

Hidden Process Work with Adolescents

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A teenager experiencing an extreme state of consciousness which a psychiatrist judges “sufficient to render the patient unsafe and/or dysfunctional in the community” is likely to be brought to the adolescent psychiatric unit of the hospital where I work. Voluntarily or involuntarily, the young person will be confined until a psychiatrist decides that he or she is over the crisis or in need of long term institutional care. The average stay is two to three weeks.

In my position as an inpatient counselor, I am not authorized to do therapy with clients. My job is to keep clients safe from harming themselves or others and to assist them in the “milieu”—the self-contained culture which the hospital as agent of the larger society creates to change or manage people whose behavior society considers extremely disturbing but not criminal.

During a typical eight-hour shift, I have lots of time in bits and pieces around the formal therapeutic activities to build relationships with those clients who are open to it. I am able to intervene in many small ways and to study feedback from these relationship attempts and interventions. Minimal staffing gives opportunities to intervene without the presence of co-workers who are trained to use interventions which follow theories of pathology rather than feedback from clients. These co-workers might not be supportive of my methods, even though they notice positive outcomes and say things like, “You seem to have a calming effect on Jimmy. Why don’t you stick with him and I’ll take the others.”

Although I am not authorized to do therapy, I still wish to make my time with patients and their time with me as satisfying and heartfelt as possible.

To do this, I feel it is necessary for me to get as good a sense as I can of the client’s gifts and challenges, of his or her long-term process. In short, what divine purpose does this individual have to fulfill on the planet? I need to find out what kinds of encouragement, support or experiences I may be able to offer this person at this point in their personal and collective development. I don’t think anyone can become him or herself in a vacuum. A few can make it with only the help of guardian spirits; the rest of us need the help of other human beings. Without this support, life may be unbearably painful, lonely and violent.

The interventions which I am about to describe were developed to facilitate the foregoing needs, and to contribute what I can to the atmosphere on the psychiatric unit, so that clients, visitors, family, friends and staff have as positive an experience as possible. They are based on the principals of Arnold Mindell’s Process Work and on his general approach to work with people in extreme states of consciousness.

Here are some interventions which I’ve found to be useful with many clients. Whenever I perform such interventions, I always observe verbal and nonverbal feedback to guide how much I say and what direction to take as I have these conversations.

1. Value diversity; keep rules to a minimum.

Many adults seem to have an endless list of expectations for “proper” or “appropriate” behavior for adolescents. My approach is to state, and monitor for compliance, only those expectations which are necessary for safety and for following the daily schedule and program requirements of

the hospital. This gives me opportunities to study (rather than try to eliminate) behaviors that are disturbing or unusual before intervening. For example, if a client has a habit of eating noisily, burping, farting and laughing loudly, I will tend to take these behaviors as curious bits of information whose meaning I don't yet know. Trying to stop them may not be the best way to begin a relationship with this client.

2. Offer choices whenever possible, and honor them.

If I see a client looking upset, I may say, "Would you like company, or would you prefer to be alone?" If the client says she wants to be alone, I'll say, "If you decide you'd like company, just let me know," and give her as much privacy as safety allows. If she says she wants company, I'll say, "If you want to talk, I'll listen, otherwise I'm glad just to be with you." Not everyone wants to talk; some people are helped by not being alone (and possibly overwhelmed) with memories or feelings, while others prefer to process their upsets internally. I believe that people who have already been deprived of choice by being confined deserve every choice possible within the limits of the system.

3. Support the client's "strangeness" by discovering and affirming its value.

Many adults believe their job is to help emotionally disturbed teenagers to be more normal or to "fit in." In my experience, many teens are disturbed by the awareness that they can't fit in although they are constantly pressured to do so. They believe that "there is no place in this world for someone like me." I try to let them know that the world is bigger than they have been led to believe.

For example, I worked with a depressed young woman who appeared to be struggling with the conviction that she was "too sensitive." She described painful relationship experiences or situations she observed in the world around her. These situations bothered her but did not appear to bother others. Then she criticized herself for her strong emotional reactions in ways which sounded to me like the responses she got from people, especially adults, around her. In my experience, young people, like other disempowered persons, often have a highly refined ethical sense of fairness and justice. Typically, people with more power, for example, adults, do not like to be

confronted with ethical objections or strong emotional reactions to their abuses of power. They tend to prefer to blame the victim for having faulty perceptions and for overreacting. This young woman seemed to have internalized such an adult figure.

I told her that her sensitivity to very small emotional shifts was very important in a culture where most people don't notice or respond to such things. I said, "People have a lot to learn from you. By keeping your sensitivity and developing your ability to work with it, you will be able to help and support others in ways most people can't. I wish I had met someone like you when I was confused about my emotions and no one I knew would even talk with me about it. This world needs people who spend as much time with their feelings as you do."

I used my power as an adult to affirm her perceptions of relationships and events in the world and encouraged her to use her own sense of justice to evaluate them. I tried to give her the message, "You have every right to stand up for your own values unless and until you yourself decide to change them." I believe that if I can support a young person to keep her ethical values intact as opposed to "growing up" to develop a "functional" or mainstream value system, I've helped make the world a better place for all of us.

Her response to my support was to seek me out when she was upset by current or remembered experiences and tell me her analysis of the situation and her reactions. By talking with me and receiving support, she was able to cope with her strong emotions without getting depressed and harming herself.

Some people might say, "What good is that? You won't always be around to talk to." It's true, I won't, but for someone who has never received the developmentally necessary validation of her emotional experience from another person, to get it even once is to begin to move from the despair of "no one can ever understand me, so I might as well die" to the more useful pain of "no one understands me right now but I know that it's possible because someone once did, and maybe someone will again if I keep trying."

Another patient, a young man with a strong interest in spiritual experience, felt that no one shared or understood his concerns. One of his complaints was "anxiety attacks." He did not want to use medications if he could avoid it,

although the hospital staff was encouraging him to do so. While it would have been considered inappropriate for me to bring to awareness and work with his anxieties, it was within my duties to teach relaxation techniques which help clients to maintain behavioral control.

I talked with him about cultures which have developed thorough and detailed technologies of the sacred, and told him how modern material technology has made it possible for teachers of spiritual practices to travel throughout the world. I gave him practical tips for finding these people and encouraged him to pursue his interests.

Along with these discussions, I taught him several breathing exercises based on yoga techniques, which he could use to alter his physical, mental and emotional states when he felt stuck in an unpleasant experience. He found these exercises useful, saying, "Wow, this is amazing!" He invited me to guide him through the exercises, and he continued our discussions whenever I was on duty. He would come up to me and say "I'm not anxious right now, but would you show me that breathing exercise again?"

4. Support and help unfold clients' experiences of extreme states of consciousness.

One young woman used to cry and say she was scared whenever it was time to go to her room to sleep. It took her a long time to settle down at night. Many staff believed her tearfulness was a sign of her depression. They considered her fear and her calling "Mom, Mom" despite the absence of her mother as signs that she was hallucinating. Since she didn't talk much, I did some guessing based on my observations, and watched for her verbal and nonverbal feedback. Here is a conversation we had:

Me: It's scary to be here isn't it?

She: (Nods "yes")

Me: So many people!

She: (Nods)

Me: You miss your Mom.

She: (Cries)

Me: Of course you miss her!

She: (More tears, then...) Mom! Mom!

Me: Yes, go ahead and call her.

She: Mom! Are you OK? (pause) Yes, she says she's OK.

Me: That's great that you have a way to find out that she's OK. It's important to know the people we care about are OK before we rest.

She climbed into bed and fell asleep.

A fundamental attitude or metaskill in all of my work is this: everything I do while interacting with another human being is significant, even though I may not be around to witness the results. Here is a supposedly true story which a friend told me.

An unhappy young woman walked into the elevator on the first floor of a tall building. As the elevator went up, many people got on and off. No one looked at her or spoke to her. In her culture of origin, you always acknowledged the presence of another human being, whether or not you had met before. The young woman got off at the top floor, made her way to the roof, and jumped off. Question: Would it have made a difference if even one person on the elevator had smiled or greeted her?

Guruseva Mason lives parts of the year in Rochester, New York where he co-facilitates groups for men who batter their women partners and works with individuals, couples and groups challenged by the mysteries of life on earth. At other times he is a nomadic process work student re-connecting in this lifetime with far-flung members of his spiritual family and clan.