Making Extreme States Meaningful

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Introduction

This article is based on the author's experiences as a therapist in a psychiatric hospital. Most people who have worked in psychiatric hospitals know the frequent sense of futility and meaninglessness in working with people in extreme states. The author especially experienced this in Kenya, where rehabilitation programs are not comprehensive enough. Therefore, patients are frequently readmitted a week or two after discharge. This produces a feeling in therapists that they do nothing useful. Although no survey has been done to establish the following assertion, it is highly probable that this feeling is a big factor in the "burnout" of mental health workers in Kenya. Such workers often lose all interest in their work, and sometimes even treat patients cruelly.

This state of affairs led this author to search for better ways to work with people in extreme states. Through his search he fell into counselling and later studied Process Work. Over the course of his studies, he discovered the ideas that inspired this article.

If we want to be of maximum help to people in extreme states, we need to change our attitudes towards "mental illness." We need to start viewing it as meaningful rather than just a pathological problem. This brings up two questions: why a change of attitude is necessary; how this change in attitude affects therapy.

Mental health is defined in various ways. One definition is as follows:

1. the ability to make harmonious relationships;
2. the ability to be socially active and to be able to interact constructively with one's physical environment;
3. the ability to balance and harmonize conflicting internal instincts.

Here, the author wishes to note that "harmonious relationships," "interact constructively" and "balance and harmonize internal conflictual instincts" are concepts applied from the viewpoint of "normal" people. A "normal" person follows his/her society's norms. Normalcy in this line of thinking is a statistical phenomenon; the majority of people believe and do "A," therefore "A" must be the norm. "Mental illness" is a deviation from such norms. "Meaning" refers to the feeling of orderliness and purpose to an otherwise chaotic event. These definitions form the basis of the discussion in this article.

Why a change of attitude is necessary

The biomedical approach to mental illness sees a person in an extreme state as dysfunctional and needing to be fixed (Wilson 1982). The approach is to repair whatever is organically wrong and the person will be cured. "Cure" in this sense means that the person starts functioning in ways the majority considers "normal." As Wilson (1983) points out, this view sees a human being as a "machine" with different parts (biological systems) that should work together for efficiency. This frame of reference is the typical Newtonian approach to life (Mindell 1985a), involving cause/effect relationships governed by clear natural laws. In this view, the natural laws have only to be discovered in order for humans to control things. This frame of reference allows us to correct whatever may be physically wrong. Through medical procedures, we are able to correct a host of anomalies in the human body. The biomedical

approach is as useful to the human body as Newtonian physics is to the creation and repair of machines. However, we need caution here. As Newtonian physics holds the view that we can understand and control anything, so biomedical science tends to believe we can understand any human phenomenon and bring it to "normalcy." This may not prove to be true.

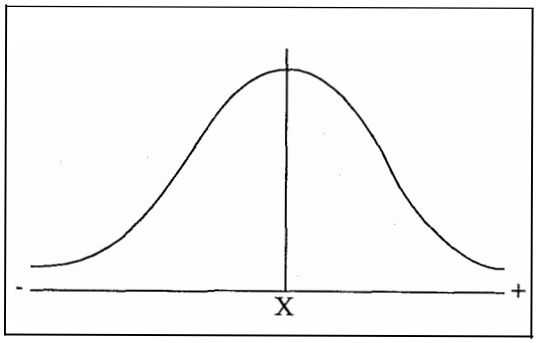
Newtonian physics was challenged when Einstein introduced his theory of relativity and when quantum mechanics was introduced (Mindell 1985a; Hawking 1988). Physicists discovered that physical laws do not explain everything, and that a cause and effect relationship is not always clear. They found that non-local causation is sometimes in operation, as when a photon is automatically released and moves parallel to another photon that was intentionally released although there is no known connection between the two (Robinson 1983). Similarly, biomedical science cannot explain and deal with all human difficulties. Trying to do so would be overstepping its boundaries. The biomedical view that whatever is disagreeable to the norms of society is wrong and needs correction or cure probably needs some revision.

There is also evidence to show that the boundary between "normal" and "abnormal" in mental health is quite a problem. The definition of what is normal or abnormal varies from culture to culture. Augsburger (1986) for instance tells us that:

> Effective mental health is measured by self-reliance, self-sufficiency, inner-directed responsibility for oneself, and an internal sense of personal identity...in the West. In Eastern cultures these traits are considered undesirable, abrasive, and disruptive of harmonious social relationships. (139)

Such obvious disagreements make one wonder what exactly comprises mental health and mental illness. Can a person be "mentally ill" in one society and become "mentally healthy" when he/she shifts to another society? If that were the case, it would be utter nonsense to even talk about mental health and mental illness. Such is the position of this article.

Furthermore, we can prove mathematically that concepts like "normal," "abnormal," and "chance" are meaningless. Let us take one of the basic truths of statistics, that all phenomena are distributed naturally in a certain predictable pattern. This has resulted in what in statistics is referred to as "the normal curve" (Jaeger 1990). The normal curve looks as follows:



The above diagram shows that for any phenomenon, the natural distribution is such that most of the phenomena clump together in the middle and only a few go to the extremes on the positive or negative side of the mean (X). This is true regardless of the phenomenon: height, weight, intelligence or even what we call "mental health."

This means that for any recurring phenomenon that happens by chance, there is a high probability that it will occur in a similar fashion each time it happens. One may argue that there are chances that an event will happen differently and such happenings will be "abnormal" since they do not fall in the average. However, even such happenings are predictable as shown by the tails of our normal curve, and are therefore normal happenings; it is quite normal for certain events to go to the extremes.

It is common for us to see events as abnormal when we do not understand them. We may also consider events that we do not understand to be chance or meaningless occurrences. From our normal curve, however, we see that it is meaningless to call an event a chance happening. If we take this view, we may start to see all events, including extreme states, as essentially meaningful.

Mindell (1988), Szymkiewicz (1992) and Stewart (1992), among other writers, have embraced this view. Mindell (1988) views psychiatric conditions, although we may not understand them, as altered states of consciousness which are highly structured and meaningful. If we look closely at psychiatric conditions, we start noticing highly structured and meaningful patterns that recur with almost mathematical precision. Moreover, as Mindell points out, we all have these states,

although we do not all access them. Most of us are aware of how we go a little crazy, or into an altered state of consciousness, for instance when we are annoyed or have so many things on our minds that we talk to ourselves.

People in extreme states represent what Jung (1974) calls our "shadow," the side which we have disowned and cut off. There always seems to be a certain percentage of "crazy" people in any community. This number neither increases nor decreases but seems to be the same percentage of the population. For instance, studies of the epidemiology of schizophrenia show a high similarity in prevalence of this condition across many countries. It ranges between 0.1 and 2 cases per 100 people (Gelder, Garth and Mayon 1983). Even where an increase in prevalence is noted, it does "not necessarily reflect increased incidence, it may reflect differences in the duration of illness" (229). It is possible that the distribution of other psychoses behaves similarly. The shift that we make in our thinking when we consider this phenomenal constancy of mental illness can be enormous.

This phenomenon is similar to Lovelock's discovery in the 1950s that oxygen always makes up 21 percent of the total atmospheric gasses (Mindell 1989; Walsh 1990). Lovelock noticed that this constant percentage of oxygen is not all that logical. Oxygen should combine with other gasses and therefore its proportion in the atmosphere should decrease. He concluded that nature seems to regulate these gaseous proportions for the maintenance of life. He theorized that our universe behaves like a living being with different systems working together. This discovery brought a shift in many people's thinking. They started viewing and treating the universe as a living thing. The Gaia hypothesis resulted from Lovelock's discovery. Similarly, if we accept that people in extreme states occupy a certain percentage of the total population at all times, then we start to see that "mental illness" probably plays a very significant role in our human system.

Thus, we may start viewing extreme states as meaningful rather than as pathological. This shift in viewpoint becomes even more potent when we realize that we all have "crazy-like" states. For instance, these states may emerge when we conflict with others or fall in love. When we take mood altering or hallucinogenic drugs, we may become manic or experience hallucinations. When we enter a psychological crisis, we may start talking to ourselves. When we get drunk, some of us become extreme. These states are potentially useful to us. However, we rarely accept them as parts of ourselves, but instead attempt to disown them.

According to Mindell (1988), people in extreme states remind us of the parts of ourselves we have disowned. They express unconscious aspects of so-called "normal" culture and can remind the mainstream of the occasional desire to escape reality and to live extremes. This view of mental illness challenges us to respect and trust the process of extreme states. People in extreme states become not only occupants of an important role in life, but also become teachers about how to "individuate" (Jung 1974), or to become whole by incorporating more parts of ourselves. This is a very different view from the mechanistic one that sees people in extreme states as broken machines to be fixed. For a person who is labeled as mentally ill, this view has serious implications.

Implications of a shift in attitude for people in extreme states

This shift in attitude towards "mental illness" carries enormous meaning for people in extreme states. A natural drive for many individuals, healthy or not, is the search for meaning. This search for meaning is often not so explicit in our culture, but it is there nevertheless.

The biomedical approach does not address the question of meaning because, as Deikman (1990) says: "...either the question lies outside the scope of science or that the question is false because the human race has developed by chance in a random universe." (201)

However, we need to know what we aim for in working with people in extreme states. It seems that rather than labeling people, calling them schizophrenic, manic, depressive, etc., it is better to aim at helping to find meaning in their illnesses. Labelling people is in itself harmful to a person. As Augsburger (1986) tells us:

> From this view, the label "mentally ill" is a stigmatizing and brutalizing assessment in any society, particularly those of the West. It robs the person of identity through profound mortification and depersonalization and forces an ascribed role with an extremely difficult exit. (317)

This author is aware of this brutalization from his work with people in extreme states at Mathari

Mental Hospital in Nairobi, Kenya, where he and some colleagues started a therapy group for the patients. Those who participated in the group had already been treated with drugs and many were ready for discharge. Some of them were concerned about going home to a society that would not accept them. They said that they were referred to at home as "x" (meaning those who had been in psychiatric hospitals). Thus, they could not make intimate friends, and could not find marriage partners if they were not already married. This stigmatization makes their lives meaningless.

Very often their treatment in the hospital is similar to what happens outside the hospital. Mental patients are categorized when they are given a diagnosis, and the treatment focuses on having the patient take drugs. The questions of what their lives and their illnesses might mean are not addressed. The treatment of these patients seems to confirm Deikman's suspicion that:

> It may be that the greatest problem confronting psychiatry is that it lacks a theoretical framework adequate to provide meaning for its patients, many of whom are badly handicapped in their struggle to overcome neurotic problems because the conceptual context within which they view themselves provides neither meaning, direction, nor hope. That context derives from the modern, scientific world view of an orderly, mechanical, indifferent universe in which human beings exist as an interesting biochemical phenomenon—barren of purpose. (1991: 202)

This article proposes a framework that requires the therapist to view extreme states as meaningful processes from which a person can learn and thus experience life as more whole and full. Working from this framework, the therapist encourages the client to believe that his/her experience has a meaning and to trust it and try to learn from it. Glasser (1965) says that there is nothing wrong with people diagnosed with mental illness but that they are individuals who are unable to fulfill their essential needs. He maintains that symptoms disappear when people successfully get these needs met.

This author agrees with Glasser that need fulfillment is a basic element of human life and considers one of the greatest needs to be the need for a sense of meaning in life. The point I wish to make here is that showing trust in a client and his/her extreme state can help the person trust that the state is not pathological, but a meaningful, personal process that can lead to growth and wholeness if it is fully discovered. As we will see in subsequent pages, this simple change of attitude can have a very dramatic effect on the client. In short, if we change our attitude towards "mental illness," we may stop putting labels on clients and recognize them as individuals who are playing an important role in life. We may even see them as teachers modeling wholeness for the culture. This shift in attitude has many implications for the practice of therapy.

How this attitude affects therapy

Trusting that everything that happens to a client is meaningful comes directly from Jung's teleological approach to psychology (Jung 1965; 1974). Jung believed that anything that happens in life is meaningful. This approach was developed further by Mindell in his formulation of the dreambody theory (Mindell 1982). Dreambody theory suggests a background field of energy that organizes our experiences. What we experience through various channels of perception is the dreambody trying to communicate to our conscious selves. A group of people, such as those prone to extreme states, can channel expressions of the dreambody as it tries to communicate to society. Individuals are drawn to a role by the dreambody, much as a magnet draws iron filings to various poles.

With this view, the therapist approaches the client with an appreciation for and trust of the process behind the illness. The therapist believes that illness is a natural process and trusts its wisdom. If followed, this wisdom brings wholeness to individuals and systems. This attitude is what Amy Mindell (1991) calls a metaskill, a feeling approach to life. This particular metaskill has to do with the sensitivity to the human need for a meaningful life.

This attitude helps the therapist view the client as his/her teacher and to learn from him/her. Stewart (1992) writes about how she went to work with the homeless in a bid to help them and instead became their student. The mainstream often considers many of the homeless to be lazy bums or vagabonds. Among them, however, Stewart discovered great poets, philosophers, and those committed to a life passion. She eventually learned how to bring so-called "laziness" into her

life so that her work was more enjoyable and fun. The following is a story about a woman who helped Stewart explore her own relationship to laziness through interacting with someone "lazier" than she was.

> I was in Yachats, Oregon, when a neighbor woman, an Oregonian, told me that every evening the whole village gathers at the ocean to watch the sunset. Even when it is rainy and foggy and there will be no sunset, they meet at the ocean. She warmly invited me to join them. I liked the invitation and I thanked her. I ran into her the next morning. "Where were you last night at sunset? I was looking for you. I missed you," she said. I had forgotten completely. I was disappointed. The woman looked at me with a peculiar expression on her face, as if to say, "How can you forget a sunset, what else is there in life to do that matters more than watching a sunset?" (71)

This example teaches us that what we see as "laziness" may well be a reflective mood that appreciates the simple mysteries of nature. In our success-oriented culture, we tend to forget to appreciate the fact that we are alive. The "bums" in our world can remind us to balance our lives by being a little bit slower, more appreciative or "lazy" at times.

Trusting that what happens to a client is meaningful also helps us communicate with people in their own styles. Szymkiewicz (1992) writes about how she was able to communicate with developmentally delayed teenagers in cases that were considered hopeless. One fascinating case was her work with a boy whom she calls "Nick."

> Nick is a tall, handsome, 16 year old boy. He has blond hair and blue eyes. I had been working for a month already when I first met him. He came back from holidays he spent with his father (his parents are divorced, and his father takes care of him during holidays and most of the weekends). Nick did not want to stay. He seemed to be very tense, his movements sharp and determined. There was a lot of noise around staff members trying to stop him and his father talking about how hard it was to leave him. Somebody said father should go, while Nick kept repeating "being a good boy" and "sorry." I couldn't understand what was going on. Nick is labelled as "mentally retarded with autistic tendencies." He is very tense most of the time. He presents a lot of fixed behavioral patterns (called "obsessive"); if such activity is triggered, he will fight to finish it no matter what the obstacles. (42-43)

Szymkiewicz worked with Nick by trusting that his autistic and "obsessive" process was meaningful. Nick was considered difficult to communicate with, but due to her attitude of trust in the manner of his behavior, she communicated with him. In the end, Szymkiewicz helped Nick contact a restraining side of himself that commanded him to be a good boy, "a policeman" while at the same time staying in touch with the rebellious side that wanted to run away from the restraining policeman. She also appreciated the fighter in him who would fight to complete whatever he wants to do. This is the "obsessive" part of him. By appreciating and communicating with all these different parts of Nick, Szymkiewicz established communication which worked better for both Nick and the staff who worked with him.

Thus, the teleological approach enables the therapist to help discover, unfold and transform what appears as problematic behavior into useful and meaningful parts of a person's life. Mindell (1992, in *The Journal of Process Oriented Psychology* Vol. 4 No. 1) tells a moving story of how he discovered love in a seemingly menacing young man in a prison ward of a state hospital. "The young man had been accused of killing his girlfriend in an automobile accident. He appeared to be pretty menacing now. He was tough and apparently brutal" (53).

Mindell began arm-wrestling with the young man. This was to affirm his "toughness" which is probably often condemned. The two of them do many other things together and finally Mindell verbally tells him how strong he is."'Nay, ain't true,' he said. 'I also got a big heart.' Shocked, we were all touched, amazed by his change" (54).

By appreciating and communicating with his often condemned "tough" process, Mindell was able to get beyond the toughness to the side of the young man who "also got a big heart."

Finally, trusting the patient's disease process, the therapist helps the patient discover what his/her life is all about and to follow his/her fate through conscious choice. This author once worked with a client who had been discharged from Mathari Hospital. The client had the nega-

tive symptoms of schizophrenia. He slept most of the time and did nothing. His mother washed his clothes for him. The young man himself was able to bathe and was quite clean. At home, he was described as being withdrawn and not communicative.

At first, I worked with this young man, whom I will call "Patrick," in the usual biomedical way. I assumed that these symptoms were wrong and to be alleviated. So, I made beautiful programs for the client to follow which included doing some cleaning during the day, helping his younger sister with her schoolwork in the evening, and playing games such as checkers with his brother and sister. The client failed to follow any of these programs. So, I decided to change my approach. I suggested that Patrick follow his tendency to withdraw and do nothing. I told him to imagine a life where he didn't have to do anything or talk to anybody. After a while, Patrick said that he was trying to be a writer but nobody would understand him or take him seriously. I thold him that he could actually be a writer. Together, we explored the possibilities of his writing something.

Together, we discussed how Patrick also needed to earn a living in order to write. Patrick concluded on his own that he had to go to college first. The next day he was looking for a college. Unfortunately, I left the hospital before seeing if Patrick was successful. However, we see that Patrick's seemingly negative symptoms were actually meaningful. He needed encouragement to detach, study and write about his life from an objective point of view. But he was misunderstood, and the label of schizophrenia became more important than trying to find the meaning of his behavior. By changing my attitude and subsequently my approach, I could communicate with this client meaningfully. As a result, the client almost miraculously came out of his private world to follow his life myth in the world. The above examples illustrate that by simply changing our attitude towards extreme states we can have very dramatic and positive results in therapy.

Conclusion

This article proposes that in order to be of maximum help to people in extreme states, we need to change our attitudes towards so-called mental illness. This requires a shift of paradigm, so that instead of seeing mental illness as merely pathological, we see it as a meaningful and essential process. This process is important not only for the growth of the patient but also for the growth of the human system. Extreme states can then be viewed as an expression of the individual and collective dreaming process. Seeing extreme states as meaningful psychological processes can have the long-range effect of helping the mainstream to appreciate and consider as teachers people in extreme states. Additionally, this attitude helps any of us dealing personally withextreme states to trust ourselves and our disease process. As we have seen in the discussion above, this attitude towards extreme states holds far reaching implications for psychotherapy. The author believes that it is beneficial for every therapist to eventually attain this viewpoint.

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