

Psychophonetics - Summer News 2009

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Welcome

Dear all,

Hello and I'm pleased to send you this latest edition of our seasonal newsletter.

When I returned back to Australia from a few days in Bali I was shocked to hear about the Victorian bushfires. My phone was full of messages from people asking about my parents, who are living in Drouin which was close to the Bunyip fires. Fortunately they were never in any real danger, but were packed and ready to leave. As I sit here compiling this newsletter I feel relieved as I look outside and see soft rain falling.

In this edition of the newsletter Robin Steele has contributed *Trauma and Grief - Psychological first aid* a very insightful and practical perspective on dealing with this tragedy.

Also included in this edition is Susan Morrison's first part of a two part article titled *Working in the alcohol and other drug field and including*

Psychophonetics insight and practice. In the second half of this article Susan hopes to outline some of her own work and to include a case study. We look forward to this in the next edition.

There's a brilliant poem included also, called *'on a clear day'*. When I heard it I laughed to myself and thought: "If only the poet knew about Psychophonetics". When you read the poem you'll know what I mean!

The next big event for us is the practitioner's PD weekend that is coming up again shortly. We are fortunate to share Jill Fowler's Anglesea hideaway again.

I wish you all the best everyone, especially to those who have been affected by the fires.

Regards, Kate Casey

katemcasey@gmail.com

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Upcoming Events

Workshop for men

with Adrian Hanks
Byron Bay - March 28
Perth - April 19
(See website for details)

Psychophonetic's PD
residential weekend
March 13 - 15, Anglesea
Theme: *The forces of
separation and
connectedness*

Enrol now for 2009 courses
- see 'Courses' page on the
website for details

Latest news

Congratulations to Janette Beeston

and Merri Hughes on their recent graduation from Persephone Institute Australia. Janette presented her research with clients - on the topic of anxiety from a biographical perspective, and talked about the importance of developing the capacity of sensitivity.

Merri presented an in-depth case study of one client and gives her reflections on page 5. Merri's case study has now become a chapter in the upcoming book on psychophonetics, and is written by Merri and the client working together.



Merri



Janette

Trauma and Grief - Psychological first aid By Robin Steele

On February 7th, bushfires devastated large areas of Victoria, leaving over 7000 people homeless, plus more than 200 confirmed dead, and the towns of Marysville, Kinglake and Flowerdale largely destroyed. Dealing with the trauma and grief from these firestorms may take many years.

The motivation for writing this article came from seeing and experiencing the enormous response of so many people helping the survivors immediately after the bushfires, and a recent comment in the Age newspaper by Rob Gordon which said: "What we don't want is fly-in, fly-out counsellors; that is the last thing we need now." Rob Gordon is a clinical psychologist and anthroposophist, who has worked with disaster survivors and helped to form Victoria's emergency recovery plan, and also advises the Red Cross. He says that traumatised people need certainty, safety, security, information, and reassurance and don't need immediate intensive trauma counselling. Counselling immediately after a disaster can have a negative result, as it can compound the trauma in people's minds before they have had a chance to process their memories. After Port Arthur some people became more traumatised.

One of our psychophonetics practitioners, Margaret Lange, in her work as a social worker, says:

I have had several opportunities to see community recovery after major impacts like the Brisbane floods, Cyclone Tracy in Darwin, the Port Arthur massacre, local bushfires etc and to see the development of different theories and practise models over those 35 years. We no longer rush around insisting on counselling everyone within 72 hours of the event – a psychological model designed by the army then used by emergency services to get people back to the front line as soon as possible – regardless of long term effects. We currently respond to immediate needs for information, safety, food and shelter and comfort, and then on an as needs basis for individuals. It is often people

who have been in similar traumatic situations who come forward first – to deal with another layer of that experience quite often. E.g. police at Port Arthur wanted to talk about their Vietnam experiences.

The first phase of the recovery program helps survivors with their physical and financial needs, and supports them to make decisions about what to do next, which is important because their survival instincts are heightened, and they can have difficulty in processing information. Rob Gordon says:

"There is trauma from the threat and danger people faced, and grief from the loss. In some cases people are in the grip of both. It is a very complicated situation. We need to identify those who may need help further down the track, but people will always want to talk".

The sense of community spirit and of working together with others helps with recovery, though people cope in different ways, and it can take 18 months to two years to recover

Research indicates that it takes communities seven years to complete the rebuilding cycle, for example, after the fires of Ash Wednesday, it took seven years for the Mount Macedon and Cockatoo communities to complete this rebuilding cycle. However, for some people this process can take much longer.

From the counselling perspective, how much do we, as practitioners, know about working with severe trauma in its various forms and phases, and the importance of the social dimension in the healing processes. As Margaret Lange comments...

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"Karma is a real law; its result will appear in a very peculiar way. If we lovingly penetrate into the weaknesses of such people, our influence upon them will be an immense relief to them and bring them freedom and health. If we can immerse ourselves completely in them, we shall have a rejuvenating influence upon such people."

Our attitude towards people may be an understanding one or a critical one. What is the effect? We may help them or be unable to help them. We may come towards a person with understanding; i.e., immerse ourselves lovingly in his soul, with a real understanding for his weaknesses, if Karma demands this from us, as a task. But we may also criticize him and remain by this...

People who habitually criticize and rebuke others will also bring about a certain result: a certain feeling of isolation will take hold of them; they will feel themselves cut off from the others."

An extract from MORALITY AND KARMA

*Lecture by Dr. Rudolf Steiner
Nuremberg, 12 November,
1910*

http://wn.rsarchive.org/Lectures/MorKar_index.html

Article continued...

The tragic loss of life, homes, livelihood, landscape and keepsakes from the current Victorian bushfires has involved us all, even those in the snowy UK where I was at the time. Most of us would have come across the effect of previous trauma in our counselling work and in our own experiences. It is of interest to observe how we recall and relate to these in times of trauma in our own communities. As, with something so intense and so close, I consider we are “in” and need our own processes constantly in the fore in offering our services at this time.

The following major points are from an article by Rob Gordon (2005): Stress, trauma & acute grief reactions to sudden death: Managing social and psychological consequences and supporting recovery. He briefly defines trauma and grief as follows:

Trauma

1. Intense threat
2. Bad experience persists
3. Can't get away from it
4. Contaminates the present
5. Fear and horror
6. High arousal
7. Distress and numbness
8. Want to avoid memories
9. Can't process information
10. Loss of self-awareness

Grief

1. Loss of something good
2. Want to recapture it
3. Thinking of what is lost
4. Don't want to forget
5. Sadness and regret
6. Exhaustion, fatigue
7. Distress and numbness
8. Want to dwell on memories
9. Hungry for information

Trauma is injury to the psychological system, it can't function properly; arousal is heightened and is focussed on the tragedy itself in isolation of the rest of life. Grief involves reorganising the mind to be without the loved one; means letting go and arousal going down. Grief is concerned with the whole life of the lost one, and occurs after the trauma has been worked through. In the recovery process, services need to be owned by the affected people and support needs to build on people's own resources; and the greatest needs often become present when short-term coping is exhausted (4-6 months after).

In the social support and recovery process, Rob Gordon (2005) highlights the following points that are helpful or hindering:

Helpful

1. Active, organising communication, aiding control
2. Cognitive work, increasing understanding and meaning
3. Revealing more, adding new details
4. Accepting emotions and work on understanding them
5. Translate emotions into words
6. Empathy – offering something different
7. Generate positive emotions
8. Selective focus on some aspects, rather than the whole thing

Hindering

1. Passive, repetitive, meandering communication
2. Reiterating or ruminating on losses
3. Express the same emotions without adding meaning
4. Avoiding talking about the emotions
5. Express emotions (catharsis, “getting it out”)
6. Sympathy – offering more of the same
7. Exhibit negative emotions
8. Reassurance, platitudes

There are many ways that people can help in the recovery process and Margaret Lange describes an aspect in this recovery:

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Article continued...

The salutogenic effects of traumatic situations are a great asset in community recovery and seem to be playing their part in Victoria with media coverage of heroism, wildlife rescues, and good old generosity. People with good things to talk about are often the second group to come forward – the narrow escapes, I was just passing and... They may need permission to enjoy their triumph in the face of such suffering. Other people need someone to blame – using projection to defend their hurt- and that can be focused into constructive community learning and rebuilding. People come forward in their own time – maybe not for months or even years, or at a time of some other event and they have plenty of other ways of talking about it, involving themselves in the recovery process, finding creative outlets with others similarly effected in these times.

The following three principles of psychological first aid include addressing the body, psyche and social aspects through sensitive and effective communication (Gordon, 2005):

BODY: Activity - changes physical states by calming, comforting, providing practical help - via appropriate and sensitive **communication**.

PSYCHE: Information - provides education, advice, problem solving as can be absorbed by the person to understand what is happening to them – via effective **communication** and being perceptive of need.

SOCIAL: Interaction - Relatedness, presence, care, personal support restores the sense of safety with caring others - via sensitive **communication** on all levels that are part of social life.

As psychophonetics practitioners, working with body awareness, we need to be especially sensitive to how we work with the consequences of trauma, how this is experienced in the various layers of the body (physical body, etheric/life body, emotional/feeling body) as well as how it is affecting our 'I' or spirit, and the timing of when to enter bodily experience, so as not to cause further trauma.

For example, I remember my own experience of being through a traumatic event last year and soon after, a well meaning person tried to engage me in a counselling process which felt out of place and not appropriate at that particular time. What I needed was time to recover, to talk, and for others to be supportive, warm, and caring - this support helped me to restore my self-awareness, be able to re-connect the past with the future by making initially small day-to-day immediate decisions, helping me to think again and be able to remember things.

The sense of there being a predictable, caring and supportive community of people around me made an enormous difference, when so much in the routine of my daily life had been suddenly fractured, leaving me in an unknown and vulnerable place.

How can as psychophonetics practitioners support people in this situation? Margaret Lange makes the following suggestions:

- Allow and inform them about normal reactions in an abnormal situation. It can be helpful to assist people in recalling how their body felt “normally” immediately before the event, how it is feeling now and what it needs more and less of right now, tomorrow, next week how ever far they are seeing themselves. I see it more like our safety contract than a growth and development session.
- Psychophonetics practitioners are well placed in knowing the importance of leaving the person in the driver's seat so not dragging them into work that they are not available for. This can result in re-traumatising or repeating unhelpful reactions with no energy to find new resource - especially while their basic physical resources are still lacking.
- Again counsellors need appropriate supervision for vicarious traumatising and compassion fatigue.

Margaret concludes: “Such events stay a part of our collective story in many ways and give us points of observation and reference with our clients and our understanding of the human condition”.

In addition, practitioners need to have completed further training to gain an understanding of how to work with the consequences of trauma (individually and at a community level), to be able to educate the client appropriately, to provide a safe environment for the client who wishes to confront their traumatic memories, and be able to deal with their consequences.

The focus on the first phase of recovery is an important reminder for practitioners and others that intensive counselling may not be appropriate until a later stage. This does not mean we do nothing! What is crucial in all phases, is maintaining caring relationships and good communication for people to feel connected with their community and with their sense of identity. When the immediate crisis and the arousal phase has subsided, and when connections to social networks have been re-established, then counselling and psychotherapy can be a helpful resource for those people who are experiencing post-traumatic stress. “The counsellor's task is to provide care, confidence and predictability” (Gordon, 1997) and in a safe therapeutic relationship, there is an opportunity for an ongoing process of healing body, soul and spirit.

(references next page)

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Pick of the poems

What follows are some extracts from a prose poem written by Joanne Burns a Sydney born poet.

When I heard this poem I really wished I could introduce her to Psychophonetics! Read the poem and you'll understand why.

on a clear day by Joanne Burns

something was happening inside her left ear. and what bothered her most was the fact that she could neither look nor climb into it to see what was going on. it wasn't a matter of visiting a g.p. for a diagnosis or treatment of this ear. for she liked what she thought was happening in there but she did at times get frustrated having to be on the outside of her body denied real access to the occurrences within that chamber. year after year the existence of a more satisfactory world than the present one pressed itself upon her imagination. she caught glimpses of it, sensations of its rhythms within this ear of hers but its certainty tended to elude her, to really remain in the vicinity of light years away...

... she had faith and belief in her hunches about the true character of her inner ear. on a clear day she could see, with eyes open or closed, whether washing up, dusting, waiting for a train, or standing in a supermarket queue, an image of this place within. it held an unusually deep and calm sea containing all the moods of blueness. it was neither cold nor exposed, but perfectly temperatured, with a surface of small waves

Pick of the poems continued

rippling in their ripplingest way. utopian waves. she felt she knew this place though she'd never actually been there, and within its waters were grottoes and large, soft rocks: benign custodians of an aqueous, bottomless world. as she looked she realised this was a place where she could stay forever without realising it was forever. she could lounge about, lazily treading water or float on her back like a lotus eater. she saw glimpses of this possibility as she sharpened her focus....

... but she still remained on the outside of this vision, this apparition. she was on the outside looking in. confined in her worldly body. she had read in many paperbacks that the corporeal body was merely an illusion, a sheath one discarded in time. but when. what she felt impelled to do, if it were in some way possible, was to climb up to her ear, and poised on the edge, the rim of her inner ear, dive perfectly into this sea.....

Listen to the podcast and read the full extract of the poem: <http://www.abc.net.au/rn/poetica/features/pod/poets/burns.htm>

Member news...**News from Bryon Bay**

Adrian and Arleen are still busy with Psychophonetics counselling and psychotherapy work and continue to work with individuals and couples in our studio. I (Adrian) am also taking people bush for the Eco-Soul Bush Therapy.

We have just started a study group on Tuesday nights, every fortnight, studying the first of the 4 mystery plays by Rudolf Steiner – *The Portal of Initiation*. There are 10 people in the group. We will work with art, movement, sound and reading to try and bring the play to life – perhaps even to perform it!

Arleen is in Perth WA, teaching the Life Alignment work. She is busy with students, teaching them Body Spin, which is the first step of the training in LAT, and also Modules one and two. Jeff Levin, the creator of Life Alignment, will be in Perth in April for 2 weeks. Arleen will attend and assist with Module 3 and then there will be a public residential intensive that we will both attend. The theme for the intensive is: Finding your Life Purpose.

I (Adrian) am also running a 1-day men's workshop in Perth and also another workshop here in Byron on the 28th March. My men's group is still running with 7-8 men attending regularly. We are attending the *Starlight* Mind Body Spirit festival at Bangalow again in April - great for meeting people.

Our hearts have gone out to all the people struggling and suffering with the fires – being my old home (Adrian), I was very much on edge these past few weeks.

Linda Hall has a new website – www.artbeat.com.sg

Member news continued...

Congratulations to Hadas Sorenson...

Hadas has recently completed her Masters research thesis at the Melbourne Institute of Creative Arts Therapy. Hadas will write a summary about her work for the Autumn newsletter.

Merri Hughes reflecting on her panel presentation and graduation ...

The graduation and case presentation was really quite a profound and humbling experience. From the love and support of Kate and her gift of clarity, to the support of Keith and Leeanne who offered the beautiful space, to the preparation of the room, the cleansing and meditation before everyone arrived, to the case preparation itself and the graduation ceremony, I feel deep gratitude. To take the work of Psychophonetics out into the community and to be witnessed is very significant. The sharing of such an intimate experience of the client through poetry and Psychophonetics processes created a feeling of connectedness to our humanity and an appreciation of the divine in all of us that allows transformation to unfold. We are vessels representing the work of the spirit. Thank you to those who were able to attend and for the many well wishes received by those who weren't able to come. Love and Blessings to you all.

Working in the alcohol and other drug field and including Psychophonetics insight and practice – part 1

By Susan Morrison

Traditionally Alcohol and Other Drug counselling have had particular approaches based on either the 12 step model or social learning theories. More recently other therapies have begun to be included as useful in their approaches such as Narrative therapy, Family therapy, Psychodynamic approaches, CBT, Rational Emotive therapy, drumming, art, and music.

Therapeutic Communities are residential AOD facilities that promote a holistic program with the foundation of a 'clean and safe' place. Most 'TCs' have developed from grass roots initiatives and have been under resourced, though that is changing a little. They are complex and interesting places and have become a life changing opportunity for many individuals and also for people on drug related charges who are diverted from prisons. A positive spin off of footballers or movie stars going to 'rehab' is that it has raised the profile and status of seeking help.

My experience of the AOD field has largely been in therapeutic communities. For the worker/counsellor they can be exciting, and challenging places. It is difficult to describe the depth of appreciation one arrives at in seeing the importance of long term holistic development of all aspects of the client's life. It reminds me of Steiner's guidelines of continuing to respond to all aspects of ones life in the preparation for spiritual development.

Article continued...

Soul development becomes synonymous with personal development. With very few conscious intentions a therapeutic community promotes harmony between the inner and outer life. It calls out the 'I am' by always encouraging the adult self to come into proper relationship with others.

To have an interest in the spiritual or transpersonal approach is not so alien in a field where a higher power is considered important although this is not the case with all recovery programs. The over all intention is re-establish balance in a person's life by regular routines, for waking and sleeping and eating, thereby facilitating 'etheric' health in a way that a dependent person cannot do in the broader community. Given this better physical and psychological foundation and the safety of a loving community, an opportunity arises for receptivity to personal growth and healing that is unique.

My perception of the residents after working at a TC for a couple of years was that 95% of the residents had experienced severe trauma. It was largely childhood trauma, sometimes adolescent and/or young adult trauma. They often began using drugs or alcohol in early adolescence as a self-medicating tool. Other factors that were clearly part of the picture were related to constitution, temperament and that individual soul's strength. It has helped me to see each person as a soul with their own destiny as this allows with ease the necessary appreciation, harmlessness and 'stepping back' needed when one is privileged with so much exposure to another's vulnerability. The risk of counter transference is high, especially when working with young adults that present as 'childlike'.

Psychophonetics training, Anthroposophic thinking, and some strong clinical awareness's began to form the basis of my approach. For example, one can observe the link, or difference between sensitivity/anxiety, and power/intensity in the energetic nature, in the light of ego development. These awareness's' provide insight into neurotic conditions and personality disorders. They highlight the deeply pathological nature of some defence mechanisms and the need for release/relief from chronic anxiety.

An understanding of the importance of facing and redeeming the inner child was consolidated by experiencing client process using Psychophonetics' techniques and supported by the vast theoretical and practical work family therapist John Bradshaw and many AOD theorists. Other critical family systems concepts in recovery are attachment and separation issues. As the child attempts to separate out from the family and they must rely on healthy or unhealthy patterns of early attachment. Poor esteem as a result of various forms of abandonment or abuse is further damaged by the false promises of drug use. A desperate attempt to meet unmet needs.

Article continued...

After working with exercises based on energetic principles the idea of 'openness and closed-ness' to life began to invade my way of thinking. Any desired repeated experience was an attempt for the 'desirous,' person to repeat an experience that held safety. The comfort space as some would call it. This places a different spin on the idea of addiction/dependency.

We can look at the Anthroposophic four fold model as one where patterns descend into the body and become fixed over time. Thought/feeling patterns, or, 'where one puts one's focus', creates a picture of a consolidated sentient body, with unconscious, thinking, feeling and somatic drives tied up in certain practices, and habits that have become unconscious, or partly unconscious. In the instance of trauma, these false needs are further hooked into deep fears such as the fear of life, the fear of death, and the fear of nothingness. (Rudolf Reichler, 'Soulways' on Neurosis) John Bradshaw also refers to a disabled will resulting from family dysfunction. The critical factor appears to be forms of abandonment abuse, which from an energetic point of view are serious ways of not being present to the child. Eg. parental substance dependency.

Connection between the sentient body and sentient soul, day man and night man, outer and inner person, as Steiner would see it, suggests that sentience, and the sentient connection to life is a key to understanding arrested development. While sentience is the link between our inner and outer selves it is also the interface between self and the world. Why is this so important? Because it tells us that every thought, feeling and motivation must come through the feeling/somatic self for expression. And every experience of the world must come through the feeling/somatic self. It is at this juncture that dependency locks us into an unhealthy relationship with self, predominantly, as against the relationship with the world.

Similar to an aberrant leader who surrounds themselves only with people who will flatter them, the dependent person dives inwardly for affirmation and justification rather than face the world. One of the main consequences of dependency therefore is isolation. It takes the forms of the popular selfishness, the sociopathic tendency to only care about ones self, and heightened self-consciousness/paranoia, plus the tendency to think that ego dramas are real life dramas. Another consequence is a more personalised and immature personality, which is the natural developmental phase of adolescence, but indicates arrested development for an adult ('Soulways' on adolescence).

This enhanced subjectivity takes the place of one's healthy ability to experience the world and therefore develop in a balanced way. One can imagine the distortion of personality development if the relationship with self, through something like alcohol, begins at 12yrs. It is interesting to note that unless you know a person, this type of 'closed-ness', whether it be through their well-rehearsed egotistic stories of glory or of victim-hood, it is difficult to discern how available they are for a counselling relationship, (or any relationship).

How is this balance between self and the World restored? In the ARTA book 'Rock Bottom', the importance of the centre region of the soul is spoken about. The polarity between the

body and the intellect can appear extreme in 'using' individuals. As the heart and rhythmical system reside in this region it is correct to presume that anything that supports the heart and breathing, within the context of the client's Wish, will eventually be therapeutic.

It is the same journey we are all taking however the impediments of an over developed intellect or feeling disorder are deceptively difficult to address. According to Steiner's insights, the attributes of 'Beauty, Play, and Artistry', are the keys to the development of the centre or feeling self, the heart of our soul life – the place where the true self can sometimes be located. The strength of this region will support the self in facing, once again, life's challenges. (Yehuda Tagar, Heart Safety). Somatic and artistic methods and resourcing which free up the breathing are our great allies in this work

Steiner's pre-conditions, or 'attitudes to life' which are to be addressed mentally before embarking on a meditative life, are great teachers of forming correct relationship to the world and others. A capacity to think logically and objectively, which should be a developmental modelling from parental adults, cannot be presumed. The moral development based on trust and experiencing love and continuity and therefore healthy attachment cannot be presumed.

An attitude of appreciation to life and the natural world are also necessary for balanced development. For many drug users this is a foreign idea and an even more foreign experience. Steiner teaches that the very act of wonder and gratitude establish a sympathetic relationship to the world and draw towards us spiritual energies to support us. These ideas can support and guide the counsellor without any moralism (How to Know Higher worlds).

In his book "In Place of the Soul", Ron Dunselman postulates that each drug favours a certain soul faculty and therefore with continued use, that soul faculty dominates. This can be extended to the idea of personality, which is an expression of the soul. One sees certain personality characteristics dominant in users of particular substances. This is nothing new as everyone knows what too much alcohol does to a person. It often makes them loud, insensitive, loquacious, egotistical and often hostile. If you meet this sort of personality whether actively drunk or longer term having a painful personality, you make the assumption that you will not get through to them. There is no point in the exchange. (Yet every Sat night all over the country partially drunk people are conversing for hours with no awareness of this fact!)

So a 'closed-ness' has arisen in the personality, with very little insight into it. Alcohol, being a depressant, is clinically associated with depression even though it's usually anxiety that it is initially targeting. As with most drugs, the opposite is achieved longer term.

Article continued...

The drinker becomes more anxious and has no nervous strength and emotional resilience without the drug. The very faculty sought to strengthen is weakened. Depression and anxiety exist on the same axis, like a vicious circle.

Psychosophy teaches us that the very nature of astrality is to be volatile like the wind, rising and falling and creating whirlpools in the feeling nature. And then in depression collapsing into the bodily forces like a bubble caught in a mud pool (Steiner, Psychosophy, Body, Soul and Spirit).

If, in our centre, the self has fallen prey to a shallow ego processes, holding these emotional forces stable becomes impossible and the inevitable overwhelm creates another trigger for using. Another problem with the nature of 'astrality' (sensation, emotion and feelings), is that it the allure of experience seduces us with our curiosity, imagination, and rationalisation all supporting the experience of the distorted perception. It is a good and pleasant thing, taking us away from our pain and dullness, into the moment.

Just staying awake and experiencing is a drug in itself. Again the repeating of these experiences leads to a grandiosity in the personality of the drug user, which consolidates because the reflective, 'reality check', function of the ego is damaged or underdeveloped. The lack of sleep is further debilitating as the necessary night-time spiritual processes do not occur. The threat of destabilisation and a psychotic break then becomes strong, especially if the person has a constitutional weakness in which case they may be triggered into a more serious mental illness (Soulways on Mental Health)

In the broader picture, in working with dependency, we are up against these types of schisms with the self and others that are created by continued use of a substance or habit. In getting a sense of this it is very difficult to discern because individuals have huge variance in their constitutional and spiritual development. Strength of the centre and ego development do appear to be the modifying factors, as does moral development given in formative relationships in the form of love and responsiveness.

We live in a culture that is functionally dependent on many substances and activities. Within that we have an example such as gambling, which may be functional however the quality of life of that person and family can be seriously lowered. It seems important to compare average human behaviour to the plight of those more seriously affected. This is a mysterious process. We all allow ourselves to be motivated by external events, desires, relationships etc. However it does appear that, the more compulsive the need, the more dysfunctional our relationship to the object is.

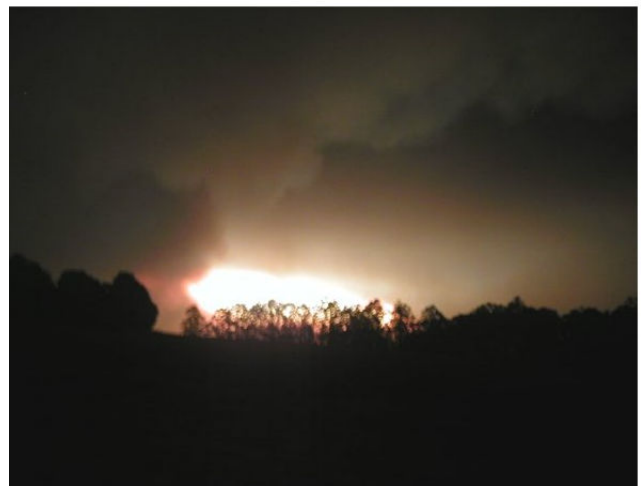
Being closed, in some way, to life or others is not a novel concept. One cannot always be present in every situation, and part of us chooses to withdraw at times.

Steiner would teach the idea that one should try to remain open just at these times and this has supported me in my work in that I encourage clients to take that step forward in difficult relationships rather than backwards. For example if there is an attraction to step forward and see the person rather than be thrown into the vortex of the minds imaginings, which for people in recovery is very unsafe territory. Compulsive unmet needs are activated.

In this way the model of serious dependency can throw light on everyday problems. If we see it as a human tendency to repeat experiences one likes in order to feel secure, we see the normal, abnormal and pathological expressions of it. One of the deeper expressions of these closed patterns is that the user begins to suffer intense boredom. Sometimes to me this feels like an angry thing but when we have explored it with Psychophonetics, what has appeared at the very bottom of boredom is agony. For most people, triggers are about people and relationships. This is where our vulnerability lies. We have a deep need is revealed for love, acceptance and contact, and when has been denied an emptiness is the consequent agony of a primal failure to fulfill.

To go through this very deep unravelling of feelings is the gift that Psychophonetics has given to us. Once the nature of layers of feelings has been revealed to us we can then strengthen our conversational counselling and exercises to be informed of possibilities especially with those who cannot do the bodily expression therapy. Often other artistic therapies provide gentler alternatives so long as the initial Psychophonetics principles and phenomenological approach is adhered to.

In the second half of this article Susan will outline some of her own work and include a case study.



*Smoke day to night Kinglake to Toolangi (Feb 7, 2009)
Our hearts go out to all who have been affected by the
Victorian bushfires.*