn't fully support them. On the other hand these experiences are undeniably real for them. The experience of fear leads many people to a sense of persecution and the lack of awareness skills inhibits the possibility of processing past trauma and so there is a combination of emotional frailty and extreme states that ultimately break down the integrity of the self. By denying the potential meaning behind extreme states, the psychiatric system reinforces an inner split and an outer dependency on medication and systemic mental health support.

The following years after returning to Israel were defined by bipolar swings between elation and inspiration on the one hand and deep depressions on the other. Having a spiritual context for my extreme states wasn't sustainable in itself and even though it freed me from psychiatric categorization I still needed to work long and hard, cognitively and emotionally, to mediate and weave these experiences and integrate them into a cohesive life that could sustain and hold all the different forces that were at work in me. Retrospectively, the more my confidence grew and the more I worked on integrating the different

inner forces the more able I was to realize the sense of destiny and healing I carried within me entering the world of mental health. Sitting together in Abracadabra café and hearing the stories of mental health service consumers made me realize that in the same way I followed my voices and turned my experiences into a psycho-spiritual journey I could have just as well fallen captive to these voices and end up as a psychiatric case myself. It was clear to me that what made the difference were not the experiences in themselves but the way I reacted and related to them and the mental stamina and awareness I had to contain follow and unfold them as meaningful cursors on a path of self-discovery.

The more I share my personal story the more I meet other people who feel safe enough to reveal their own secrets; the inexplicable experiences they were afraid to share, hiding them silently with little validation or meaning. For many people the lack of support for awareness towards these experiences is simply a missed opportunity for growth, while for others suppression of these experiences creates painfully complicated lives. In this sense we all exist on a continuum of experiences. Many of us who have experiences which fall outside of the cultural parameters of the reasonable dismiss them as unreal and by doing so marginalize creative or hurt parts of their being longing for expression and healing.

The true healing that psychiatric alternatives such as Soteria can offer is the openness to accept irrational aspects of reality into our lives without judgment and be open to the possibility that they may hold a key to growth and healing; supporting freedom to talk about experiences outside consensus reality, not in doubt but in acceptance, shifting the emphasis from judging whether they are real or not to an exploration of what meaning they hold for the overall wellbeing of the person.

An alternative to a psychiatric system that tries to block these experiences will support their expression with awareness in a safe and supportive environment. In fact our whole society needs to become more safe and supportive of extreme states because we are all part of the story behind them, not just the one telling it.

The stabbing ordeal, violence as a symptom. I would now like to address the stabbing vision because it is an extreme state that triggered much fear, unlike the alien encounter and meeting the dreamtime spirits that were primarily a positive source of growth. Naturally the fear evoked by this experience is associated with the aspect of violence it presented. The stabbing vision evoked an apparently darker side that threatened not only my own mental health but also raised the possibility I might be a danger to others. My own fear from this experience made me feel persecuted by it and the fear of disclosing the experience was connected with the reaction of fear that would accompany the social interpretation of it. It is difficult to support a containing attitude towards an experience that represents such brutality. And so it was difficult for me to embrace it and it became a very frightening aspect of my daily life.

It is here that I would like to address and answer to a supposedly legitimate societal stance that people in extreme states need medical supervision because they pose a danger to themselves and to others. This dynamic represents a strong societal power that seeks to control processes that are perceived as violent and destructive.

Firstly, I would like convey a fundamental understanding of violence as a symptom. Violence isn't the source of a problem but a reaction and an expression of repressed problems, and particularly an expression of fear. Accordingly, any holistic approach would attempt to understand the source of the symptom rather than just repress it. However, violence in today's society has become a taboo that justifies counter force. Society is highly invested in an attempt to repress violence and contain it with a supposedly morally enlightened attitude that states we do not negotiate violence but either represses it or counter-attacks. This non-negotiation approach holds true for extreme states in general. A process-oriented approach on the other hand, attempts to study and work with the energy behind the violence and explore it as a meaningful expression of disavowed aspects of the field in which it takes place.

Even though it might sound strange, many people who act violently do so in reaction to a situation in which their basic existential territory is threatened. Thus, from a survival perspective violent reactions are instinctually healthy. When a person experiences repetitive invasions that disrespects his personal space or feels his world is closing in on him by forces within or around him it could be argued that an act of violence is a sane reaction that reads aggressive signals and counteracts them by any means possible. For example, a child whose parents disrespect his needs or emotions may very well become aggressive and use violence as a means to preserve a basic territory in which he can survive.

One of the problems is that until violent tendencies erupt devastatingly they are usually repressed and unaddressed. I believe the dichotomist approach in the mental health system that splits between health and illness is a strong factor in keeping individuals from seeking help and support with violent tendencies (as with all mental and emotional extreme states).

Violence is an expression of power within a life system and the lack of awareness surrounding this power can often be destructive, not only around personal mental health but also in other social and political arenas. Here too I believe that the courage to address violence with compassionate awareness and mediating this power into the weave of human potential is a key for wider healing and in it was in this spirit that I worked with the stabbing vision at the time.

During the time I had the stabbing visions I happened to travel to the Process Work institute for a semester and one of the workshops I signed up to focused on working with extreme states of consciousness. It so happened that several of the workshop participants have had themselves lived experiences with extreme states and the psychiatric system and so we actually formed a support group of sorts which allowed a deep sharing and learning experience.

In each day during the workshop the teachers, Joe Goodbread and Kate Jobe, who were life partners, demonstrated working with extreme states in the

middle. In the last day I mustered the courage and decided to take advantage of the opportunity to share and explore my experience around the stabbing.

I began by simply describing the experience. Following, since the object of my stabbing was a woman, we began exploring the experience by roleplaying with Kate representing the woman. We replayed the scene many times while noticing the minutest details of the experience and paying careful attention to each detail in movement, visual, proprioception and relationship channels.

The process of unfolding and exploring a frightening experience that originally happened in a dreamlike split of a second was fascinating. It brought to the surface many insights. For example, I noticed that there was an almost surgical quality to the "attack" rather than an uncontrolled act of violence. This helped me understand and better accept that the woman as representing an aspect of myself, or an aspect of my relationship to a feminine mothering energy. This insight also provided better assurance that I wasn't in in danger of uncontrollably acting on the vision, in spite of the split second of supposedly being out of touch with reality and engulfed by the experience.

Taking the time to carefully unfold the sensory experiences in non-verbal channels and playing out the scene consciously in a safe and non-judgmental space provided incredible relief in the levels of anxiety and fear the vision evoked. Being witnessed and having the support of a group of peers who themselves have lived through experiences of extreme states also had a positive effect and made me appreciate the power of peer support around extreme states.

The support I had to express and explore such a "dark" aspect of myself was a big first step. When I returned to Israel I kept having the same vision but less frequently and more importantly the level of distress diminished considerably. What I believe helped was that by unfolding the sensory experience in the workshop I had dismantled the unconscious psychic energetic charge behind the experience and while also realizing that the woman, the knife and the stabbing were symbolic representation of an internal conflict and I knew I wasn't in danger of actually hurting anyone. I also

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realized that this was a process that required further support. In the following months, in the context of relationship difficulties with my wife I began to realize that the over dependency I have on the women in my life holds me back from growing as a man. I saw how I always chose exceptionally powerful women that tended to take responsibility for my existential needs. The unconscious motivation to free myself from the grip of this repressive dependency and become a more fully independent man created the vision of the knife stabbing.

Process work supported me in dealing with this experience by providing an alternative framework by which I could relate to the experience, finding not only symptomatic relief but also insight and meaning that supported my overall development as a human being. Had I sought help from a conventional psychologist or psychiatrist it is quite likely they would have felt the need to report me to the public psychiatric authorities since my experience did supposedly reflect considerable threat to others.

Traditional psychiatry, especially in the public sector often isn't equipped or open to the possibility of empowering people to understand and explore the underlying roots of distress but rather as symptoms of disorders that need to be repressed or controlled. This diagnostic categorization and symptom management often creates over-dependency on medical authority, disempowerment and loss of self-esteem and self-confidence that result in the "revolving door" in and out of psychiatric services. In this respect Processwork is one of many awareness-based disciplines that offer an alternative to the dichotomist system that traps people in chronic mental illness.

I assume that everyone experiences moments of internal or external violence, moments when we close our eyes and see a vision we don't understand that evokes or represents conflict, I assume everyone has moments where we are overwhelmed by experiences that are off the charts of consensus reality, but since we don't have a supportive framework for reference we dismiss them, or repress them or they break-out in an uncontrollable way. I suppose that if process work hadn't helped me work through the maddening vision of the stabbing or if Elva the shaman hadn't validated my experiences in during my

travels I would have disavowed their potential as meaningful expressions of growth or otherwise might have feared I was losing my mind.

This long journey might be called a successful recovery from psychotic experiences, or a journey of healing, or a mystical-shamanic journey, or a journey of awareness and integration between the different worlds I live in. During these years I experienced many bouts of depression and fragmentation. I believe these depressions were the result of the vast gap between the "messianic" energy I was in touch with and the failure to realize it and bring it into fruition in a consensus reality where such energy is in some aspects an expression of madness. It was as if the messianic essence was part of a separate world in which I would be immersed and the depression was an expression of living in consensus reality. In some respects the difficulty in mediating between the two worlds and the intense swings between the two states could be interpreted as a bi-polar disorder. When I was in touch with the messianic energy I was full of energy, inspiration and creativity and had this super ability to see how everything was connected and part of a big plan in which I was destined to play an important role. This ability to see how everything is connected and that my experiences and role were a meaningful expression of this inter-connectedness created a sense of wholeness in which all the worlds come together. However the grand visions I had and the powers I felt I had within me were disjointed from material reality and so after each soaring of spirit came the crash into another aspect of myself that identified with a consensus reality that had no room for my wild, creative spirit. And so I would recurrently find that all the experiences that gave me a sense of meaning and belonging in the world would crumble back into a state of depression.

Many people who experience extreme states of consciousness and end up in the psychiatric system experience fear, confusion and a sense of helplessness. Many feel persecuted and paradoxically the psychiatric system only exasperates the sense of being watched and controlled. The experiences I had in Indonesia with the aliens could have turned into a paranoid sense of being violated and watched or controlled, but my choice to embrace the

experience actually led to a new sense of power. I believe such powers lie behind the social constructs and constructs of the known self. For many years these experiences and the powers they represented remained a story behind a story and the limitations of realizing them fully created a cycling process between my highs and lows. I believe that the telling of the story without judgment and fear can transform for many people the experience of being persecuted or out of control into a newfound source of power.

When I arrived in Australia the shamanic framework validated my spiritual experiences. In a way many people who hear voices or experience alternate realities and end up in psychiatric services are unable to contain these experiences emotionally and mentally and therefore undergo a shattering experience. Having said that, the world is filled with people who are able to live in peace with voices and alternate realities; some are mystics, others are artists and in tribal cultures in the world still today these people become prophets and healers. The problem in western society is the fear of the unknown and anything that doesn't align with logic and it is this fear that creates separation and repression.

I believe my story maps a continuum between two poles that many people reside on. One pole is knowing that we are basically omnipotent and of divine essence and that we are here on earth for a purpose, that we have a destiny to play out and that each of us carries a unique message and abilities of transcendence, while the other pole represents doubt, lack of self-value, disempowerment and a sense of being enslaved to the governing forces of the oppressive world around us that limits our true freedom. In a way it is embarrassing to identify and talk about messianic powers when everyone around you talks in terms of human limitation, compromise and logic. Who am I to transcend and shine above the suffering of people in the "real world"? But then there are the empowering words of Nelson Mandela that say who are you not to shine and bring your powers and abilities to the world. Who are you to consider everyone's disabilities and not challenge them with totality of the light you carry?

I believe Soteria house represents not just a home for those who will stay there during psychotic experiences but a model that could function on a wider social level as a new framework for self-expression encouraging people in every home to find, in a manner of speech, their own salvation by acknowledging and embracing parts of one self that have been repressed and disavowed. These could be inspiring experiences of transcendence, of finally believing in yourself and in your powers or they could be expressions of neglected emotional and mental pain we so often disavow since their power threatens to dismantle the existing constructs we have lived by so far.

I believe that in order for recovery and healing in Soteria to be effective, we need to change the way we perceive extreme states and develop wider integrative frameworks that can support us all in reclaiming disavowed parts of ourselves that are seeking expression and practical awareness skills that can support us in turning extreme states into a source of power that can give us a sense of wholeness, freedom and joy.

Mental and emotional crisis is not a personal matter but represents relationship patterns within families and wider cultural systems. Crises that are connected to abuse and trauma are connected to the field in which they happened. Isolating the person in distress and treating him as having the problem can often be abusive in itself. In this respect sustainable healing needs to be systematic and take place in wider family and community circles. Processwork and Wordwork provide a therapeutic awareness framework for addressing and working with extreme states and the different forces that underlie them by including interconnected social, cultural, spiritual and political levels of reality.

Project #4 and summary: Writing this final project

Writing this final project has been on my mind since I began my formal studies. Wanting to relay my personal journey since travelling to the Far East and Australia almost twenty years ago, together with the expectation of writing a paper of high academic standards that would portray the full scope of my ideas has, over the years, turned into a trap. The subject of the project has changed umpteen times and my "messianic" energy created a myriad of models and visions which I wanted to realize through this work to convey a new message of hope to the world. Time after time I was certain I had found the formula for a project that will best represent my personal contribution. And here I am in the final stages of writing this paper and I find myself identifying more with doubt, inner criticism and lack of self-worth verging at moments on the edge of disintegration.

It is not easy for me to solidify into written words the experiences and knowledge I wish to convey. There is something in the written word that anchors my past in a consolidated state while part of me wants to carry on existing under its spell. I understand I cannot postpone writing this paper any longer. I cannot bring before you a success story of a groundbreaking model I have created, or a formula that coherently conveys who I am and what I wish to accomplish in my life. I realize this work needs to be written even if I am not whole, even if I have not yet brought into perfect balance the forces that are at work within me, pulling me back and forth between the poles of two states, elation and fragmentation. I feel that writing this paper these days, being in between jobs, in between moving cities and temporarily back staying with my parents, is an important stage in a reconciling process, bridging between my worlds and learning to accept the present without polarization. I understand that my ability to write this paper now is part of a letting go process from my existence between these two poles and this letting go evokes some difficulty.

I give myself permission to express my thoughts and feelings while writing this paper because that for me is what Processwork is about. Processwork isn't about results and destinations; it is about presence and awareness, embracing the diversity of forces at play within and around us and facilitating

their relationship. And so I would like now to do an inner work that unfolds the sense of disintegration I am feeling as I write this paper this very moment.

I am noticing my body posture and feel into my body. My primary thought, what I am saying to myself, is that I am overwhelmed by doubt and insecurity. I am sitting, my head hanging low and in my belly I feel a hole sucking me inwards. I normally associate this familiar sensation with anxiety and fear. I stay with the feeling and then an image of a snail comes to mind. Rather than resisting the sense of panic and despair I find that letting myself slide further inside the snail's shell is actually comforting. I notice my breathing becomes easier, deeper, and I can let go of the need to be anything but myself this very moment. Feeling into my newfound snailness a thought comes to me; that the intelligence that is at work inside me creating my life experiences is the intelligence of the world, of earth itself and that my visions and dreams, high and low, are all an extension of the earth's wisdom. I realize that the movement in and out between exultation and disappearance has been a preservation mechanism that sustained a world in which I could exist, survive and slowly grow; a story or a mold that the process behind this writing has revealed and therefore sets me free of. I look at my life through the snail's worldview moving in and out with the seasons, there is time to be out in the world and there is time to go inside, this is how things are, this is who I am, my nature, I tell myself. Then I have a sudden fantasy that someone comes along and steps on me. I die. By writing this paper I die and my essence is released into the world of spirit and the shell that held me to the old way of being returns to the soil. Now I sense I can be at the same time of the earth and of the spirit. Momentarily I identify with nothingness, being at one with the earth. The more I let go of my personal expectations the more my visions are free to be of the world and I trust that my dreams don't belong to me personally but to the world, in the same way that the shell is part of the earth. I understand that my dreaming is part of the evolution of spirit and this understanding creates the sense that my responsibility is to express myself and share my dreaming and nothing more. I can let go of the need to think in terms of models and knowledge and wanting to bring healing awareness. I can let go of the molds and templates that weigh me down. My dreaming and

expressing it – that is what it's all about – not what I aspire to be and not who I have been in the past. Over the years, every time I tried to conceptualize a final project and begin writing it I got swallowed up by the void that lay between the inspiration and knowledge and the ability to realize it in real life. Even though the paper reports on projects I have actually accomplished I still found myself turning away from the writing process and it took tremendous effort to find a new coherency to get the job done. An assumption that the written word has to come from a place of certainty, confidence and a masterful overview paralyzed me and kept diverting me from the task.

The lectures I began giving a few months ago opened the door to the possibility that it isn't necessarily just new models, methods and paradigms that I need to introduce; that perhaps what was needed was my courage to share my story and break the cycle of silence and isolation that many people who experience extreme states carry. The lectures opened me up in a more simple way to the audience I wanted to approach, and the ability to share my story in such a simple manner was a big part of my own personal healing.

The effort I find I need to muster to finish this paper is great because I forfeit the perfect experience of inspired elation, nor do I surrender to the power of dissolution and giving up. I face myself with the possibility of accepting myself as I am and that the best I can do is just going to have to be good enough. This is my healing, just as sharing my personal story was enough to inspire and create a healing dialogue amongst those who listened.

Going back to the story about the alien implant, the talking beetle and the stabbing ordeal, I understand that writing about these experiences is letting go of them as definitive milestones on the map of my life so far. I feel there is a connection between the fact that for the first time I allow myself to write about the incomplete story as part of my willingness or inner understanding that it is time to stop existing in reference to what the story has given me. I understand that the time has come to give up my old habits and the polarities that characterized my life – and yet, I don't yet have an alternate framework and that is a little scary.

In face of this fear I feel called to conjure the openness and trust in the process. Rather than wait for another rush of inspiration or the need to disappear I will try and use Processwork and my own inner strength to create a new story. Perhaps like the snail process it is time to leave the safety of the shell that has protected me so far and merge with the earth and with the heavens trusting I will be safe and will not perish. Our personal histories often serve as the shell or protective armor in which we exist. By telling the story out loud and writing it down I break the spell that held me captive within it and now stand naked in front of the universe and the possibilities that lie ahead. My story reflects my past and everything that is known and familiar and now I must face the unknown. The old story no longer serves a new power that is seeking expression and by telling it I break free from its limitation. I believe the possibility of letting go of the familiar story and being open to looking at ourselves from new perspectives holds the hope that as individuals, families, communities and nations we can transform oppression, persecution and fear into a life of harmony, joy and wholeness.

Nearing the end of the writing process I can review and appreciate not only what I haven't accomplished but also the meaning and value of the projects I have actualized, all fuelled by the motivation to learn and realize the magic of Processwork in my professional and personal life.

Bringing this work to completion I can now see there is a structure that holds it in place. I can see now that while I was thinking about grandiose ideas that would be worthwhile and live up to the highest expectations, and while swinging between my highs and lows, life itself presented the answer, like John Lennon says, "Life is what happens while you're busy making other plans". While I was busy thinking of big ideas, the projects I present in this paper simply materialized; only I was unaware that they embodied the very spirit of Processwork while breaking new ground in the field of mental health in Israel.

The four projects I present: Abracadabra, the alternative models course, the lectures including my personal story and the writing of this paper are all expressions of the ways Processwork manifested in my life during the past

eight years. Processwork branches into two fields, individual work and worldwork. I feel that the projects I present embody both since they address the potential for social and organizational change in how we understand and relate to extreme states that happen to individuals. By including also my own personal story and process of inner work I had the opportunity to explore the possibilities Process Work offers on many different philosophical and practical levels: as personal inner work, in organizational development, as a framework for social change and as a spiritual practice.

Process-oriented interventions in therapy

The primary purpose of this paper was to show how process-oriented philosophy and theory inspired and informed my endeavors introducing in Israel the viability of creating alternative systems of care for people experiencing extreme mental health difficulties, thus attempting to motivate a change in attitudes and practices within mental health consumer advocacy and professional organizations. However, this paper would not be complete without conveying some of the ways in which Process Work's unique approach is applied through specific interventions in the context of therapeutic relationships. In the following chapter I will share some of the ways Process work skills were useful in supporting individuals with whom I had the privilege to work. I hope the following will give a taste of the "magic" of process work and the way it can help people engage with experiences that are too often regarded or dismissed as merely problematic symptoms of mental illness. Process Work offer a unique skill set which allows one to explore and find meaning and relief while working directly with the experience of extreme states and unfold events in a manner which respects the "entirety" of the person, rather than marginalizing or dismissing certain aspects as pathological and meaningless. It isn't within the scope of this paper to elaborate in detail on the theory behind process-oriented therapeutic skills and interventions, thus I encourage those who seek a deeper learning to read books written about Process Work, some which are mentioned in the bibliographical reference, and to attend hands-on process-work training seminars or explore the work with a process-oriented therapist.

Over the years Process Work theory has and indeed keeps evolving. Today we talk in terms of 1st training and 2nd training. 1st training addresses basic awareness skills which differentiate the way in which at any given moment a person perceives reality and expresses himself through different channels of awareness.
The main channels being:

- Visual (what we see outwards with our eyes as also inner vision – such as in night dreams)
- Auditory (speech and sounds we hear or express outwards and in our minds)
- Movement
- Proprioception (feelings and sensations experienced in the body)
- Relationships (the way one identifies oneself in relationship with others)
- The world channel (ones connection to the world for example through society, culture, institutions and the environment/ecologicy.
- Spiritual (ones deepest beliefs and experiences regarding a higher power or purpose).

Primarily a process-oriented therapist would notice the flow of information in the client's communication/experience and in the back of his mind discern in which verbal and non-verbal channels the client is experiencing and expressing himself at any given moment. Each specific experience or communication in a particular channel is regarded as a signal. The next level of awareness, simultaneously held by the therapist, would be to notice that some verbal and non-verbal signals are more conscious than others. Simply said, a person may be saying one thing while at the same time doing something somewhat incongruently to that which is being said (for example a person looking down and speaking in a low quiet voice while saying how uplifted and happy he feels today). Conscious and intended communication is termed a "Signal" while unintended or "unconscious" signals are seen as "Double signals". Process Work assumes that double signals (both verbal and non-verbal) hold a valuable aspect of the person's entire process, thus a therapist will invite the client to engage and explore the unnoticed or disavowed experience encoded in the double signal. Zooming out and looking at the larger picture, specific "Signals" and "Double signals" are like micro cosmoses of larger processes which influence and direct our lives. We discern these larger dynamics as "Primary Processes" (the way one normally perceives and thinks about oneself and intentionally goes about his life) and "Secondary Processes" (generally all those things which come up and upset or challenge us as we go on about our business). One way to think about secondary processes is to think about all those experiences that "happen to us" unintentionally. The most accessible entry points into a person's

secondary process would be to explore experiences such as night dreams, body symptoms, relationship difficulties, trauma, addictions and other altered and extreme states of consciousness – all of which generally occur without us actually asking for them. Process work will engage with these secondary processes or double signals as expressing invaluable aspects of our wholeness which are asking for integration so that we may expand our sense of self and grow to our fullest potential while also finding relief and new ways of solving life problems. Engaging in such a deep process inevitably brings us into conflict with our usual or ordinary sense of who we are. The process-oriented therapist in this sense serves as an external mediator between the known and the unknown on a person's path to wholeness. When a therapist invites a client to focus on a double signal or secondary process the client will usually come to an edge. An "edge" could be described as the tension and discomfort we experience when we come in touch with the limits of our normal identity. A double signal, in Process Work terms is an invitation to "go over an edge" or expand our identity to include and embrace an aspect of ourselves which has been marginalized. A skilled therapist will utilize various interventions to unfold a secondary process and negotiate edges depending on the channels in which the process is taking place - one of the unique benefits of Process work is the ability to engage in this process creatively on both verbal and non-verbal levels.

To demonstrate working with signals and double signals both verbally and non-verbally I will now briefly describe a session I had with Mr. G during my work at a mental health rehabilitation agency. I met Mr. G shortly after he came out of a 9 year period of utter reclusiveness in a small run down council flat during which he almost never left his house due to anxiety and panic attacks, paranoid thoughts and fear of people and open spaces. A tall handsome man in his late 50's he told me he was diagnosed as paranoid schizophrenic and was treated with an antipsychotic injection once a month. A few months earlier he began attending the vocational rehabilitation center and in the beginning of our session reported that after a few days attending the center he would feel pulled back into hiding in his apartment and that it was a

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huge struggle to get back out again. He said this is something he would like help with because he really wanted to work and meet with people [me thinking at this point - primary process wanting to work and socialize secondary process being pulled away and inwards]. While he was talking it was difficult not to notice he was rocking his upper body back and forth from the waist, in a constant rhythmic motion [me thinking double signal] I told him I was really interested in what our bodies have to say - not just our words - and when I gently asked about his rocking movement he said it was out of nervousness but mostly a reaction to the neuroleptic medication he was given. When I asked him if he would like to explore his body movement together for a moment he smiled and stood up [positive feedback! It's is so important to follow a client's feedback to see if the direction is right for them]. I invited him to feel free to rock and even exaggerate it a little. [Amplifying a signal in the appropriate channel is a necessary and great way to access deeper information - there are different ways to amplify signals in different channels]. I then noticed that each time he went backwards he looked up and squinted his eyes. [Once a signal is unfolded in one channel it is important to follow the next double signal and possibly switch channels]. So I asked him if he is seeing anything in his mind's eye. He paused for a moment and said he sees himself as a ship rocking on the seas and that the ship was constantly going back and forth. [Often repetitive body movements represent incomplete processes – so it is useful to find ways of completing the story behind them]. Keeping the vision of the ship in mind we carried on exploring the two polarities of the movement which turned into 'going out to sea' and 'coming back to shore'. We then sat and talked about this experience, and rather than focusing on one part of his process (i.e going out to sea and meeting the world) we talked about the possibility of taking care of himself by being more fluid in the movement between "going in" and "coming out" and how they are both needed in his life. [In Process Work we are looking at the whole picture: Supporting him only to go out into the world, as his primary process suggested, would marginalize the part in him that needs to stay at home]. We worked on this fluidity of going in and out for a few sessions and as time went by, rather than beating himself up for staying home he rekindled a long lost

love for painting and art and occasionally would consciously take a few days at home. At the same time he also began enjoying a much richer social life at the rehabilitation center. Throughout the two years we carried on working together the rocking movement and the fluid movement back and forth became a blue print for addressing various other difficulties and hopes he brought up in therapy.

Another key aspect of 1st training is thinking about reality as multi-leveled: In order to get by the day we all need to adhere to a certain set of principles based on the demands of physical reality and various codes of social conduct (which may change from culture to culture). This agreed-upon reality we call *Consensus Reality*. Another level which is more subjective and includes our inner worlds of experience such as feelings and moods, hopes and fears, dreams and other expressions of inner realities we call *Dreamland*. The third level, going beyond polarities of inner and outer and good or bad we call the *Sentient Level* this term refers to a deep, spiritual level of unity.

One of the goals of Process Work is to be aware of these different levels of experience as being on a continuum. When we get stuck too long on one level or marginalize another we will probably suffer somehow. Thus creating fluidity of awareness along this continuum is useful. It is both important and challenging working with people who experience extreme states around levels of reality, especially with people who are in deep mood affects and those experiencing psychotic-like experiences (In this respect I would suggest that mental illness, rather than a biological disease is a side-effect of being "stuck" for too long in an experience on one level or another). In this respect, one of the therapist's roles is to help the client "unfreeze" from a certain state and have access and fluidity to engage with different aspects of himself and the world in a more holistic way, while respecting another person's experience even if we don't share his reality.

Having the self-awareness to notice and differentiate between different levels of reality and channels of experience is something we all do to some extent

naturally but we also all at times become enveloped and caught in one state or another and loose our overview of reality. Having the overview to look at ourselves and report, so to say, upon where we are at in our flux of awareness is an ability we call *Metacommunication*.

It is very helpful when working with people who experience strong mood affects (such as major depression or bi-polar disorder) and people who experience seeing visions, hearing voices or unusual fears and beliefs, to think in terms of levels of reality and not judge or pathologize the experience. Rather, process work offers on attitude and the skill set to "step into their world" and offer support from within their world of reference.

For example I can mention a wild experience I had with Mr. M who had been going in and out of psychiatric hospitals for over 10 years. Mr. M was in his early 40's and had been living in supported housing and although he was extremely intelligent and had studied for a Masters degree he was never well for long enough to finish his degree or hold a job. He would normally hospitalize himself when he became too overwhelmed and distressed by two opposing voices. One that told him he was sick and that he needed to be in hospital and the other voice from heaven saying that he was the Messiah and that he should proclaim himself publicly. When I began working with Mr. M he was going through a third round of electroconvulsive therapy in addition to high doses of anti-psychotic medication – both of which didn't really provide much relief beyond dulling his bright intellect and jovial nature. It took a long while for him to trust me enough to share his voice hearing experiences during which I focused on trying to teach him mindfulness meditation skills as a way for reducing the levels of anxiety he experienced when hearing the voices (skills he would usually forget we learned due to the side effect ECT has on memory). A year later, once he felt safer and talked more openly I challenged him one day by asking why he only really listened to the voice that labeled him as mentally ill and sent him to hospital. Why not listen to the voice from heaven that says he was the Messiah? By this time we had many theological and philosophical debates about what it meant to be the Messiah

and I challenged him to look at it also from a symbolic/metaphorical psychological and transpersonal perspective, but such inner beliefs and callings withstand the power of reason and inquiry. I was also aware that his first hospitalization 10 years earlier was after finding himself in some trouble having gone on a tour of Israel in a deep psychotic state trying to convince Rabbi's he was the Messiah. Given the atmosphere of openness and trust in which he clearly meta-communicated and was willing and able to explore his predicament on different levels I asked him one day what he would do if he gave himself permission to proclaim his Messiahhood? He then said he would go to his local synagogue, wait for the evening prayer to end, stand up and proclaim infront of the congregation that he was the Messiah. We talked about what could happen: that he might be ridiculed, that he might be taken seriously which would mean either going into a deep psychotic state ending back in hospital, or actually realizing he was indeed the Messiah, thus following certain given protocols of verification and the fulfilment of various prophecies.

Since Mr. M was found no relief, support or personal empowerment from his frequent hospital stays, ECT and neurolpeptic treatment and since he metacommunicated so well his predicament, his struggles and his desires so coherently, and given that the tension between wanting to follow his calling and the restrictions of consensus reality were the strongest cause of distress, I suggested to him that he do just that – go to the synagogue and proclaim yourself – see what happens. I assured him I would be just round the corner if he needed any assistance whatsoever. An hour later I met Mr. M in his apartment and he was the most relaxed and level headed I had ever seen him. I asked him how it went and he said "Well, they all know me there so they know I am a little crazy" he smiled. They all came up and hugged me and wished me good health and someone asked jokingly but not mockingly if I took my meds today. But it was really just such a relief to just say it out loud and not hide in shame". Mr. M was glowing and in my view the least psychotic person for miles. I told him how proud and happy I was for him to find the courage to stand for his belief and challenge reality. At this point we began singing a Jewish tune and dancing in the kitchen Chassidic style. I always

thought Mr. M was a mystic and in our dance we could both celebrate the unity of different levels of co-existing realities.

In this example I hoped to show that with sensitivity, respect and trust, having the ability to validate to an extent a person's inner reality and support them in exploring experiences such hearing voices or having unusual beliefs, while also taking into consideration the limitation of consensus reality and managing risk factors can be a huge relief. This unity where one's inner reality is no longer in conflict with outer reality is indeed a spiritual moment that can have a lasting positive effect.

Sometimes trying to engage people in terms of unfolding signals and working on edges isn't helpful especially when there is little metacommunication. This is where 2nd training may become useful. Second training is a more sentient, spiritual or shamanic approach (based also on ideas from quantum physics) that allows people to interact with the energy behind problems from a more detached neutral point. These techniques are often referred to as earth-based work and space-time dreaming.

For example, one day I had an appointment with Mr. P. a client I have worked with for 2 years. When we met he was extremely distressed and told me he had just dropped out of a special university program for people with mental disability (which was very important to him) because he felt he was being harassed by one of the other students, which in turn brought back traumatic memories of being bullied and sexually abused in school as a child. He made a shy comment saying that he might just be having paranoid thoughts and that the other man might have not addressed him personally (Mr. M was diagnosed with Paranoid Schizophrenia with which he agreed). I knew how difficult it was for Mr. P. to bring up his painful past and he would normally not give himself permission to talk about his childhood abuse. However, realizing how the energy of the childhood abuser kept replaying and disturbing him in different life situations I felt it might be useful to try and find a way to help him get in touch with an aspect of the power behind the abuser, rather than only

feeling victimized by it. Without addressing his past directly, I asked him to close his eyes and think of a place on earth where he would feel the safest. He mentioned imagining himself on a wide sandy beach on the coast of Brazil (never being there himself) encouraging him to go deeper and feel into that experience I then invited him to imagine the man who bullied him in the university and make a hand movement that expressed his energy. He said he looked like a boxer and made a tight fist with one hand thrusting his hand forward several times (we'll call this the X energy representing the secondary "disturber"). Then, with the other hand I suggested he make a movement that represented him in the classroom that day and he made a limp downward movement (We'll call this the Y energy representing his primary or normal identity). After exploring the different energies I then encouraged him to let the hands interact and dance together, at one point his hands came together and with eyes closed he said he sees the imagines a black Raven perched on a windowsill. When I asked him what the raven might represent he said it was like a wise over looker that was both curios and emotionally detached. From this detached curios position it was then possible to go back and be freer to explore both the energy of the victimized "limpness" but more interestingly the boxer energy. I asked him what would it be like if he had a little bit of a boxer in him? Mr. G then said he would have the potential of being more assertive and immune to "blows" from the world. He then opened his eyes, standing erect and proud with his chest pulled forward and said he will try to face his "challenger" and go back to class next week.

One useful way to connect with a client's "big picture process" is to ask them about their earliest childhood dream or memory. It will almost always depict a sort of mythical blue print that can be accessed on many levels and support the therapy. For example, going back to Mr. G' and his in-and-out process. When I asked him about his earliest childhood dream or memory he recalled sitting on a swing his father made for him from a car tire in the back yard. What he remembered most was being mesmerized by the swinging motion from the shade into sunlight and back. Isn't that interesting? The same repetitive involuntary movement we worked on in our first session and his

earliest childhood memory both reflect his deepest process of learning how to be more fluid and swing between levels of consciousness manifesting at times in severe panic attacks and paranoid beliefs and between his need for both quiet privacy and social contact without one marginalizing the other.

The brief explanation and examples of Process-oriented interventions I portrayed here relate to working with individuals and supporting them with their own experiences. It is however so very important (and challenging) to work whenever possible with the family system. Quite often the person suffering from mental struggles is carrying a story that belongs to the entire family and working with the family can provide much relief for all. If other family members aren't available to work together in therapy it is possible to find creative ways of representing the family system (using a sand box or puppets for example) showing also how family members are internalized within the person. In this way it is possible to address trauma that so many families carry, sometimes across the span of many generations. By doing this work we not only provide much needed relief to the "identified patient" but heal the family system and in a way may create a positive effect on our society in large. An example for this, again from working with Mr. G, has to do with the fact that he was a second generation holocaust survivor. It is not uncommon that the children of those who managed to survive the horrors of the holocaust "inherent" the unprocessed trauma from their parents, even and perhaps especially those who might have led a "normal" life the war. It is interesting to think that Mr. G was able to come out of his nine year recluse only after both his parents had died (natural death) freeing him perhaps from the grip of terrors and a sense of oppression that was caught unprocessed in the entire family system.

In concluding this chapter and indeed this paper, when we think about how such large scale traumatic events such as world war impact not only individuals and families but entire societies, cultures and nations I am reminded and inspired again by Mindell's concept of city shadows. In the 2009 reprint of his book *City Shadows: psychological interventions in psychiatry* Mindell writes:

"The medical paradigm has relieved much human suffering. But the allopathic medical basis, still makes people feel "sick," and may contribute to isolating us from one another. One of Jung's gifts to the world was his understanding, for example, that dreams are meaningful. He called them teleological, that is meaningful, not pathological or only problems.

We need a more teleological view of unusual mental states as well. That is why I called statistically unusual forms of consciousness "extreme states" instead of "illnesses." The medical paradigm and approach are important, but the larger view, that all human experiences belong to the total picture of who we are as a human race, is important at well. Someone with unusual mental experiences, someone in an extreme state, is not just ill, but a "city shadow," a part of our larger collective, a voice that is usually marginalized". (Mindell 1988/2009).

Finaly, in the same spirit Mindell wrote his book twenty years ago I pray this paper may contribute if but a little "To initiate and outline methods for understanding, working with, and integrating people suffering from unusual states of consciousness instead of only isolating them from the rest of the world. May the future pick up this initial direction and move forwards in appreciating the vast diversity in our human nature". (Mindell 2009)

Acknowledgments

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