

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.

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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.

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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.

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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.*