
OUT OF THE MATRIX

A personal narrative of transformation through the quest to discover meaning in a chronic
body symptom



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INTRODUCTION

“The only journey is the one within”. Rainer Maria Rilke

This is a creative project based on my personal narrative. It explores my experience with chronic migraines over a 27-year period, the chronic moods which accompanied this experience and the discovery of a chronic, surprisingly destructive, resident inner critic. It is written in the style of a memoir and speaks of my most difficult struggles, what helped me make changes and the self-development that occurred in wrestling with my experiences. My chronic symptom drew me to Process Oriented Psychology (Process Work) and led me to journey inward. A central piece of this paper is the research I undertook near the end of my training for the Process Work Diploma, which involved using myself as both the researcher and subject.

This paper is intended for those people who have no knowledge or experience of Process Work Psychology, but who perhaps have a psychological orientation and this is reflected in the language used. It may therefore be useful to Process Work therapists who could offer it to new clients wrestling with similar difficulties. It may be helpful to those people who are suffering the pain and victimhood of any number of troubling ‘disturbances’, particularly with a chronic illness, depression or moods. They may be frightened or perhaps overwhelmed with their personal struggle; or they may feel victimised and trapped in their life. Making changes can be incredibly difficult and troubling experiences alone do not necessarily provide us with sufficient incentive. Although we are often motivated to change through experiencing pain, pain and difficulties can be isolating experiences and reaching out sometimes seems an impossible task. To know that meaning lies within these difficult experiences can sometimes be enough to help us begin our search. It would mean a great deal to me if this paper could inspire or provide hope, even in a small way and thereby make a difference to another’s struggle.

This thesis demonstrates an application of Process Work. It contributes to the body of Process Work knowledge through its clear illustration of the 'Dreambody'¹ in action. It tracks and demonstrates the striking connection between therapeutic 'work' and changes in my chronic body symptom, changes in my relationship to a sort of killing energy of an intense inner critic, and the corresponding changes in the nature of my night-time dreams. It stands on the shoulders of the many earlier Process Work Theses that have self-development and transformation as their focus.

I hope it may make a small contribution toward increasing awareness of chronic processes, their complexities and interconnections as well as highlighting an area where more research is required – the nature of chronicity.

The limits of this Thesis are intrinsic to its nature – a personal narrative relating my quest for meaning within my suffering/chronic symptom and the bias inherent in being both therapist and client. As a student for over ten years and on-going learner of Process Work, it reflects my own awareness and level of experience at such a task, including my limitations. It doesn't consider or compare how other modalities deal with chronic symptoms. It simply offers readers a direct view into one person's life-changing experience.

¹ Dreambody concept - the subjective experiences of body symptoms are symmetric to patterns found in night-time dreams. Further, that this expression of the 'unconscious' is experienced continuously in all areas of life. See Appendix.

CHAPTER 1: My Life with a Chronic Symptom

In 1987 I began searching for a cure for my increasingly painful headaches; symptoms that had begun in a new and challenging job a year earlier. I wondered if they were the result of stress and perhaps eye strain from the sheer amount of reading I was doing. A visit to an Ophthalmologist revealed no eye problems, but a suggestion that the headaches may be stress related and just to relax more. Nine months later, when pregnant with my first child, they became significantly worse. Although I did return to work when my first child was nine months old, I had to resign because of exhaustion through lack of sleep and weekly debilitating headaches. Instead, I began to work part-time in my husband's business. This was not only contrary to my intention, but also a source of grief.

By the time my second child was born in 1990, I was experiencing two headaches a week, which my GP finally diagnosed as migraine. He thought I was stressed as a result of struggling with two pre-schoolers and lack of sleep, which then triggered the migraines. I spent a year trying numerous pain medications, but nothing seemed to help. Eventually, I was referred to a Neurologist who diagnosed Common Migraine. I trialed various migraine preventers but none were effective. They did however, have intolerable side effects such as weight gain, drowsiness, dizziness, joint pain, fatigue and loss of libido. I was eventually prescribed a powerful migraine medication which had recently been released and which, to my enormous relief, removed much of the pain. It did not remove associated symptoms such as muscular pain in my neck and back, nausea and sensitivity to light and sounds. It also had the unfortunate side effect of rendering me unable to think clearly and seemed to impair my short-term memory.

At this stage, I was quite miserable and began to wonder if perhaps these migraines were at least partly connected to something in myself, as I certainly wasn't coping. Both my then husband and my GP supported my view on this; they considered that as I obviously wasn't coping with the stresses of parenthood, I should seek help. There was an implication that I was somewhat of a failure as a

parent and more worryingly, as a woman, who couldn't manage a family and a job, like most other women. I felt unsupported and misunderstood. The Neurologist had suggested that I may be an over-anxious perfectionist and not able to manage stress well. It seemed I was treated like a car with malfunctioning or broken parts, which are then repaired or replaced; with no focus on where or how I drove the car.

Finding a Therapist proved unexpectedly challenging. I didn't feel understood by any of three therapists I visited and none were interested in my body symptoms other than as an indicator I was stressed. I became disillusioned with therapy as a way through the morass I found myself in. It probably says something about the importance of a 'fit' between client/therapist. It also says something about my attitude. Despite being desperate and apparently looking for help, I wasn't going to accept anything that came my way.

It was about this time that we moved to the country. We bought a beautiful place, rather wild and isolated, on the foreshore of a large harbour estuary. Ironically, neither of the children really took to country living and I began to feel increasingly isolated and trapped. As my husband was self-employed, our intention was that he would work from home so we, as a family, could have a healthy lifestyle and spend more time together. To make the move financially viable, he needed me to continue working in his business which I agreed to do for a couple of years. This, however, stretched into ten. We built a house, managed a business, ran a small herd of cattle and grew olives, on top of the usual parenting responsibilities – involvement with the school, extra-curricular activities for the kids and the community. One of the children was not only frequently unwell for long periods, but also was particularly challenging and difficult in his behaviour. This required consistent, intensive managing and much of the family energies revolved around this. Essentially I was in a constant state of doing and managing and, paradoxically as it turns out, we simply shifted our busy, stressed, city lifestyle into a rural setting.

During these 10 years, I spent thousands of dollars and just as many hours, researching and searching for external solutions and a 'cause' of my migraines, receiving an array of diagnoses. I sought help from a variety of health professionals who invariably declared their approach was certain to succeed. I was convinced that the answer would be found outside myself and I simply had to find the right medication or the right practitioner who had the necessary skills to eliminate my symptoms and 'fix me'. I underwent numerous conventional medical tests and exhausted the pharmacological options. I tried every conceivable body therapy and most alternative therapies and medicines; I went on yoga retreats, had spiritual healing and learnt how to meditate. However, the latter felt like a task that I needed to incorporate into a life already crammed with responsibilities and I never managed to include it as a regular practice. Moreover, when I did make time to sit quietly, I found being in my body to be profoundly uncomfortable. At these times, I was acutely aware of how much of my body ached, how miserable I felt, how loud the noise in my head was. It was neither a peaceful experience nor one that encouraged repetition.

Some things helped. Massage usually provided immediate, although temporary, relief from the muscular aches and tension that constantly resided in my back. I also tried to bring music back into my life as a way to reconnect with my old self. As the migraines and pain took over more of my life, I had stopped listening to music and, more importantly, had stopped singing, playing the piano and dancing. Partially resuming these activities provided a lifeline during this bleak time. Focusing on my children also sustained me in the dark times and provided meaning to my days.

Eventually, I discovered there was neither anything physically wrong with me causing the migraines, nor was there anything that could eliminate the pain completely. And strangely, no prophylactics worked. By this time my symptom was severely restricting my ability to live and having an enormous impact on my family, emotionally and financially. During this time my general health had also deteriorated. My doctor began to talk of a pain syndrome and that I would benefit from being on anti-depressants. This effectively made me feel neurotic, overly sensitive and somehow at fault,

alone and different from 'normal' people. With 3-4 days of every week spent struggling with pain as well as being wiped-out by migraine medication, I finally realised I needed to seek a wider frame.

There seemed to be two aspects to my problem: a chronic, debilitating symptom of migraines, together with a number of chronic moods that had developed concurrently. I frequently experienced waves of grief over the loss of my ability to live my own life, feeling like I had missed out on huge chunks of my children's lives and of them having to endure a mother who was frequently absent. In this regard, I felt guilty as both a wife and parent and somehow responsible for making the lives of others, whom I loved, extremely difficult and burdensome. I often felt a sense of hopelessness about ever being free of pain and doubted whether I could live yet another year like the last. A cumulative frustration developed, of years of cancelled and missed plans and I felt resentful and jealous of others who were apparently able to live fulfilling lives. I didn't seem to be able to achieve anything substantive – let alone manage what countless others seemed to. My life shrank as I retreated into myself, withdrawing from the world and I began to feel isolated and depressed. My moods seemed to be compounded by the fact that the symptom was relatively invisible to others, and I thus appeared to be unreliable, erratic and moody. I was consumed and dominated by the relentless nature of my migraines and their effects.

In the midst of this despair, I was introduced to a Process Work therapist who suggested that there may be something 'right' about my symptom, not something wrong with me; that my symptom may well hold meaning for my life and not only be a cause of great suffering. It was explained that there can be important information in our symptoms which needs to come to our attention and find expression and, (more bizarrely to me) that the symptom could contain the seeds of its own solution. It was also explained to me that actually 'working' with my symptom psychologically may help me develop a detachment from the suffering and therefore help me feel less a victim of it. This was a startling and strange set of ideas to me and I didn't quite know what to make of them.

Initially I was cynical, but also desperate. I had grasped at so many perceived lifelines over the previous 10 years, only to be disappointed. I had felt powerless for years. The suggestion that something creative and purposeful lay behind something that I only experienced as oppressive and tyrannical was intriguing and I desperately needed to make meaning of my suffering. I had reached my end so, with nothing to lose, began personal therapy again. However, before outlining this, I will take a brief digression into the conventional approach to chronic symptoms, acknowledging that if any of the countless remedies or treatments I tried over the years had worked, this story would end here.

CHAPTER 2: Chronic Body Symptoms and the Medical View of Migraine

“A chronic illness is a long-term health condition that persists over time, has recurring (often ‘invisible’) symptoms, requiring long-term management and may require long-term medical intervention” (Mosby’s online Medical Dictionary, 2009).

Many chronic illnesses have highly variable symptoms that can be invisible to others. Some symptoms such as fatigue, pain, some impairment of cognitive function and emotional shifts, may not be detectable to an outside observer, yet many individuals with chronic conditions experience their symptoms as debilitating or significantly limiting their life functions. Many chronic illnesses can therefore be stigmatizing.

My chronic symptom, migraine, is defined as an extremely debilitating collection of neurological symptoms that usually includes “a severe recurring headache, usually affecting only one side of the head that is characterized by sharp throbbing pain and is often accompanied by nausea, vomiting, sensitivity to light and noise and visual disturbances and may last for hours or days” (The American Heritage online Medical Dictionary, 2007). Migraine derives from the Greek word (hemikrania), "pain on one side of the head".

The exact cause of migraine is not fully understood. Migraine has long been observed to run in families so it is considered to have a genetic component. Many researchers think that people who have migraine have a more than usually sensitive or ‘hyper-excitabile’ brain so that they are much more sensitive to stimuli that would not affect someone not prone to migraine. The degree of sensitivity is possibly genetically determined, influencing the threshold for triggering attacks. For a long time, the generally accepted theory was that migraine and its symptoms were caused by reactive constriction and then abnormal painful dilation in the blood vessels of the head. More recent research, however, has shown that, while blood vessel constriction and dilation can result in

pain, the underlying cause of migraine itself is likely rooted in a disorder of the central nervous system – in particular changes in brain chemistry (www.migrainetrust.org/factsheets).

Migraine is one of the oldest reported illnesses. In his seminal work on migraine, Oliver Sacks (2012) tells us that migraine has been recognised since the dawn of recorded history and “its nature and causes have been the subject of argument for 2000 years” (p1). Various migraine treatments have reflected the prevailing medical knowledge of how illness is conceived and also the particular world view of the time and it has been treated with a trial-and-error approach. The main theory on the cause of migraine which dominated medical thinking, in its various forms, since the time of Hippocrates until early 19th century, is the Humoral theory. Essentially this view held that the human body is filled with fluids, an imbalance of which created disease and disabilities. Thus early treatments for migraine involved withdrawing bodily fluids through bloodletting. If this was unsuccessful, successive treatments were more invasive (pp2-3). The radical nature of some of the treatments testifies to the degree of suffering, as well as the intractable nature of migraine. Throughout the 19th and 20th centuries various changes in the treatment of migraine continued to reflect the differing theories of causation.

Over the millennia, whilst many treatments for migraine have been attempted, it appears that not many were successful. It was not until the early 20th century that a substance, ergotamine, was found to be effective in pain relief (Tfelt-Hansen & Koehler, 2011). Currently, pharmacotherapy (treatment by administration of drugs) remains the principal management for migraines, as the condition is deemed to be incurable, along with an emphasis on coping and self-management. Pain relief is usually achieved via a raft of pharmacological options taken daily as prophylaxis or symptomatically as pain relievers. These drug treatments, while providing quite effective pain relief, have significant side effects as well as drug dependency. Furthermore, recent treatments such as Botox injections into the face and muscles of the neck can be expensive and therefore out of reach for many sufferers.

It was not until the end of the 19th century and into the 20th century that psychological interventions began, (although the connection between psyche and soma – mind and body – has been researched and documented since the ancient Greeks) beginning with hypnosis in the 1880s. It provided proof that somatic changes could be brought about solely by mental influences which had been set in motion by the patient and were ‘unconscious’ processes. According to Tfelt-Hansen & Koehler (2011), Freud, who suffered from migraines, wrote about the psychodynamic aspects of pain, headache and migraine between 1895 and 1926. It appears that Freud considered migraine to be an organic disorder, not a neurosis, but hysterical symptoms became attached to the condition.

Although early traditions adopted a holistic approach to medicine, emphasising the link between mental and physical processes, the clinical and experimental study of the mind-body relationship is a comparatively recent development in modern western medicine. Nevertheless, in all traditions, the focus has been on cause and effect. Freud, in his early study of the unconscious, discovered that body symptoms were expressions, in symbolic body language, of psychological conflicts. Psychiatrist Franz Alexander, who is sometimes referred to as the father of psychosomatic medicine, played an early role in identifying emotional tension as a significant cause of physical illness in the early 20th century (www.britannica.com). Neurologist Harold Wolff was also a pioneer in the study of psychosomatic illness with a particular interest in the mechanism of migraines and other headaches (Sacks, pp14, 233). Much of the research during the 20th century has focused on fixing something considered to be ‘wrong’. Conversely, C G Jung discovered meaning in body gestures in his work with schizophrenic patients. “The body is merely the visibility of the soul, the psyche; and the soul is the psychological experience of the body. So it is really one and the same thing” (Jung, as cited in Jarrett, 1988, p355). For Jung, there was a purpose in a symptom, a compensating function.

A contemporary of Freud and Jung, who saw purpose in disease, was the German physician Georg Groddeck, who is also regarded as a pioneer of psychosomatic medicine. He worked with patients who were chronically and severely ill and held the view that being sick involved the entire person,

not simply biological processes. He also regarded illness as having a symbolic dimension and as being both a friend and an enemy, only retreating if radically new choices were offered to sufferers (paraphrased by Sacks, p237).

Unfortunately, it is beyond the scope of this work to outline these theorists in more detail, and the brevity of my comments does not do justice to their contributions. I have mentioned but a few individuals and there is a vast body of literature that the interested reader can delve into.

For many diseases or conditions where there are no clear causes, medical practice sometimes diagnoses a psychosomatic link that takes into consideration the interaction of mind and body in relation to the onset, process and progression of diseases. This is really a modern variant, sometimes considerably more sophisticated, of an ancient holistic approach to illness. While this can provide much hope to a suffering patient, it can also lead to stigmatisation and a sense that it is the individual's fault entirely, without accounting for myriad other influences as diverse as genetics and social roles, ranking and resources. There can also be a tendency within the general and medical community for the term 'psychosomatic' to be dismissive. It implies body symptoms are triggered by emotional conflict, exaggerated emotionality or excessive sensitivity as well as the possibility of a desire for attention or other personal benefit.

Nevertheless, various contemporary medical clinics now offer multi-disciplinary teams working with chronic pain sufferers in a psychosocial way, adopting a variety of approaches including psychotherapy, group therapy, education on pain pathways and the practice of mental strategies such as relaxation and self-hypnosis, alongside more conventional medical treatments.

A pioneer in this field is Dr. Kabat-Zinn from the USA (University of Massachusetts). His research between 1979 and 2002 focused on mind/body interactions for healing, on various clinical applications of mindfulness meditation for people with chronic pain (including headaches) and stress-related conditions. He set up a Stress Reduction Clinic, offering a training program in

Mindfulness meditation, which has been relatively successful in reducing pain for many who complete the training. As a result of his successes, the Clinic has served as a model for mindfulness-based clinical intervention programs both nationally and internationally.

Historically, migraine researchers have also conceptualized a type of person who gets migraine and have drawn upon gender stereotypes of their era to describe their patients (Kempner, 2003). This tendency becomes evident in the late 19th century and flourished throughout the 20th century. Migraine was first described as a condition that affected well-bred intellectual, literary males (Latham as cited in J Kempner, 2003). However, over time, migraine has become identified as a condition affecting more women than men. A recent Report (All-party Parliamentary Group on Primary Headache Disorders Report, UK, 2010) highlighted that migraine occurs three times more frequently in women than in men, that there is an inadequacy of funding for research and that there is a “lack of commitment to education of both the public and health professionals”. The authors also noted with concern the “life-destroying consequences of migraine”. In their 2011 study, Hedborg, Anderberg & Muhr found that women migraineurs displayed significantly greater psychic and somatic anxiety and were three times as likely to have experienced strongly negative life events as men. These studies draw our attention to the serious personal, social and cultural implications for women and the societies they inhabit and points to an area where more research is required.

“The relationship between migraine and certain psychological features, such as a tendency toward perfectionism, neuroticism, repressed aggression and melancholic mood has been repeatedly reported for more than a century.” (Antonaci et al, 2011, p3). They note that clinical descriptions of the personality of patients with migraine, as researched by Wolff from the 1950s through to the 70s, included such characteristics as ambitiousness, extreme tidiness, perfectionism, inflexibility, resentment and aggression – termed by Wolff “the migraine personality” (Sacks, p233). As early as 1937, Frieda Fromm-Reichmann wrote a paper entitled ‘Contribution to the Psychogenesis of

Migraine' (as cited by Koehler & Boes) in which she asserts her migraine patients all suffered from unresolved ambivalence and repressed anger.

More recently, Antonaci et al, (2011), found that "Migraineurs exhibited more depressive symptoms, difficulties with anger management, a tendency to hyper-control with a distinctive personality profile" (Abstract). This they classified as high harm avoidance, high persistence and low self-directedness, which meant they were vulnerable to stress and less skilled in coping with pain. Using various personality measurements, other recent studies (Davis, Smitherman & Baskin, 2013) have also focused on personality traits of migraineurs, finding the following characteristics - neuroticism, stress, depression, anxiety and hostility - prevalent amongst them. Davis et al (2013) however, do draw our attention to the complexity of interactions at play, from social and cultural factors to negative early life events. Perhaps this is the beginning of a more widespread awareness of the diverse nature of influencing factors, including the fact that women remain differentially affected. What is striking here is the continued focus on there being something wrong, deficient, or malfunctioning in migraineurs, rather than the condition being part of a much more complex process including the wider psycho-social context in which people live.

It does appear that the historical legacy connecting migraines with psychosomatic causes and with hysterical women, who lacked the psychological strength to cope with everyday life, has continued to affect the biomedical perspective of this condition to the detriment of women, through to the present. When these attitudes prevail in a community, it is not surprising that many of us with chronic pain conditions tend to blame ourselves and can become caught in a cycle of pain, depression and hopelessness.

In fact many chronic body symptoms (painful or otherwise) are often a source of prolonged, deep suffering. If they don't kill us, they frequently seem as if they are trying to. They can tyrannise, victimise and oppress us. They can be a nightmare we are desperate to wake from, a weight that threatens to crush us. Our lives can be transformed from one of enjoyment to one of barely existing.

Our behaviour changes, we often isolate ourselves, withdrawing from social contact. We wonder - is it something I did that I'm now paying for, something karmic? Am I full of repressed emotions? Am I a deficient person who just isn't coping with life? How did I cause this? Am I spiritually bereft? Was it something I ate? A chronic body symptom can be, and do to us, all these things. It can completely take over our life and define us. Even though we may try to accept it, we hate it, rail against it and try to reject it. We continually look for a cure because we think there is something wrong with us. Often, most painfully, our suffering seems ours and ours alone.

If this isn't difficult enough, the atmosphere surrounding a chronic body symptom can often be damaging to those around us, particularly our loved ones. We ourselves may be frustrated, angry and full of grief and guilt, which can then play havoc with these relationships. Those close to us can feel helpless in the wake of the relentless nature of these symptoms and can feel impatient and frustrated with us and the path that their life has taken as a consequence. They, like us, can feel equally powerless to effect change.

As has already been outlined in my story, it is exactly this state of powerless desperation that led to my search for an alternative to all that had been offered to me thus far.

CHAPTER 3: Beginnings of Process Work Therapy

This chapter is written from the perspective of how I was at the time of beginning Process Work therapy. Throughout, I weave my current reflections as a now trained Process Work student. I also refer the reader to the Appendix for clarification of terms used (highlighted in bold) or with the Appendix in brackets, in this and following chapters.

Process Work therapy marked the beginning of a slow transformation of my life. In the early stages of therapy, the changes I experienced were mainly around my moods. I felt less alone and isolated with my struggle. I felt supported by someone who could walk with me, helping me navigate what felt like a confused mess. This was a crucial step. Initially, when I first developed migraine, my then husband was not supportive. He considered them as a sign I wasn't coping, which in turn was a sign that I was somehow emotionally and mentally inadequate in some way. He subsequently changed this view and became very supportive, though would often feel helpless in the face of my ongoing struggle. In the therapy room, it was suddenly OK to be 'weak' and feel oppressed by the crushing weight of this debilitating condition. Here was a place to bring my distress and have it be heard; to be understood; to be challenged, when I would minimise my feelings with 'others have it way worse'. Slowly and almost imperceptibly, my depression began to lift as I began to feel validated and seen in my struggle. My weariness began to retreat as I felt the first glimmers of hope appear. It seemed that I needed a place to bring and express my grief before I could begin to experience any degree of detachment from my situation, let alone begin working with the possible symbolic meaning of my symptoms.

Initially, we explored my current life in general - the social roles I held within it, the relationships I had with loved ones, the pressures I experienced and the drivers that lay behind my various behaviours. We also explored what dreams I had for the future and what things I might do if I weren't prevented by my symptoms. I was struck by how I had not allowed myself to dream. I

certainly never remembered any night-time dreams until I began training in Process Work. The only night-time dream I remembered at this time occurred as a teenager and it went something like this:

I'm with a group of friends beside a stream which we have to cross. Each person leaps across seemingly effortlessly. I'm afraid to jump because I don't think I'm able to and so cannot follow them. They carry on without me and I'm left on the other side feeling abandoned and forlorn.

In describing the dream, I remembered it quite clearly and realised I could see myself and the others in my mind's eye. In order to support a new pattern, the therapist encouraged me to look closer at the scene and to imagine a different response from just being unable to cross. I imagined that I would find a different way, my way. I wandered along the edge of the river bank, thinking it must flow to the sea. I rounded a bend and found some stepping stones that led to the other side. I paused and considered whether I wanted to cross or continue on to the sea. (Interestingly, variations on this dream content began to occur repeatedly once I began my training.)

In my sessions I realised I had some powerful early memories and experiences in childhood that indicated a strong **dreaming process** (a living, moment-to-moment expression of the unconscious) and a recurring pattern to my life. I was a cherished child, loved by my parents yet disliked, perhaps hated, by my older brother. When I was about 18 months old he pushed me through a 1st floor plate glass window of our home. I survived relatively unscathed, bar a large gash across my forehead which missed an eye by a hair's breadth. Throughout my childhood he teased, mocked and bullied me. He beat me at every board game and won every race, then ridiculed me for losing. He also mocked my childhood interests, my intellect and my abilities. I was always somehow lesser.

The experience of this negative masculine, 'killer' energy, continued to appear throughout my life. As a young adolescent when pursuing my dream of singing publicly, a male coach touched me inappropriately and threatened me with failure if I didn't acquiesce. I was raped at knife-point before turning 16. At 19, I married a man who both loved and was jealous of me, but I left when he became physically abusive. At that time, he threatened to throw acid in my face so no-one else

would want me. The 'killer' also appeared indirectly in my family, manifesting in life-threatening medical conditions of both my children. I was often frightened and at times terrorised by this threat to the lives of these most precious people.

Through reflecting on, and exploring, both my current life and my childhood memories, it gradually became clear that I behaved in certain ways and operated from certain belief systems that weren't always helpful in my life now, or were only in the interests of a more dominant aspect of myself. Moreover, certain behaviours seemed clearly linked to my early experiences of being tormented and mocked. By now I identified as a migraine sufferer - defined, constricted and even crippled by the condition. Yet it gradually became clear there were actually many other parts to me, some not being lived or even recognised by my every-day or conscious self (**my primary identity**). Quite apart from the fact that the pre and post-migraine me were different, there gradually emerged a number of clearly diverse aspects of my personality, along with several '**not-me**' possibilities (aspects that I neither knew about, nor could identify with), such as someone who could dream of a future, and one who didn't suffer.

It appeared that I was not one cohesive unit. I began to experience myself as not just a single entity, but one that was made up of parts with different voices. The therapist and I explored different moods as parts of, or **roles** within, myself – a part of me was physically suffering from migraines; a part felt sorry for herself; there was one who was grieving over a life unlived, while another was angry with what fate had dealt; and one who was frightened she couldn't continue living this way, but could see no way out and yet another who was critical about all of the above apparent weaknesses. The therapist encouraged me to explore each of these parts by fully expressing the feelings and thoughts associated with them, rather than assume each aspect was just a version of 'me' in different moods, undifferentiated and in conflict with myself. We would take up these different roles and have them interact.

In the early stages of therapy, there seemed to be a couple of crucial **roles missing** within me. For example, where was any sign of a hopeful, encouraging and supportive part or one that was strong and powerful? At times, we would do a role play, wherein the therapist would act out such a missing role and we would interact from these perspectives - the hopeful one and the hopeless one; or the fearful one and the powerful one. We would speak to each other from these roles, questioning and answering. Sometimes strong feelings were evoked and if this happened, we would explore them. In the beginning, I was often unable to change roles and pick up the strong, positive perspective but, over time, this began to change. This process also helped me develop some fluidity between these states and a small degree of detachment from them began to emerge. I began to see myself less of an 'I' and more of a 'we', yet struggled to hold this awareness outside of the therapy room.

This type of role-play interaction also began to help me understand how my thoughts and feelings were connected and how my inner relationships played out. It was quite a surprise to discover just how critical I was of myself, and how much this led to general negativity, a low mood and sometimes even despair.

Here are two examples of how we 'worked' experientially with my mood of hopelessness:

First example: The Seven Dwarfs Suffering

The therapist suggested I try and explore my experience of 'hopeless', by 'going into it more'. This seemed somewhat counter-intuitive – after all, why would I want to feel more hopeless? However, I was encouraged to sit with the feeling and notice if and how my body was affected by it. The therapist encouraged me just to follow my body and let whatever wanted to happen, happen and to allow it to grow. I felt heavy in my chest area and very tired; I felt my posture collapse, my shoulders slump forward and I sank into the chair. My entire body began to feel exhausted and I couldn't imagine being able to get out of the chair. I also felt tearful. Then, quite suddenly, I had an image of a number of small elves in a cave-like room, busily working. Some were tied to a rotating wheel and they looked exhausted, dragging their feet along the ground. A couple of others were moving quickly about, appearing rather harried. I immediately realised this was a symbol of how I felt and lived, in my life - dragging my feet around, tied to a wheel that just rotated continuously, going nowhere, a relentless action, a slave to the routine of family and work life, with no respite.

It was quite shocking, yet somehow relieving, to 'see' my life's energy at that time encapsulated in such a graphic way. I realised just how exhausted I had become. The whole scene conveyed in an instant what words would not have captured so fully and what I continued to ignore in my every day experience.

Second example: Another Side of the Coin

This time, I felt more comfortable exploring the feeling of hopelessness and was encouraged to allow myself to completely let go into the heavy feeling. I began to droop, my eyelids grew heavy, my head began to hang down, my shoulders and top half of body started to roll forward. As I did this, a low groan emerged spontaneously. This was a slightly alarming development, as I began to feel worse. I was asked to be patient, to stay with it for a few minutes longer and continue to groan, along with sinking further, as there may be something interesting for me in this state. I allowed my eyes to close, sank further into the chair and allowed my body to fold in on itself. The therapist then encouraged me to let myself go down fully, which, I did. I felt completely weighed down, totally hopeless and flattened. Nothing happened for a short while as I became engulfed in feeling entirely black and dispirited. Then, I noticed a slight sense of relief in letting go in this way, of fully giving up. There was nothing more to be done. I didn't have to 'do' anything at all! This was such a huge relief! I grinned spontaneously and felt a flicker of excitement in my belly, a rare, upbeat feeling. I rested in the chair, enjoying some moments of relaxation and joy in that there was absolutely nothing I had to do at all. That somewhere, somehow, everything was ok.

In this example, the therapist again helped me focus on my feeling state. This time, although I felt relief, a different experience also occurred. By giving up and allowing myself to sink fully into the feeling of utter hopelessness and absolute despair, I began to experience a glimmer of the opposite feeling, of hopefulness (Appendix - enantiodromia). As hopelessness was replaced by hopefulness, it was accompanied by the first inkling of the importance of simply being, without the relentless drive to be productive.

Nevertheless, it didn't quite make sense and the final experience was a glaring contrast to my usual state, which was to feel both overly busy and completely overwhelmed by my symptom. We spoke about my tendency to 'do', rather than 'be'. The therapist suggested I make some time every day to sink into a chair and 'do nothing', even for a few moments. This straightforward suggestion was not particularly straightforward to follow. My to-do list was enormous. I felt compelled to attend to my many tasks and prioritised them over attending to myself. However, I did try to make some time

each week to write in a journal or to sit quietly for brief periods. It was quite a struggle to hold the space open for 'nothing' but I was becoming more aware of the impact of my overdoing things and how exhausted I had become.

Another aspect of my over-busyness was my preoccupation with the needs of others, how often I over-rode parts of myself in the apparent interests of my family or my husband. I discovered that there were many times when I would defer to my husband, and not take my own side or view at all. Later, I would feel resentful, and powerless; somehow blaming him that we did things 'his' way. Yet, it was I who voluntarily gave my power away without realising this was the effect of my action, seemingly believing I had no choice. I cared for others at the expense of myself, struggled to set boundaries and found it difficult to say 'no'. At times, I wasn't even aware that I needed to say no. I put others' needs first, essentially abandoning myself. Initially I absolutely resisted any attempts by the therapist to address what was, to me, a frightening risk of breaking up my marriage and family. Very slowly, over some considerable time, I managed to approach this terror and begin to assert my needs more consistently. It strikes me now how much I needed to approach this task in my own time and am grateful that I wasn't pressed beyond my capacity too early.

Initially, turning to face my actual symptom proved quite a troublesome and challenging task, as I hated the migraines and felt so victimised by them. I couldn't imagine that there could possibly be anything helpful within the experience and needed quite a deal of encouragement to stay with it. Sometimes feelings and images would arise spontaneously. At other times the wait was endless; then I seemed devoid of thought or creativity and there was absolutely nothing to be gleaned from the process. At these times, I considered myself to be neither creative nor imaginative and felt rather stupid - another example of the severity of my self-negating beliefs.

Here are three different ways (among others) that the therapist and I worked with my migraines.

We began to explore my migraine symptom, usually when I wasn't experiencing one, as I was loathe to do anything that might trigger one. Initially I was asked to describe it in such a way that the therapist could get a true sense of it. I was asked questions such as: how do you experience it? What sort of pain is it - pulsing or continuous? How much space does it take up? What's the quality of the pain? Then I was to focus on the feeling I described, allowing it to be more present as a subjective experience, separate to my thoughts about, and reactions to it. As a result of focussing on it, it would self-**amplify**, or I would imagine it growing. It does seem counter-intuitive to grow a pain and a rather daunting part of the exploration, which was why we waited until I was migraine-free. In this exploration, adjectives are important, for example, sharp pain versus dull, throbbing versus constant. Also important is the use of simile and metaphor, for instance, it feels like I'm caught in a clamp, or stretched like a taut elastic band, as these are more graphic doorways, opening up the symptom experience, allowing me to be creative with its different aspects. Then I might be asked if there was an image to go with it or if I could make a picture to go along with it.

Example 1: Exploring the energy of the symptom – *Starburst or Exploding Planets*

I focussed on where the migraine pain initially appeared - an intense, throbbing ache in my temples. I noticed there was warmth which gradually increased as I brought my attention to it, until my entire head began to feel hot and pulsating. I then had an image of a planet throbbing, overheating, a huge fiery ball of energy about to explode. Encouraged to let what wanted to happen, happen, I imagined it exploding. I saw the entire planet shatter and shoot pieces far out into the atmosphere, scattering everywhere. As I described what I 'saw', my hands were also exploding outward. I was encouraged to stand up and allow my entire body to feel this enormous amount of energy sending bits of itself into space in great arcs. As this planet, I experienced an amazing sensation of having colossal energy and power. Surprisingly, I found myself laughing, unusually buoyant and completely energised by this incomprehensible process.

This experience was completely outside the norms of any therapy I had previously attended and a part of me was somewhat bemused. It was the beginning of an awareness of the enormous amount of energy and power in my symptom and it was certainly a stark contrast to how I experienced myself much of the time. Nowhere in my life did I experience such energy or power, except perhaps when I was dancing. **The migraine on the other hand, was both powerful and relentless** (Appendix

- secondary process). It seemed most peculiar to be laughing after exploring my migraine pain.

Further, and importantly, it was the beginning of my understanding of the **compensatory** nature of my symptom.

Another approach was to ask if the experience was implicitly 'created' by something or someone, for example, when my head feels like it's being squeezed or thumped, who or what is 'doing' the squeezing or thumping. I was asked to imagine 'becoming' the **symptom creator**, which was a further challenge to the rational belief that such make-believe could possibly lead anywhere meaningful, let alone relieve me of my difficulties. What qualities does it have? What's the nature of this 'symptom maker'? What does it look like? What sort of energy does it have?

Example 2: Finding the symptom maker – A Norse God of Thunder

*On this occasion, I had early signals of a migraine wherein my head felt like it was in a vice-like grip. It was as if enormous thumbs were pressing into my temples and something was gripping the back of my neck. I felt into the experience and tried to imagine who or what was doing this to me. This was not easy as I considered only something mean and cruel could inflict such pain. The therapist encouraged me just to pretend and suggested I use a cushion as my head, which I gripped, squeezing tightly. Nothing happened for a while, until suddenly I 'saw' an image of the mythic God, Thor, harassing a mortal. He appeared angry. I was encouraged to imagine being Thor, to feel into him, move like him and imagine into his world. I felt a bit silly moving around, pretending to be something I knew very little of, but I was committed to the task. As I began to move, I felt tremendous physical power and strength. I also began to feel angry, and thunderbolts shot from my fingertips. Here was someone completely unafraid. As I continued to move, I felt watchful and very much a part of my environment. I was encouraged to slow my movements down and just be this character. I immediately felt taut, with a deep, intense focus on something in the distance. Anything that stood in my way, I would simply brush aside. I seemed to hear myself saying, "you Liz, get out of my way, I'm coming through – start living **your** life"*

I was jolted back into my ordinary self at the ruthlessness of this character. There's an enormous difference between talking about how we experience a symptom and actually *becoming* our symptom and its creator. By stepping into the world of this being I was able to access and experience a perspective and qualities I could not ordinarily find or necessarily even want. We discussed Thor as an aspect of myself, which I found rather confronting. I certainly considered ruthlessness as a quality I didn't aspire to and '**not-me**' (again, a part that I didn't yet identify with).

For me to contemplate being ruthless and intensely self-focussed seemed neither desirable nor achievable. I mainly defended my position as to why I was living the way I was, constricted by the migraines and family obligations. Any other way was impossible (Appendix - edge). As I said earlier, symptoms contain information for us and may hint at a needed direction. It was painfully obvious that Thor was a major compensation for my behaviour of over-focusing on others and acquiescing to my husband. Here the symptom itself, worked on, revealed a crucial path, one that was extremely challenging to my everyday self.

However, later when alone, I would feel into this 'Thor' nature and occasionally feel a strength and power that I hadn't previously felt or recognised. I began to spend time considering what I wanted to do with my life and when I felt that change was impossible, would imagine being Thor and how he would approach my problem. Interestingly, this Thor energy was there in my night-time dreams once I began to remember them after starting the Process Work Diploma program.

A third method of working with my body symptom was to go into the state it produced. From a Process Work perspective, there is something important and needed within this state to balance or **compensate** for a current one-sided state or lop-sidedness in our way of being. An aspect of the migraines, other than the pain, is that they would alter my usual state of consciousness from one of being alert, focussed, vigilant and constantly busy, to one of being dopey, detached and foggy. In this **altered state**, I am less focussed on others and on what I need to do, and more inward-focussed and dreamy.

Example 3: Symptom as marginalised altered state – Eagle on the Wing

To explore this state, I allowed myself to imagine freely into being foggy and dopey, and then exaggerated these qualities. Initially, I had a negative reaction to doing this as I associate foggy and dopey with dumb and stupid. The therapist encouraged me to hold any negative judgements and just allow the fog to spread. I began to feel softer and looser. Then I began to feel distant from the world and very dream-like, expansive and spacious. Everything, including me, and time, moved slowly. There was a great distance between an event and my response. I saw an image of an eagle, flying slowly, high in the sky. It was scanning the sea whilst gliding on the air currents. I then became the eagle, soaring slowly overhead. My eagle-eye could see for miles. I had a sense of detachment, with an unhurried yet watchful

focus. I was acutely aware of my body and its ability to change fluidly at a moment's notice. I was encouraged to stay and just be with the experience.

Afterwards, I was again struck by the contrast of this experience with my usual way of being. I was often quite wired, responsive to the point of reactivity and would worry anxiously at the coalface of an interaction. Migraine knocks this part of me out and slows me down. This detached state, on the other hand, felt hugely relieving, as there was nothing to fear or worry about – I was slow and spacious, yet when needed I could swoop and dive into action.

And so, through these strange and challenging experiences in therapy, I gradually began to experience and thus understand how worrying symptoms can contain the seeds for their own solution. The migraine state provides recommendations on ways for me to be in life, which are currently missing - a compensation for my one-sided busyness. **The solution, and not insignificant challenge, is to find a way to incorporate these different ways of being into my daily life, to somehow shift this busy, driven, anxious, small part of myself before the migraine 'needs' to.**

I will now try and explain how such personal changes began to unfold.

CHAPTER 4: Beginnings, Endings and Becoming

Very slowly over some five to seven years of intermittent therapy I gradually understood how my life was a process of tremendous change. While I continued to get regular migraines it was a far cry from the exhausting bed-ridden nightmare of my earlier experience. I had become much more in the driver's seat of my own life, increasingly excited by the discoveries of what continued to surprise me in my internal world and their implications for how I was to live my life. It was through persistently using the method of Process Work (in therapy, in workshops and with like-minded peers) that I began to reclaim my creative potential, and indeed the reins of my life.

With the support and encouragement of the local teachers in the Process Work training program, I enrolled, with much trepidation, in the Certificate. This is a two-year program in the basic study of Process Work, involving both theoretical and experiential training. Because Process Work embraces wholeness and thus values all of our parts, termed '**deep democracy**', it seemed an achievable goal, one I could do step by step, where all of me would be accepted. This was important for me because I continued to doubt my cognitive capacity after so many years of migraine and medication.

Shortly after entering the Certificate program, and not long before I embarked on a number of other momentous changes to my life, I had my first clear and distinct memory of a dream as an adult. This was not only a source of great excitement, but also helped formulate my understanding about who I was:

A different sort of Goldilocks!

I'm watching a drama unfold. There are two women. The first is a bohemian-type, dressed in colourful clothes, exuding an air of sensuality; who appears unhurried, fearless and free, who trusts herself. The second is wealthy, capable, organised and ruthless, who seems to be manipulating men who run the system. The first casually wanders into the large home of the second, looking for water. She strolls leisurely around this opulent home, finally ending upstairs in the second woman's bedroom. It is richly decorated with a sumptuous bed in its centre. The bohemian woman spreads herself out on the bed and falls asleep. The second woman returns home and climbs the stairs to her bedroom. I'm filled with alarm as I know the second woman means to harm the sleeping woman. I wake up as the door opens.

I named these two women Lola and Virginia respectively. In therapy, I explored these two dream characters and found I identified with Virginia more closely. Her business-like manner and attention to detail certainly represented how I lived much of my life. Her need to control seemed based on fear of men. The Lola character was much further away from my identity, although I found it relatively easy and such a relief to imagine being her. Fascinatingly, they both also appeared to reflect the completely different natures of my parents: my mother, an intuitive, loving, prescient, carefree woman from Scotland, who loved to talk and dance, yet was fearful and didn't challenge herself. My father was an accountant, highly organised, practical, precise and measured, yet with little access to his emotions and uncomfortable socially. He worried about the details, she the bigger picture. He went in a straight line, she curved.

This was the very first clear dream I had that gave me some indications of the two central and dominant parts of my psyche that continue to play out as a complementary and conflicting dynamic. I identify as being organised and practical with a tendency to worry over details as well as being intense and emotional, yet fearful. I tend to override the intuitive 'dancer' and my default position is to move in a straight line. It was such a profound dream, which clearly signposted aspects of myself which are both closer to and further from my awareness and which continue to inform my life today.

About half-way through the Certificate program, a number of things began to crystallise: taking myself seriously and undertaking a training I felt passionate about, began to give more meaning to my life; I loved the Process Work approach and wanted to enrol in the next level of training – the Diploma; most fundamentally, I could finally acknowledge how desperately unhappy I was in my relationship. This was an excruciatingly painful realisation. I had been with my husband for 25 years and we had been friends for years before that. It was confusing, because we were close and we mostly got on well together. He was a good person, both as a partner and father, supportive and caring. Yet I felt sad and lonely a great deal of the time, somehow not able to connect to him. There

was such a hollow feeling in my heart, I realised I would rather live alone than live with this feeling of emptiness and loneliness. I simply had to make further major changes to my life; even though I would hurt and disappoint those I loved most and face some of my greatest terrors. One child was still living at home, so I made a commitment that I would wait until he left to attend University, before I left. I felt I had disrupted the children's lives enough with having this chronic symptom and wanted to provide the youngest with the same level of support as his elder brother. Staying, after deciding to leave, was an incredibly fraught, exhausting experience, but I was determined to meet this commitment.

Eventually, in the beginning of 2008, my mother died after a protracted illness, my youngest child left for University and I left my marriage. I moved from the country back to the city, applied for and was accepted into the Process Work Diploma Program and, midway through that same year, began a new relationship. I changed almost every role and position I held. Of course, the reality of this was far more challenging and painful than I could have imagined. In retrospect, it seems that the combination of finding my path of study and personal development, along with the fearful sense that I was 'dying' in my current life, together provided the final impetus and gave me the courage I needed to make such changes.

In the same week that I left my previous life, I had the following dream:

Walking on Water

I'm attending a gala at a beach at which there are many people. Everyone is in the water demonstrating their prowess and skills in many different ways – swimming, surfing, kayaking and water-skiing. I know I have to get in the water but I'm afraid because I don't have any water skills and cannot even swim well. With dread, I close my eyes and run into the sea. Then, miraculously, I am walking on top of the water and my feet do not sink. The water is somehow gelatinous and fully supports my weight. In disbelief, I realise I cannot sink! It feels magical. I'm so relieved and begin to feel ecstatic as I continue to walk on the water.

In this dream, as in my earliest dream memory (p10), **others are able** to do something effortlessly that appears impossible for me; **I am afraid and incapable**. Instead, I courageously enter the water and find to my surprise, that I am able to walk on top of the water and cannot sink. I do it my way,

which is simply different from others. When I unfold (explore) this dream **I am unable to imagine** (Appendix edge - secondary process) those who are very skilful in the water, but I can easily imagine being fully supported which is a new and wonderful feeling. In this state, I am completely buoyant and unable to sink; I am light and move freely on the surface. I am also able to become the gelatinous substance which is fluid like water, yet has a mysterious quality that enables it to change and hold a new shape easily. The dream gives me hope and provides me with a sense of a special quality that I cannot quite identify with, but know I have.

Enrolling in the Process Work Diploma was a daunting prospect. It is an experiential program with a strong focus on personal development and takes a minimum of 4-5 years to complete. It incorporates self-reflection, individual therapy and clinical supervision, in addition to multiple oral exams on theory and practical demonstrations of competence. It could possibly take me many more years to complete, if that was even possible for someone as debilitated as I felt myself to be, but I knew I had to try, migraine and all. This latter realisation involved a substantial shift in my perception of what I was able, or prepared to take on as I was still experiencing 2-3 days per week with debilitating migraine.

I began increasingly to remember further night-time dreams but unlike those described above many of these were initially terrifying. Indeed, in the beginning, I would often wake with alarm, but with no memory of a dream. My heart and temples would pound wildly, my head and neck ached. It felt somehow like an old panic and I was intensely frightened, as if I had never completed over a decade of personal therapeutic work. My dreaming process seemed to twist back on itself, throwing me into doubt and dread. This is a very common pattern with all significant change processes and one which continued to occur (see following chapter). I felt incredibly alone with no support or protection. I was living alone for the first time for many years and wondered if I was just taking time to adjust to my new life. Toward the middle of that first year, I began to remember the dreams from which I woke, terrified. There was a recurrent, frightening theme of being stalked by men intent on

harming me in some way, even to kill. I would invariably wake when cornered or trapped. Here is one early example in a series of 'killer' dreams that occurred in the first two years of training:

A man I know (but don't recognise) visits me unexpectedly late at night. We talk briefly but as he goes to leave he locks the door instead and turns to me, knife in hand, intent on sex. I refuse but cannot escape. I struggle with him, but he is too strong and I can do nothing to stop him. I'm frightened and know that no-one will hear my screams. I wake frightened, heart pounding and shortly thereafter a migraine developed.

It was quite difficult unfolding the dream, because of the fear it evoked and the negative reaction I had to the man. It triggered a memory of my early rape experience and another almost forgotten memory of facing a male intruder when alone at home one night many years earlier. As I recalled the dream, the horror and terror of feeling powerless at those times made it almost impossible to explore. I also realised that, as a small person, I have never felt physically powerful and often felt unsafe. It made me wonder about the powerlessness I used to feel as a child when my brother used to sit on me or tease me. Nevertheless, with encouragement, I did manage to feel into the qualities of this overwhelming dream character, which were calm, deliberate and purposeful. He had the power I still needed.

Over a year, as I continued to work with and 'shape-shift' (imagine) into these terrifying figures, there was a slow transformation in the content of these 'killer' dreams. At the same time, in my new relationship, my partner supported me to 'hold' my position in our conflicts. Though frightening in themselves, such conflicts taught me how much strength I actually possessed. In the dreams I am no longer simply frightened, waking with alarm as I'm approached. I begin to challenge the killer instead, thus:

I enter my bedroom and catch a flicker out of the corner of my eye. I turn and standing close by is a tall, powerful man dressed in a long tartan overcoat. I'm alarmed then furious. He has no right to be in my bedroom. I challenge him, raising my voice. He runs from the room and I chase after him – simultaneously angry and frightened. I chase him down the road until he stops and turns to face me. I stop, alarmed. I wake.

Again, this male figure is powerful, purposeful and attempts to hide in the dream. I imagine into him a little and feel purposeful, determined. I'm also curious about the tartan overcoat which seems

incongruous. It spreads out as he runs. It's colourful and fashionable and I associate it with Scotland. There's a sense of fluidity, beauty and uniqueness about it, and on my best days I see how these are aspects of myself I'm befriending.

Another feature of my work during this period was the increasing awareness of the link between such terrifying dreams, my old history of bullying by my dominant brother (and abuse at the hands of men in my youth) and an intensely negative self-talk. I continually put myself down. I was an incapable, disabled, intellectual 'lightweight' (as per my brother's continual put-downs), who was bound to fail. I also believed that my migraine prevented me from living and doing things I might want to do; that it affected my cognitive processes, rendering me incapable of clear thinking. It took some time to realise that this was only part of the story. An equally big part was that this apparent limitation to my cognitive capacity was actually an annihilating negativity which seemingly used the migraine against me to justify my uselessness. (This is commonly referred to as an 'inner critic', which comprises negative internalised messages from childhood experiences.) Hence, I was convinced I would invariably fail, be slower and less able than others, be shamed or let others down. It influenced my behaviour in so many ways that I would often pull back from activities or from putting myself forward for tasks because I considered I was incapable of completing them. I became accustomed to thinking of myself in negative terms. It was my inner atmosphere. This negative self-construct had been my constant companion for so long, remaining mostly unnoticed, like wallpaper that has been on the walls for years (personal comment, Julie Diamond). An oppressive tyrant, it was relentless with its attacks of never being good enough. I was almost derailed from the training many times by feelings of hopelessness at my ineptitude.

When exploring this part of me, the figure that immediately appeared in my mind was that of a 'Ring-Wraith' from the film 'Lord of the Rings' - faceless and formless, concealed by a dark cloak. The chief weapon of the 'Nazgul' was terror: they caused panic and despair merely by their presence. They also existed mainly in the spirit world which made them very difficult to harm.

Hereafter, I will refer to this part of my psyche as the Ring-Wraith, not an inner critic, as this is a more accurate description of the nature of its overwhelmingly vicious attacks and the feelings of panic and despair that would accompany such attacks.

This identity of being 'disabled or incapable or less than' is reflected in my earliest dream of being unable to cross the stream, and mirrored also in the terrifying attacks from men in the night time dreams. Interestingly, the dream of walking on water provides the missing or compensating factor – that of being able to, but perhaps in a different way. This missing factor becomes increasingly present in my night-time dreams as I progress through the training.

Working with the critical part of my psyche was crucial to the changes that occurred both internally and externally in my approach to my life. Here's an early example of how I began to work with this negative part of me, in this case outside of formal therapy sessions:

THOUGHTS: I'm hopeless at this work. I'm just not capable enough to be doing this Diploma program and will be left behind. I may as well give up now and avoid the shame. The examiners will find out I'm neither clever nor capable, that I can't think clearly and I'm not creative in working with people and don't know how to a, b or c (substitute any or all of the necessary skills for being a 'good enough' therapist). NB: At this point, I would often begin to feel hopeless and sad.

The next step was to express the negative thoughts as a role and address my everyday self. We would then have a 'conversation'. Instead of agreeing with it and treating the thoughts as gospel, I would challenge them, thus:

CRITIC: You are just an intellectual lightweight who has never amounted to much. You are not very bright and rather dull and you are not capable of obtaining this Diploma.

LIZ: (on a good day) Whoa, hold up. It's not ok to talk like that to me. You are making sweeping generalisations that are not based on fact.

C: Whatever. You are just kidding yourself if you think you are able enough. You are a failure.

LIZ: Hear this – I am neither stupid nor a failure. I will not listen to you unless you say something specific and helpful to me.

C: There isn't anything positive I can say about you. You will never be good enough.

LIZ: Again you are generalising. I insist that you say something specific to me. The world is not a place where everyone else is a success and I'm the only failure

C: Well, you are certainly persistent.

LIZ: That's a start – what else? I won't listen unless you say something that I can work with.

C: Hmm, this is hard. Well, you also seem to be doing ok at talking back to me, you are pinning me down, rigorous perhaps?

LIZ: That's good to hear. Is that all?

C: Yup and that's way too much. You may have won this time, next time will be different.

Although still negative in tone, it is also a shift. It's the beginning of turning it around. When I began to challenge these negative attacks, the attacks increased and became more intense. However, each time I had a dialogue with this part, insisting on something specific, I made progress. I had to be as unyielding about what I wanted from this part, as it was in criticising me. Over time, I became better equipped at holding this attacking part more firmly and it in turn became more helpful, though it was a slow process. Through regular practise, my identity began to shift as I no longer identified with just being incapable or not being good enough. Such work and consequent changes occurred in the same time frame as the night-time dreams about the attacking men gradually shifted to become more moderate.

One powerful and transformative experience I had while working with this negative part occurred one day when I felt particularly hopeless. At these times, it seemed to come in under my awareness radar, an almost subliminal attack under cover of darkness. My first awareness was of feeling miserable, not of having negative thoughts.

Agent Smith and Neo:

I began by attempting to discover and isolate the negative thoughts. I couldn't recall any, so I imagined into it. Perhaps a sly:

C: Hah, I got you. You didn't see that one coming (triumphantly)! I am always ahead of you; sometimes you won't even see me but know that I will always beat you, you can't stop me.

With that thought, an image from the movie 'The Matrix' suddenly appeared in my mind. Here, Agent Smith was saying menacingly, "there's nowhere I can't go. There's nowhere I won't find you - you can't win Mr Anderson/Liz, it's pointless to keep fighting".

With this scene, came the realisation that this is exactly how it felt; that indeed my Ring-Wraith was like a virus in my operating system, contaminating it, convincing me of its veracity, which would often immobilise me. Even though Neo/Liz would engage in battle with Agent Smith, Neo was invariably outnumbered, as Agent Smith could clone himself and thus had an unfair advantage over Neo. This allegory illuminated the dynamic between these parts of myself perfectly. The matrix was a complete construct of the mind, an illusion with which I had been captured. Neo's task was to not believe in the reality of what he perceived. This awareness changed my perception of the entire process and helped me find some detachment and humour about the battle I was invariably engaged in.

Again, this recognition of such an arbitrary negative construct began to be reflected in my night-time dreams, in which there was a corresponding change to the content of the 'killer' dreams. Here is an example of such a change:

Curtain Raiser

I enter an elevator. There's a large man already there. He stops the lift between floors and talks in a threatening way to me, although he appears calm. He tells me he is going to rape me. He is bigger and stronger than me and has a knife. I try and talk him out of it to no avail. I feel helpless as it seems inevitable. He comes at me and I duck down, feeling the edge of the wall behind me. I realise it is a curtain, not a hard wall. I lift the curtain and walk backwards out of the elevator. I can't believe the scene isn't real! It's a construct. It's easy to walk away; I'm not trapped at all. It was an illusion. I wake shocked.

I feel confused yet also filled with awe as I realise I have confirmation of this crucial insight into my inner process of entrapment. Unfolding the dream later, I know I also have to pick up the qualities of this man which are the same as in my earlier 'killer' dreams – determined, focused and powerful. This still seems exceedingly difficult as I often do not feel powerful. Nevertheless, I became much more in touch with, and began to integrate, these qualities of determination and single-pointed focus as I pressed on with my studies, now armed with the knowledge of how arbitrary the negative perspective was starting to appear.

Throughout the five years of training and studying for the Diploma, which included therapy, supervision, personal inner work, as well as eight oral exams and over 20 practical exams, I faced numerous personal challenges and many changes occurred. Every oral exam felt like an enormous hurdle. I would pass one, then the next would loom large and I would struggle with feelings of inadequacy and overwhelming incapacity. I had to constantly face down the spectre of being incapable and a failure. During this time, I began to have a number of night-time dreams in which animal allies appeared. Before sitting my first oral exam, I had the following dream:

Meeting my Crocodile Mind

I'm in the Australian outback, in a hostile environment, with some others. We go out in a jeep to investigate the immediate area. I become uneasy as I know it's giant crocodile territory. We return and I try to make our campsite secure and impress upon the others how dangerous it is, as they seem oblivious. I'm very frightened and shout at them to be vigilant and cautious. I realise there's a giant crocodile out there waiting to pick us off. We are vulnerable and need to be on guard. The death threat is real. I wake with alarm and sore temples and later develop a migraine.

At one point when unfolding the dream, my therapist suggested that we check out the giant crocodile as it is the star of the dream. It is the '**ghost role**', spoken about, yet unseen and unknown and thus an aspect of myself that I am not identified with. I'm keen to explore this mysterious animal figure. I imagine my way into this giant being and gradually notice a 'sensing' attitude. There seems to be a compass or core beneath my belly button that turns and senses this way and that. It is at once slow and watchful, yet fast and deadly. There's a sense of something which I termed 'crocodile mind', from which I can scan and feel into my environment. It is intensely focused yet detached. There is no fear here; it's completely present in any moment, it doesn't hold back.

I managed to bring some of these qualities into the exam when my fear and panic threatened to overwhelm me. I dropped into a place behind my belly and tried to sense, not think. It worked and I was able to stay calmer, more potent, and more centred. Holding onto these crocodile qualities in the rest of my life however, was not so simple, and required constantly re-accessing them.

Similarly, before and during every practical exam, I was filled with feelings of anxiety and inadequacy. These powerful feelings were accompanied by a series of night-time dreams similar to my earliest dream, in which I'm afraid that I cannot do something that others are seemingly easily able to achieve. However, in these dreams, I now begin to attempt the tasks or find other ways to achieve them. Here's an early example:

Girders in the Sky

I'm at the bottom of a huge construction of steel girders with interconnecting swing bridges and an array of ladders for climbing up, set against a beautiful red sunset sky. The colour contrast is surreal and stark. It's apparently an obstacle course that I must climb. I'm petrified, knowing it's impossible for me as I'm afraid of heights. I do begin to climb but am gripped by fear half-way up. The girders sway in the wind and it's a struggle for me to hold on. I see others in the distance climbing up easily. The combination of wind and gravity seem too strong for me and I think I will fall.

This time, unfolding the dream, I was able to connect with a more **marginal** (less known) aspect. I found the steel girders in my legs and grew them until my entire body was this steel construction. I felt firmly rooted in the ground, stretching up toward the sky - taut, strong, powerful and resilient. The therapist asked how this being might view my difficulties – I replied that it was crucial that I stand strongly for myself, which was neither difficult nor hard to do. It felt empowering to feel for a moment my steely nature. This time, the re-appearance of this ruthless quality was in a form more palatable for me to access. It was far easier to step into this quality as a steel girder, rather than from a 'killer's perspective. At this time, I was still unable to become 'the others who could'.

As I passed successive exams, these feelings of being incapable gradually reduced, but continued to haunt me. I found it almost impossible to celebrate my successes and certainly didn't feel competent in any way. It was difficult to understand why it was so hard to realise and acknowledge that I was doing well, moving through the Program and slowly achieving my goals. I mainly identified with being small and incapable with each exam being a giant about to destroy me. Yet my night-time dreams continued to tell a different story. Throughout the Program, along with 'killer' dreams and 'not able' dreams, I also repeatedly had night-time dreams wherein I encountered

animal allies and compensatory dreams in which I had a special ability and a powerful flow. This dream 'me' is clearly able. These dreams have strong similarities to the early one where I walk on water. Here is an example of one such dream which occurred mid-way through my practical exams:

Gypsy Dancer

I'm at a Process Work Intensive- like World Work - attending an evening event where people are showcasing their skills. I feel intimidated by the skill-level and rank of those present. At the end, as people are leaving, I can't stand the feeling of not giving it a go. I put on some music of a song I love and begin to dance. It's a wild, powerful, spirited movement and I am graceful, agile and able. I'm slightly bemused by how good I am. I feel attuned to my body and it feels effortless and fluid. I spin and leap and my feet don't even touch the ground. It feels sublime and I'm amazed at how natural it feels.

In this dream, I discover I am able, although in different ways from others. I am beginning to connect to my flow. When I feel into the dancer, I allow my legs and body to move me. I am confident, capable and trust myself. It reminds me of the film 'Gadjo Dilo', a beautiful dramatisation of the sorrow and power of the Roma people in Eastern Europe, dancing in the face of loss and even death. It is also the beginning of recognising that I am also the others. A part of me has skill and rank in Process Work, though this is further from my identity.

Occasionally, when anxious in a practical exam, I would drop out of my head, sense into my body and trust that my dancer knew what to do. There is a similar qualitative aspect between the dancer and the crocodile - both trusting themselves, strongly in their bodies, but with the dancer having a powerful sense of flow.

There were still times when in the midst of a migraine, or its after-effects, I would feel hopeless that I would ever be able to complete my goal. At these times, I was privileged to have the support and encouragement of my partner. Furthermore, personal therapy and training, unfolding my night-time dreams, along with working on myself alone, were all crucial in helping shift both my responses and experiences.

Thus I finally began to feel I had a life - albeit a difficult and hugely challenging one - but it was mine. Most significantly, yet surprisingly, my migraine frequency and severity had reduced by **HALF** and I no longer suffered 'benders', where I was bedridden and couldn't function! This was surprising to me, because I was still so anxious much of the time. Looking back I can now see how far I had already come, how much I had achieved a freedom from the 'Matrix', a capacity to stay longer in my 'Avatar', far from my previously crippled state. Crocodile Mind, Steel Girders, Soaring Eagles, and Gypsy Dancers were all alive and supporting me against my previously overwhelming foes.

I began to listen to my body, stay close to its energies and attend to my needs on many levels. This often meant saying 'no' to others and risking disappointing them or pulling back from activities and staying with my own disappointment on missing out. I learnt ways of working with my symptoms and moods, as described in the previous chapter and continuously wrestled with my Ring-Wraith. As I didn't find this particularly easy to do alone, it necessitated learning how to be encouraging and patient with the process. It transpires that learning to be more self-accepting and finding a compassionate way of being with myself was a crucial final part of my developmental process. (This is explored further in the following chapter.)

Many shifts had occurred in my awareness, symptoms, moods, relationships and night-time dreams, yet I was still curious to know more. It seemed as if I couldn't turn my attention to the world until I had a sense of being finished with 'facing' myself. Consequently, I decided to use myself as the focus for a final research project. I was curious to find out if I could make a further and perhaps even definitive difference to my chronic symptom if I worked even more consistently and intensively with it. I wanted to get even closer to it and my core.

CHAPTER 5: Thesis Research, Findings and Reflecting on the Dreaming Process

For my research project, I formed a hypothesis that if I worked intensively with a chronic body symptom, in this case migraine, there would be a change in either the symptom (frequency and/or intensity) or my relationship to that symptom. I would be both therapist and client using various Process Work 'inner work' techniques, which I would record on video. At that time I was experiencing one migraine per week so any change in frequency would be immediately noticeable. I planned to record three sessions per week, for a period of two months. I would have a rest period of three months and then resume the recordings for another month. The idea of the rest period was to create a space between the intensive sessions to allow for any recovery or processing that may need to occur. I would also monitor any changes in this time. During both phases of recording and the rest period, I also decided to record and work with my night-time dreams.

I had expected the recordings to flow in a relatively easy and straightforward manner. To my surprise and horror, each time I sat down to record an inner work session on my symptom, I would feel sick and completely incapable. At times I felt I was drowning as apparently random waves of panic and fear gripped me. Just as my dreaming process seemed to rebound back at me as I first entered the Diploma Program, apparently rendering all my previous work null and void, I felt inexplicably bereft and close to tears countless times. I seemed to be wrestling with demons that felt bigger than me, sometimes faceless and formless – a myriad of voices filling my mind; at other times memories from childhood and adolescence would surface of experiences where I had been humiliated and felt inadequate or useless. I felt caught, whirled around by forces that I struggled to control – as if something was trying to stop me completely. In the midst of this I was even unable to reach out for help to my partner, therapist or teachers, as I felt ashamed of my inadequacy in dealing with my experiences and consequently felt very alone. I felt caught by the very thing I was trying to unfold. In addition to all of this, my migraines increased and I had a 'bender' which lasted for three days in the first week. Other body aches also appeared. Carl Jung (1995) wrote of his

experience of turning to face his own demons and shadows and wondering if he was psychotic in the process, as all manner of images and feelings arose in him. I began to wonder if I was experiencing something similar. My experience demonstrated a massive **amplification** (exaggeration) of my symptoms.

I finally contacted my Thesis Supervisor who helped me clarify what had occurred. In turning directly to face my chronic symptom alone, I had seemingly ‘tweaked the dragon’s tail’ and set off a powerful reactive resistance, unwittingly amplifying all my symptoms. The intensity of response indicated I was right ‘on the button’ – that going for such a big goal faced and challenged the very thing that my critic maintained I couldn’t do. In going against its directives, that part increased its attacks.

With this new insight I was much better able to handle the turbulent river of my responses.

Although at the beginning of any inner work, it remained puzzlingly hard and I invariably felt a sense of inadequacy and frustration, I somehow now knew that I simply had to press on, no matter how difficult I found it. I often had to coax myself and remember how helpful I found it and how I frequently had surprising experiences.

Thus once I began the initial set of sessions, I discovered again, with some surprise (surprisingly!), that my migraines were intricately interwoven with my moods. I had forgotten the work of years ago, now resurfacing, and while my intention was to work with my migraine, the sessions were often hijacked by either a strong mood or my continual negative self-talk. I initially tried to bypass these as they didn’t fit with my intention; however, I realised, by their persistence that this was what I needed to focus on and work with. Consequently, in the first set of sessions, I worked mainly with the prevailing moods of hopelessness and helplessness; moods I mistakenly thought were the result, not an underlying aspect, of my symptom. Exploring these moods further, I discovered that invariably underneath was this hyper-critical, exceptionally negative part, the Ring-Wraith, still alive

and well – even after all my training to this point. It seemed as I peeled back layers, the real issue again revealed itself, a further turn on the spiralling helix of my process.

The moods, critic and symptom were inseparable. I couldn't shift one without becoming aware of the others. If I worked on one, the other would appear the next day. If one shifted, another would appear. As mentioned earlier (p21), it was as if I was pursued by the tireless and relentlessly multiplying Agent Smith in 'The Matrix'. I had not seen how completely it had infiltrated my being because I was in it, in the Matrix. Worse still, Agent Smith was also me!

As a result of the difficulty and intensity of the reactive experiences of working with myself alone, I reluctantly discontinued the first set of recordings after one month, deciding to 'let the dust settle' and resume as planned, three months later. I did wonder whether it was worth continuing with the second set of recordings, as I felt quite daunted by my initial experiences and began to question whether I had maybe wasted my time with the experiment.

Meanwhile, during what now felt like a necessary 'recovery period', I had the following two dreams which convinced me to carry on and persevere with my research.

Leviathan

I'm on a racing yacht with a friend. There's no cabin, just a hull. We head out to sea and I'm both anxious and excited. The sea is quite calm and I notice a disturbance in the water. I glimpse a whale spout and then suddenly a whale breaches close by. It swims alongside the boat for a short while then dives down. It's a magnificent sight.

I wake feeling relieved. The sense of majesty and power of the whale is awesome; it's King of its realm, top of its food chain – apart from man. I imagine being this creature and feel powerful and fluid. I'm diving into my own deepest parts (my unconscious). It's right to continue.

Shortly thereafter, this dream occurs:

Bagheera

I'm jogging on the outskirts of a foreign town. I enter a deserted street and three or four men block my way. I slow down. They walk threateningly toward me. I ask to be let

through, but they are resolute, determined with their intent to harm me. I only have one chance to try and dodge quickly around them. I begin to run, one grabs my tee shirt but I pull away and continue to run as fast as I can and watch them fall behind. As I run, I transform into a large black puma. I power through the countryside with long, loping strides. I run with ease and power. I know this feeling, I'm here again. It feels exhilarating and powerful and I know I'm home.

I wake shocked but excited. This dream has the same 'killer men' of previous nightmares. Yet, this time I escape and turn into a wild animal. It is similar to the dream of being trapped in the elevator and my sense of being trapped by Agent Smith in the Matrix. These set of dreams seem to reflect that somehow I have trapped myself. I break out of the entrapment of the elevator by realising the wall is only a curtain; trump Agent Smith by becoming Neo and evade the group of men by shape-shifting into a black puma. It's like I have an internal oppressive system that keeps me contained, trapped. I disempower and hobble myself through constant self-criticism. I escape by shape-shifting.

This time, I imagine into the puma and move with the same long gait. I run freely because I can, taking long powerful strides; it's effortless. I feel the wind whistle by. As this animal, I'm strong, powerful and agile. I feel at home. It strikes me that my body is a source of power and the migraines are a powerful body symptom. Yet, I have never felt physically powerful nor have I ever felt powerful in the world. If I picked up this instinctual part of myself more, my wild animal nature, how would this part approach my next set of recordings? I would use my senses more; I would drop out of my anxious, thinking mind and just trust my instincts, whatever they are at a given moment. Slightly more difficult, but one I must do, is to imagine being these men. They are completely focussed, determined and unwavering in their goal. I pick up the camera.

Interestingly, for three weeks prior to resuming the inner work, **I did not have a migraine – the longest gap in 26 years!** This was unbelievable. What was peculiar was that I had the strangest feeling of not wanting to talk about, or in any way draw attention to, this exciting change in case it reminded whoever had stopped pressing the migraine button, to resume.

Unfortunately, during the first week of the second set of recordings, I again spent three days with a migraine and with much body discomfort. My fear and panic around being incapable resumed. The Helix continued to turn. Nevertheless in this second series of sessions, I managed to maintain the work, alternated with my body symptom, moods and the by now slightly less destructive energy of the formerly annihilating part – the Ring-Wraith.

I repeatedly performed role plays between these parts and sometimes would discover a third facilitator or '**elder**' who would mediate between different aspects. Then, there were other times when I explored the qualities and energies of the Virginia and Lola **dream figures**. In this second set, I was also able to access a deeper, **sentient awareness**, or what Mindell calls '**Process Mind**' (2010, p4) - the deepest part of myself which contains all the different energies and parts (the critic, the criticised, the elder as well as the figures of Lola and Virginia). Over many days and weeks, recording my sessions, I developed a sense of a witness, and a more detached observer began to emerge.

More specifically, during the second set of recordings, my relationship to this critical part began to change. I needed to be as rigorous and relentless with this part of myself as it had been with its attacks on me. The frequency and severity of attacks gradually lessened and it became a more moderate, specific voice. The sessions involved more direct harnessing of its energy and power and discovering it believed in me and wanted to stretch me to be the best I could. In the service of supporting and developing myself, it began to transform into an ally not an adversary (Diamond & Spark Jones, 2004, p105). "The inner critic can be viewed as the part who wants us to achieve our full potential" (Straub, 1990, p202). Surprising me, it would sometimes organically shift into a more supportive, encouraging position. By the time I finished with the second set of recordings, I had grappled repeatedly with this destructive part and survived. At this point, I considered that I had successfully transformed both my relationship to it and the Ring-Wraith itself - whilst not from killer to kitten, then from killer to critical thinker, much of the time. Spending regular, consistent time over a six month period, face to face with this tyrannical part, at times drowning in the attacks, other

times wrestling it to the ground, prising its hands from my neck and loosening its grip, I eventually swam back to the surface – stronger, enormously relieved and more aware of myself.

Half way through this second set of inner work, hopeful and capable feeling states became more frequent. The sessions were no longer hijacked by negative moods or self-criticism, so the focus began to change. Instead of wrestling with roles and figures I would be more still and silent, accessing my Process Mind state. Through this silent sensing of myself and my surrounds, a peaceful yet alert presence began to occur more and more often. In the sessions, by dropping into the deepest part of my body and finding a resting place, I felt well and somehow held by something deep within me. A significant change in atmosphere and tone occurred as I began to soften to my experiences, becoming more spacious and allowing of whatever was present. Yet I didn't understand why it often still felt hard to make the time to do the work. (See next chapter)

Gradually, toward the end of this set of recordings, I became aware of a powerful sense of being called home. Simply making space to sit quietly with myself, at times with no agenda, seemed crucially important. It was no longer about getting somewhere with my inner work research project, it was not about 'doing' at all. It was purely about being with myself. Increasingly, I became more able to encourage and be patient with whatever process presented itself. I began to look forward to the sense of spaciousness and connectedness I felt, to simply follow and unfold whatever came up in the moment. At times, as I sat in this sense of spaciousness, it began to feel sacred. Frequently, I accessed a deep compassionate way of being.

Perhaps unsurprisingly, given how much time I was spending with myself, I felt so much closer to myself outside of the sessions. I made time to listen to my body and pay attention to its various signals. I began to notice more subtle signals in my body and often followed whatever felt right for them. I began to feel a precious quality about myself and life again – as I had felt when much younger.

Immediately after finishing my inner work research and before beginning to write my thesis, I had the following dream:

In the Light Green Sea with Buddha

I'm looking down upon a light-green sea. I see a stone Buddha sticking out of the ocean in a trough between large waves. A wave washes over the Buddha, frothing and swirling in beautiful patterns. Quite suddenly, I am in the water also, floating and bobbing. I want to get close to the Buddha. I'm surprisingly calm given how nervous I am in water, especially deep water. I'm just waiting to get close.

I sat with this dream for some time, allowing it to wash over me. I found it uncomfortable to imagine being the Buddha. I felt cautious, watchful of any hint of inflation or grandiosity. My critic scoffed, "ha, first you think you are Jung, now Buddha?" "Not so fast critic, let's be loving and compassionate, not scornful, maybe I am also the Buddha". I wonder, if the sea represents my unconscious, is this where I find Buddha - my Buddha nature? Finally I am actually comfortable IN the water. And I'm waiting to get close. This doesn't surprise me too much. As mentioned above, I have been increasingly in touch with a sense of the sacred when sitting with myself over the past six months. I have spent many hours alone, with my camera, sitting in the deepest part of myself and aware of a feeling of compassion spontaneously arising. This was quite a striking shift. I was very familiar with this feeling toward my children and other loved ones, but not at all as an approach toward myself. I can certainly see where I need more of this quality and other qualities I associate to the Buddhist philosophy – loving kindness, acceptance and patience.

*I have just three things to teach:
simplicity, patience, compassion.
These three are your greatest treasures.
Simple in actions and in thoughts,
you return to the source of being.
Patient with both friends and enemies,
you accord with the way things are.
Compassionate toward yourself,
you reconcile all beings in the world. Lao Tzu (c.604 - 531 B.C.)*

Finally and most profoundly, during the six months following the second set of inner work sessions, as I watched and analysed the recordings, my migraines steadily reduced from one per

week to one every 2/3 weeks. This was a phenomenal reduction of about 50-70%! I found it hard to believe, their absence was almost shocking. Initially it felt peculiar: like a regular visitor who has visited repeatedly, unfailingly for years, suddenly ceasing to appear. I would count the days, expecting the all too familiar, pre-migraine symptoms to be lurking around the corner. Sometimes I would experience these pre-migraine symptoms such as stiff shoulder and neck muscles, tender temples, fatigue and feelings of anxiety and of being stressed. In these instances, I would do one or all of – stay close to my body experiences by sitting and being with myself in a spacious, unhurried way, go for a walk, give myself the day off any study agenda, have a rest or take a couple of mild painkillers. These actions would often prevent a migraine from developing.

As I contemplated how to approach the writing up of my research, I had this dream:

I'm leaving an island after finishing my job. A woman is coming to collect me. She arrives in unusual fashion; across the water from the Mainland using a narrow bridge made from wooden planks roped together, which is slightly submerged. She tells me we will travel back in the same way, which shocks me. She instructs me to move quickly and gently pushes me onto the bridge. It sinks slightly under my weight. I'm anxious it will sink further. It is narrow and I watch my feet to make sure they stay on the slats. There are large, dark shapes under the bridge and I feel frightened. I hear her voice behind me saying "don't look down, look up toward the horizon, run faster and your feet will find their way. You don't need to watch them; you will see them in the periphery of your vision." I do as she says and begin to run along this underwater bridge and amazingly, my feet do find their way. I'm astounded and think "aha so this is how I walk on water", as I remember my earlier dream of walking on water. I am so buoyant.

I find my way without watching every step. Unfolding this dream in therapy, it seems the underwater bridge is taking me back to the city, a generative hub, where my fate lies. At one level, I can say I've done the research and now I'm onto the bigger project of the Thesis. At another level, it could be the Thesis is a bridge to my future. This might be about my work in the world. Is it that I can finally allow myself to dream? I have a dream guide coming to collect me and help me cross the bridge to the future. I still have an edge to dream big. When I left my life six years ago, I was like an escapee and a refugee – I had to look down, taking one step at a time. I needed to take each exam one at a time and couldn't look too far ahead. Maybe now I can finally look up and into the future.

My dream guide is there because I need assistance, telling me it's ok and to trust. She is the one who helps me cross the river. Now, to the writing.

Unfortunately I'd forgotten about the Helix...

The same pattern that had occurred at each stage of this learning path happened again with ferocity when I tried to begin this, my final written work and the ultimate challenge. I just couldn't seem to begin to write. Not only did I experience a resurgence of self-criticism, feelings of inadequacy and hopelessness and a new, debilitating body symptom of shingles, I also developed increased insomnia. Unexpected demands on my time would pull me away: two family members faced serious illness, my car was stolen, and I became embroiled in a large group lawsuit with the City Council over my apartment building remediation dispute for which I needed to borrow tens of thousands of dollars. After all the training, therapy and inner work, it appeared I still had the same old problem. My resident Ring-Wraith gleefully told me I was surely going to fail this time. I had begun to collapse yet again. The tenacity of that part of my psyche was immense. It was impressive how it hung on; in spite of the amount of time and effort I had spent in relationship with it, endeavouring to wrestle it to the ground.

However as previously stated, throughout this training and more recently in the research work, I had begun to develop a more loving, compassionate attitude toward myself which was pivotal in shifting my experience. Quite unexpectedly, I heard a voice. Some deeper part of me just reached out a hand and said 'let me help you, let's sit down together and do this business – we can SO do this together'. In contrast to my earliest night-time dream memory of being unable to cross the river, in this moment, I discovered organically the dream guide - a helper figure who was absent from that dream.

I had in Process Work terms, crossed many **edges** and begun to access and live my personal power and believe in myself throughout the entire training process. Crossing all these edges had been

extremely difficult and challenging and continued to be so. This one was no different. The difference this time was that there was no more inner work to do. This time, I just had to begin to write, that was the work. Everything I had done throughout the training was achieved slowly and gradually, one small bite-size step at a time. This needed to be done similarly. It would be uncomfortable and perhaps painful at times – **not because I was incapable, but because it was hard** (personal communication, Julie Diamond). I transformed from the ‘one who couldn’t’ and became ‘the one who could’ and began to write.

That night, I had this final dream:

I’m with others on a bustling, bright city street, window-shopping. As we walk, the scene gradually changes to the small, rural town I used to live in. I decide to take a short-cut. The road gradually becomes a path; the shops are replaced by bush. I’m now alone in an unfamiliar desert landscape. I remember Carlos Castenada in the American desert. Sunset is approaching and I feel uneasy. As I draw near to a few scrubby trees, I’m aghast to see the face and shoulders of a large, black wolf. We make eye contact and I’m so frightened I run back along the track. For some reason, I know I have to go back and that the wolf will be waiting for me, but it’s the way I’m headed. As I draw close, it appears again and I know we will continue on the path together.

I try to feel the wolf in my body and sense into it. It feels watchful, stealthy, intent, patient, and instinctual. It doesn’t feel fear; it is inner-directed and follows itself. Things arise and it knows what the right or true path of action is. I have to go deeply into the wilderness of my own experience to discover what wants to come up in this thesis.

At the time of writing this, now one and half years later, I haven’t had a migraine in five months.

CHAPTER 6: Concluding Thoughts on Becoming by Doing

In this chapter I will outline the striking aspects of my experience using Process Work techniques and their implications for those suffering from chronic symptoms. Specifically I will address what seemed to me an almost miraculous series of shifts in my life and experience, toward a resolution of my suffering in a way that I could never have imagined when I first encountered Process Work. I will then discuss the still surprising (to me) extent to which my symptoms, dreams, moods and lifestyle connected to each other as the changes took place - a graphic example of Mindell's Dreambody theory in action. Finally I explore the complex multi-layered nature of chronic symptoms, their connection to our life myth, life style, and the underlying dynamics that are not at all obvious when a person begins a journey of awareness. As my work progressed, the cyclical emergence and interplay of symptoms, critic, mood and dreams is a striking feature. Only after the last piece of intense inner work as part of my research did I realise fully the tenacity, strength and intensity of my annihilating inner critic. Furthermore, that gradually and repeatedly facing my worst fears throughout the years of the time I write about, demonstrated incontrovertibly that I was bigger and more robust than I had envisaged. This simple but difficult fact is for me the central point- change is long, complex and difficult, frequently takes greater courage than seems available and mostly has to take place in a dim light only seen fully after the gains have been realised.

Pray and Row for the Shore – Explanations of a 'Miracle'

As I said above, the shifts in my life as I encountered and practised Process Work, seem almost miraculous. From a frequently bed-ridden state of chronic disability, my system slowly but surely emerged into an increasingly able, potent, and expanding state of wellness. This took place initially from the work I did with a Process Work therapist and then with other peers, trainers and friends, to allow me to begin facing my greatest fears. Repeatedly grappling with an incredibly persistent belief of incapacity and weakness, I made a series of bold changes to every aspect of my life, while

continually immersing myself in the dreaming process emerging in my therapy and other Process Work encounters.

A bit later during my training, I was continually meeting challenges that only a few years earlier I had deemed impossible - from sitting numerous oral and practical exams and embarking on a Thesis, to no longer feeling and identifying with being crippled, in pain and with constant low grade depression. I also co-created a rich and rewarding relationship life and developed a small private therapy practice. By the end of my training, my dreams, moods, and migraines had changed out of all recognition. This remains the most extraordinary outcome for me and a wonderful vindication of all that I strove for. I feel profoundly grateful and blessed.

Each stage of the Diploma program was incredibly daunting and brought up huge challenges with my inner critic. I was going for a goal that this part of me considered was way beyond my capabilities. Every time I approached a point where, from the critic's viewpoint, I was expanding my identity and capacity in the world it would somehow constellate the very thing I feared – a version of an impossible obstacle and my inadequacy. At times, this manifested as mild panic attacks, to which I continually had to attend and learn to self-soothe. These somewhat extreme (for me) states invariably revealed an inner Annihilator – my Ring-Wraith. So too behind my moods of hopelessness and helplessness this powerful 'Ally' (a guiding yet troublesome teacher) unfailingly lurked. At other times, anxiety and fear would prevent me sleeping, which in turn triggered a migraine. Continually striving for such big goals constellated this Ally whose criticisms have paradoxically grown me throughout our 'life/death/life' struggle, and resulted in the endless turning helix, the cycle of challenge, extreme self-criticism, inadequacy, fear and finally achievement of a particular gain.

I had never realised during all those years I spent crippled with migraines, not doing anything particularly challenging intellectually or actively participating in the world, that I was so self-abusive. It was not until I really began to challenge myself with rigorous training and personal development that this critical part of myself came out of the shadows and showed itself fully. Even then, it took

me a long while to realise the extent of the tyranny, the dynamic that was operating and the extraordinary tenacity of its grip.

It became obvious that the powerful, relentless energy of my migraines was mirrored in the powerful, relentless nature of my inner annihilator; it was reflected also in my night-time dreams which contained powerful, 'killer' energies. There were similarly powerful, seemingly destructive energies in my early childhood and teenage experiences as well as in my relationship life. In these instances, the annihilating force was 'not me', it was a variety of men in my life – brother, father, rapist, husbands and even doctors. Conversely, it took some time and training for my awareness of my own exacting, hyper-critical nature to become apparent. Over time, it seems to me I withdrew and diminished, becoming more adapted and less free. My life energies became directed at staying alive. Finally, at a point of lowest ebb it seems, by facing down my fears and making such huge changes to my life, I set in motion an entire process of picking up this relentless energy contained within the migraines and the Ring-Wraith. I continued to live this power, though initially erratically at times. I learnt how to support myself and take myself seriously, bring all of myself into relationships both with myself and with others - actively be me in the world. Finally and most importantly, the final shift occurred through finding a place of compassion and acceptance within myself.

I finally realised during collation of my research findings that what had been missing ultimately, underneath all my chronic difficulties, had been a number of feeling attitudes, or what Amy Mindell terms **Metaskills**. In particular, what gradually emerged as I worked with and followed my dreaming process, were feelings of kindness, compassion and self-acceptance. This involved a fundamental shift in my attitude to myself. I began to hold myself with love and take things less personally. I began to trust and believe in myself. I began to feel warmth in my heart for my struggles.

It thus seems to me that the old injunction to pray and keep rowing for the shore seems an apt encouragement for someone such as myself. Although it seems miraculous, it was my steady

'rowing' with the help of others, the ideas of Process Work, my inner allies and a heart that could somehow bear the terror that got us to the shore. Of particular note in this journey is the realisation that hope arises through the possibility of meaning. What propelled me into therapy was the desperate need to make some sense out of my suffering and the allure of there being some meaning within my symptom. My symptom forced me to look within, to get to know myself and deepen my self-awareness in ways I could never have imagined at the outset. I discovered for myself that our chronic, most troubling difficulties contain the potential for enormous self-development and life changing possibilities.

In Viktor Frankl's (1963) powerful writing on his experiences in concentration camps during WW2, he stresses "When we are no longer able to change a situation, we are challenged to change ourselves" (p179). Further, that it is through our ability to find meaning in our experiences that provides reason for our continued existence. "Life is never made unbearable by circumstances, but only by lack of meaning and purpose" (p106). It is this that I would dearly like to communicate to others who may face difficulties that at times may seem or feel insurmountable.

It is of the utmost importance for me to say that occasionally, now, if I am fatigued through lack of sleep, I still struggle with my moods. However, naming them and allowing myself to really feel them without judgement, can sometimes be enough to allow them to pass or transform. They are usually a signal that I have missed a more silent self-criticism and, I check to see if my shadowy Ring-Wraith is busy in the background. Furthermore, there are still times when I am wrestling with an activity that I find particularly challenging (such as writing this thesis), where I will struggle under the weight of my self-criticism. As mentioned earlier, the still-cycling spiral of the helix once more reminds me to stay present and close to myself. More frequently now, there is a loud silence from the critic's quarters, and like the absence of the migraines, this creates an unusual but most welcome space to breathe, expand a little and feel the relief. It is still there, as it is me and meeting this force is an

ongoing task. My responses have changed, our relationship is changing. I know more of who I am and am more welcoming of all who reside within.

The Dreambody in Action – Mindell’s Theory Realised

Dreaming is so much more than night-time dreams, but the apparent suddenness with which I began to remember my night-time dreams once I began training, is quite remarkable. It was as if once I started to grow and attend to my self-awareness, my being responded and opened up – guiding me each step of the way. Some dreams appeared compensatory, some reflected lesser known states of my internal and external world, while others seemed to provide an overall pattern or direction.

It was striking, the way these night-time dreams changed over the entire duration of my training and continued to do so over the time of my active self-therapy. When I compared my research results with the changing nature of my night-time dreams, I was intrigued by the parallels. At each successive stage of the training they mirrored the changes in my everyday attitude. As these changes intensified during my inner work research, through my changing relationship to the Ring-Wraith, to the reduction in my migraines, and as I picked up and embodied the powerful qualities of my dreaming process, my dreams reflected similar changes. Essentially, I began to fight back, to wrestle power from my ‘Ally’. I began to fight back in the killer dreams; at times powerful animal allies protected me; some dreams showed me how I trapped myself by constructing an illusion that I took to be real. There were also dreams where ‘others’ behave unexpectedly and do things in their own unique way. Night-time dreams that I found particularly sustaining were ones in which I had special abilities and in which large animals and mammals appeared. They could be seen in terms of Jung’s idea of compensatory dreams as, in my everyday experience, I mostly felt incapable. I realised with relief that I had a whole cast of amazing spirit beings protecting, supporting and guiding me. These powerful creatures consistently feel completely at home in their world, follow their instincts and trust themselves. Finally, I began to be aware within the dreams, that I have had these dreams before.

Following these night-time dreams was a crucial factor in my change process. The dream figures I discovered nourished and sustained me, often showing me the way. I made a regular practice of consciously recalling them and embodying their qualities. Each time I felt I couldn't continue or I became stuck, I would shape-shift into the black wolf, feel my way into its nature and find a deep, instinctual knowing, an innate trust; or into the one who walks on water and feel fully supported and where tasks feel effortless. These beings could do what 'I' couldn't.

It seems remarkable to actually experience and have demonstrated Mindell's concept of the Dreambody, in such a dramatic way, over time. My personal experience consistently reflects and demonstrates a multi-channelled dreaming process. The same message was being expressed through a number of different **channels** and, over time, this message altered simultaneously in all those channels. "The Dreambody ... is a multi-channelled information sender asking you to receive its message in many ways and notice how its information appears over and over again in dreams and body symptoms" (Mindell, 2002b, p4). It is in this way that this paper adds to the body of evidence-based research with its clear illustration of the Dreambody in action.

As has been noted many times above, it has been in the **consistency** of change in the migraine symptoms, moods, internal annihilator and night time 'annihilator' dreams that has been so striking in this body of work - the way these phenomena so closely paralleled each other throughout the period and then, as I began to 'flow', so too did the imagery of the dreams, graphically demonstrating the shifts within me.

Modern physics maintains that an observer influences that which is observed – termed the observer effect. In recording my work and watching the replays, I began to wonder how much the eye of the camera, a type of 'observer' effect, was occurring. Was the camera a silent witness? Who was it? What was its role? As both the therapist and client, did my therapist alter what was observed? Did changes occur within me as client as a result of being observed? How did the camera influence the outcomes? I have no answers, except that they could form the basis of further research.

Complexity and the Hidden Dynamic

Chronicity, (whose etymology is Greek, Khronos and meaning 'time') is a state of prolonged duration. Chronic processes are long-term, often unpredictable and require long-term management. In terms of body symptoms, there is usually no single cause and no specific onset; no stable symptoms and an uncertain prognosis. There is rarely a cure. This is the conventional medical view.

Chronic problems are complex. They have a multi-layered nature; a personality of their own, in which uncertainty, powerlessness and isolation are often pervasive characteristics. They are invariably accompanied by a number of core moods - most commonly hopelessness, anger, resentment, anxiety and depression. Moods are powerful beasts and we can become stuck in mood states. It is important to recognise that such moods are frequently about our relationship to our problem, not the problem itself. "Behind moods lie virtual realities that can both kill and create" (Mindell, 2007, p92). They often indicate the presence of an unexplored figure or an unknown part of ourselves. For instance, behind my mood of hopelessness lay an annihilating critic. Consequently, we not only have our problem to deal with, we also have to deal with our moods – or our reaction to our problems. They can be more challenging to work with than the chronic problem as they are, in a sense, illusions. The difficulty is that there is no-one within the mood system who is unbiased; therefore someone outside that system is needed to provide the solution (personal communication, Julie Diamond).

A separate, but nonetheless very important feature of this journey (though one not easy to share), is how shame silenced and isolated me from the beginning and was surprisingly still present at the end, in the initial attempts to record inner work and in the process of writing this thesis. My apparent incapacity was paradoxically even more shameful at the end of my training since I 'should' already have had it sorted. (With a chronic problem, a part of us thinks we are a failure, or we imagine others will think so, because we have it. It is somehow a partial indication that we are unsuccessful and deficient.) The isolation worked, as I felt too ashamed to even raise this difficulty

with my supervisor or even my partner. Shame can be an important, undermining part of a chronic problem and, in such instances, is a central feature of how the established order maintains its control. In this sense, it can also be seen as **edge phenomena** and a self-reinforcing dynamic. In this example, my Ring-Wraith is an edge figure who says “you are totally useless” and uses shame as a stabilising tool to keep me oppressed. Shame, confusion and fear often indicate the presence of a negative inner critic. This dynamic is part of the complexity of chronic processes, as it ensures the status quo.

With respect to chronic body conditions, they can be experienced fundamentally as a global sense of disorder, because not only is there a specific body problem, but there is also a simultaneous disruption of one’s self and of the surrounding world. As the body begins to oppose the self in curtailing activities, thwarting plans and projects, it progressively disrupts our involvement in relationships and in the world. Thus a further complication occurs, in that we often isolate ourselves from others in our family, our friends and in our community and it begins to shape our entire life. Hence a self-reinforcing spiral is set in motion. This also forms part of the nature of what I have referred to earlier as the Helix.

We can become so identified with suffering that it is hard to let go of; it then becomes an essential and permanent part of us. We construct our life around it to accommodate it. It informs our identity and, over time, we become shaped by our chronic problem - in our relationship with ourselves with others and in our lifestyle. Again, this is the nature of chronicity. Change is forced upon us; it is not something we choose. Mindell (1993) states “chronic illness ... frequently has the goal of cleansing you from your own self ... you are forced to undo yourself” (p48).

Some symptoms are tied in with aspects of our inherited characteristics and shape our identity. Being physically small for example has a reinforcing element to my feelings of powerlessness. The body is also a participant. Once something is chronic, the body has its own responses and imperatives which we have to follow.

Connected to chronic processes is the idea of a life myth. The concept evolved from the work of C.G. Jung, who discovered that childhood dreams and early memories contain patterns that manifest in various ways throughout a person's life. The idea is that individuals have a basic direction or underlying pattern that informs their development and life in general (Diamond & Spark Jones, 2004, p148). Process Work uses the concept of life myth as a framework that helps to explain and make sense of our experiences. From this perspective, such patterning can be seen in long term processes, such as chronic body symptoms and other recurrent problems encountered in life, such as those in relationships and our addictions which, when explored, may indicate a much-needed direction or path. "The pattern of a chronic symptom is being up against a force that you are stalemated with" (as cited in Strachan, 1993, p56). It is this perspective that can be relieving for those of us who feel trapped by a chronic difficulty. Again, because of the complexity of chronicity, it isn't always easy to see the underlying pattern. For instance, I thought my problem was my migraines – it was, and it was also much more. I needed to pick up the power inherent in my chronic processes and ruthlessly follow my own path; be inner-directed; integrate the killer energies until I began to realise and live my own strength. Writing the thesis was the final showdown wherein the doing creates the identity of the 'one who can'.

Process Work also uses the concept of the 'Ally' as a framework with which to regard our most difficult problems. Through repeatedly confronting and wrestling with a chronic process, we transform as we wrestle and thus our relationship to it changes. Mindell states (1993) "if you follow your body, it is an ally ... otherwise you experience it as your opponent" (p106). Further, "the more troublesome our symptoms are, the more they seem to be potential allies" (p106). The notion and essence of this Ally concept is that, as we struggle and wrestle with our most difficult problems, we grow and develop and gain self-knowledge. It is through this struggle that we gain the power of the Ally which in turn develops our ability to flow with the vicissitudes of life.

Wrestling with our chronic problems and our struggles with our most challenging experiences can also be seen as a type of 'Hero's Journey', as we move through different stages in our search for a cure, relief or meaning. Joseph Campbell (2008) describes this process in his allegory of transformation. The reluctant hero is called to adventure and encounters tests, allies and enemies in his search. He must endure a supreme ordeal and return from the underworld with a treasure to benefit the world. He is transformed by the experience.

Because chronic symptoms are many-faceted, their very nature is a process. There's the symptom, the state it produces, the reactions to the state and the treatment (personal communication, Julie Diamond). Each of these will possibly need to be revisited as we recycle and process the many feelings evoked by our experience. There may be constant adjustments required along the way, as part of the unfolding journey. We cannot resolve them simply by medical interventions, working on them more, or by not picking up their message. Nor can we think our way out of our problems, because thinking is part of the problem. From my experience and research, an approach limited to the body – or to a singular approach around chronic conditions – will probably be profoundly inadequate. As already stated, chronic processes are, by nature, multi-channelled dreaming processes, (see p34) in which similar messages appear in different areas of our life, indicating a deeply entrenched pattern. Over time, continual wrestling and interacting with them changes and deepens the nature of our relationship to them and ourselves. As suggested earlier, with such long-term processes, it is also extremely likely that they will be accompanied by a number of chronic moods, entangled with a negative critic and, to complicate the mix further, a tendency to isolate.

Regular, consistent practice and working with the different manifestations of my chronic process was most influential in the changes that occurred. Perhaps the idea of Neuroplasticity is helpful here. It refers to the brain's ability to change and adapt as a result of experience. Modern research has demonstrated that the brain continues to create new neural pathways and alter existing ones in order to adapt to new experiences, learn new information and create new memories (Doidge, 2007).

The more we practice something, the more we strengthen the pathway, and the easier the skill becomes. Eventually, our new response can become almost automatic. Conversely the dominant neural network will be stimulated into activity if an oppositional network comes into play. The most likely pathways to become dominant are those where the path is well-worn. The neurological landscape is a bit like wild animal terrain, in which the interplay of survival and dominance play out in dramatic fashion. In the individual, this manifests in the amplification of symptoms at the edge where new pathways are being formed, resulting in an increase in intensity of 'attacks' by a force under threat. Nonetheless, oppositional processing is a normal part of all brain processing, not just an aggressor/defender dynamic. Stability of the system is vitally important and this dynamic maintains such stability in an unstable environment. Neuroplasticity implies instability and hence vulnerability around change. (Here also, this fascinating area is beyond the scope of this work and the interested reader can find detailed information on this topic elsewhere.)

In his research work with cancer patients, Cunningham (2005) discovered that if our internal and external environments together created ill health, then these need to change in order to improve. Further, that change was required in a number of areas. Common qualities that assisted such change were openness, determination and a belief in the possibility of a recovery. He reported that substantial psychological shifts led to a greater sense of autonomy and self-acceptance. His studies also demonstrated a highly significant relationship between degree of involvement in psychological and spiritual self-help methods and survival. He concluded that physical well-being is not necessarily the sole primary aim of life and we may gain from spiritual searching; an awareness that we are much more than just our bodies or our minds.

Accordingly, to work with complex chronic processes requires a multi-pronged approach. Mindell (2000, p34) has described the way we experience our world in terms of three levels of experience: Firstly, **Consensus Reality** or everyday reality, is the objective world of our everyday experience which is generally consented upon as 'real'. Secondly, **Dreamland** is our subjective experience,

comprising feelings, night-time dreams, body symptoms, dream-like figures and the world of polarities. Lastly, the **Essence** or **Sentient** level is where our deepest aspect of inner wisdom resides; an almost ineffable experience that involves a sense of wholeness or unity which permeates everything.

With complex processes, it is imperative to focus on a creative, multi-levelled approach attending to these three levels of experience simultaneously. At the *Consensus Reality* level, we may need better preventive and management strategies and personal therapy style that supports all our parts and states. It is very hard to change a chronic problem if we remain in the state, system or situation in which it was created. Consequently, we may need to be prepared to make substantial lifestyle changes, as a chronic problem can precipitate a re-evaluation of our lives and compel us to search for meaning. At the *Dreamland* level, we can work with our moods, feelings and parts. Working with **dream figures** (such as the Ring-Wraith) assists by objectifying and externalising internal hard-to-grasp 'symptoms' and facilitates our awareness of our multiple parts. Developing an attitude of deep democracy along with the metaskills of openness and compassion further assists transformation. Love is also intimately connected with transformation. Love enables us to stretch our heart wide and embrace our contradictory and complex natures. "Compassion for yourself ... is ... more important than any other skill" (Mindell 1993, p85). Chronic processes and suffering press us to turn inward and provide an opportunity to connect with a deeper dreaming process. At the *Essence* level we access the deepest part of ourselves, where a sense of "unbroken wholeness" and "interconnectedness" of all things (Mindell 2000, p38) exists. The spirit behind my experience of chronicity (symptom, moods, inner critic) was challenging me to not only connect with its powerful energy, but also to stay close to and follow my inner direction more – to become more whole.

Recently, Mindell writes (2013, p3) "many personal and global problems require more than one solution and more than one discipline". This is precisely what I had been involved with and trying to formulate: namely, in order to work with chronicity, we need a universal, inter-disciplinary

approach. Working with each manifestation of chronicity revealed its multi-layered nature and hence the need for a more universal, multi-pronged approach. Because complex problems are not “mono-causal” (2013, p3), there’s an intricate inter-connection between the many variables involved and, therefore, they require more than one solution. According to Mindell, (2013, p4) “the solution to ongoing, complex personal and global issues ... is not a fixed state; it is a process or a dance ... your most detached wisdom”.

He suggests the need for a global ‘system mind’ in order to facilitate conflict within ourselves and in the world. Finding the deepest part of ourselves, this **Process mind** awareness is the solution to unwellness. It is in this place, where we are with all the different parts of ourselves and where everything else is a part of us (2013, p39), that we are able to connect to our sense of being at ‘home’ and transformation is possible. I simply worked with myself, but realised I needed to work with the ecology of the individual, the global me. I needed to work with the inter-connectedness of all my parts and find a more compassionate and deeply democratic way of working and being with myself, in order for transformation to occur.

As in most stories, this is not just about a miracle; it is also about a long, slow grind, a commitment to persevere in all sorts of ways, to dig as deep within myself and find the heart within me to take me as far as I needed to go. In the words of one courageous pioneer in self-exploration, writing in the 1930s, Marion Milner (2011) captures some of the sense of difficulty I experienced at times, contemplating why emotional suffering made it so difficult to alter her state and gain relief. She viewed her exploring consciousness as a sort of creature, a ‘mud-worm’ and wrote:

“Perhaps I was not always able to make it because the worm might be burrowing so deep that it could not reach the air just by raising its head. Often it seemed even to forget that it had ever seen the daylight, or the surface of the land, thinking that mud was all there was” (Milner, 2011, p109).

The miracle for me is to discover and live my life above the mud.

APPENDIX: Basic Process Work Concepts and Terms

There are many Process Work books that provide an in-depth explanation of its theory and methods, some of which are listed in the Bibliography. If you are familiar with these concepts, you may wish to skip this section as it is intended for those with no experience of Process Work.

Briefly, Process Work (formerly Process Oriented Psychology), is both a philosophy and a method developed in the 1970s by Arnold Mindell. He trained as a Physicist and as a Jungian Analyst and was not only interested in working with night-time dreams, but also in working with the body. He came to believe that dreams and dreaming didn't just occur at night but that a parallel existed between our night-time dreams and our subjective experience of body symptoms. He found many examples of the body 'dreaming', that is symbolically expressing meaningful information, just as dreams do at night. He termed this symbolic body expression **The Dreambody**. From this perspective, night-time dreams and our body symptoms are simply different ways to express the same information. Our body symptoms are but one visible or felt experience of what is commonly referred to as the 'unconscious'. However, Mindell (2005) wanted to find what he considered to be a more accurate term. Because he found that the unconscious is expressed continuously, as an ongoing process, an "empirically observable flow of events" (p1) appearing in our momentary signals, he termed it the '**Dreaming Process**'. He later discovered that not only is this dreaming process expressed in body signals and symptoms, but also it is expressed in our addictions, relationships and in the world. Our entire experiences are a continual process. Thus, the term **Process** refers to the flow of experience as it appears through the various channels of perception. It is differentiated into either more **central** or **marginal** depending on how close it is to our awareness.

Primary process: Those aspects of ourselves or our experiences which are closer and more central to our awareness, experienced as intended and with which we identify. This is 'me'.

Secondary process: Those aspects of ourselves we are less identified with, that are foreign, unintended or 'happening to' me and are further away from our awareness. These are more marginal processes and are 'not-me'. Those aspects of ourselves that are lesser known, or we marginalise will often appear in our body symptoms, relationship problems, addictions.

Taoism: A central pillar of Process Work based on the concept of flow and following nature or natural processes inside of us and in the environment and that we are inseparable from the Universe. Following the Tao is to follow a process, to bring our awareness to our experiences and trust that what is happening is right in some way and needs to be encouraged.

Teleology: From Jung, the view that events are potentially purposeful and meaningful.

Consequently, there is meaning in that which disturbs us. Such disturbances offer the potential for increased self-awareness and development and the potential to transform our lives.

Acute and chronic symptoms: These are differentiated. A chronic symptom is a long-term process and connected to a person's life myth (underlying pattern). The focus or orientation is to increase awareness of the processes underlying chronic symptoms, and then integrate that knowledge into our life, rather than attempting a 'cure'.

Altered state: Any state which has characteristics that are not part of our normal way of being, for example, drunken or drugged states or states around which strong emotions like rage, panic, depression and elation occur.

Amplification: This refers to an increase in the strength of a signal, following an intervention. It also refers to a deliberate process of growing or exaggerating a symptom or state. Signals can be amplified simply by bringing our awareness to them; by encouraging or forbidding them. Role plays are a method of amplification.

Channels of perception: Information is conveyed, or unconscious material is expressed and received through various modes. These correspond to our perceptual senses and include visual, auditory, kinaesthetic through movement and proprioception via the body. Relationships and the world are also regarded as channels in which processes manifest.

Channel changes: The act of consciously or unconsciously moving from one channel of perception to another in order to broaden awareness. This can occur spontaneously when signals are amplified and intensified to their limits or when an edge is reached. They can also be changed deliberately when at an edge to the experience in a particular channel, or to fill out an experience more fully.

Compensation: the self-regulatory tendency of the *unconscious*. When consciousness is too one-sided, the 'unconscious' compensates by pushing some of its contents upward in order to re-establish balance. A natural process aimed at establishing or maintaining balance within the psyche.

Deep democracy: "the special feeling of belief in the inherent importance of all parts of ourselves and all viewpoints in the world around us ..." (Mindell 1992, p5). This perspective also recognises the equal importance of all levels of experience.

Dream figure: a personification of a part of the personality, a role or a ghost (see below). Dream figures are a "dynamic construct" (Straub pp 51-52) and can change from moment to moment or last a life time. Understanding its mind-set is the work (Diamond & Spark Jones 2004, p87).

Edge: This represents the boundary of our known identity and experience. It represents the limits of what we can or cannot do. It is associated with, and separates, central and marginal processes (as above). Thus the edge is where the known and unknown meet, “the point of contact with unknown experiences or identities” (2004, p20). Certain behaviours appear at an edge - commonly confusion, embarrassment, or changes in energy levels such as laughter or withdrawal.

Eldership: A role and metaskill emerging from your deepest self that incorporates various qualities that usually involve an ability to care for the whole. It is a deeply democratic attitude.

Enantiodromia: The experience of something turning into its opposite. Jung used this term, to indicate that an “unconscious opposite would always occur when an extreme, one-sided tendency dominates conscious life” (*Psychological Types* para. 709). This principle forms the basis of one of the Process Work methods in working with moods. In amplifying a feeling or state, through focussing on it and allowing oneself to feel it fully by experiencing it in other channels eventually brings about its opposite feeling.

Feedback: the response that occurs as a result of an intervention.

Inner Critic: this is a term used in popular psychology referring to an internalised critical inner voice which can affect every aspect of a person's life. This critical inner voice is a well-integrated pattern of negative and judgemental thoughts toward one's self and others. It often results in feelings of low self-esteem, depression, deficiency and shame. It is also a dream figure at the ‘edge’ which often prevents us from integrating secondary material (Straub, p87).

Inner work: a process of self-discovery, using our awareness to notice and track whatever we experience moment to moment, paying close attention to the unknown and mysterious.

Levels of experience: Mindell differentiates three levels of experience, or awareness, in which the Dreambody manifests: (in which we experience or view reality)

1. Consensus Reality is the objective world of our everyday experience which is generally consented upon as ‘real’, and more or less ‘normal life’.
2. Dreamland is the level which consists of our fantasies, feelings, night-time dreams and dream-like figures, and our subjective experience of body symptoms, a dualistic realm of polarities which is outside our conscious control.
3. Sentient or Essence level is a non-dual level of awareness, beneath the threshold of awareness but is experienced as tendencies or fleeting experiences that are almost ineffable, but involve a sense of wholeness or unity.

These levels co-exist in space and time, but we are often only aware of ourselves in consensus reality, the rest is nebulous and dream-like.

Process Mind: refers to the deepest part of ourselves which resides in the Sentient level. It is a unifying, organising background field that gives rise to Dreamland and Consensus Reality. It is the organising factor “that operates both in our personal lives and in the universe” (Mindell 2010, p4).

Life Myth: the unique pattern or story that characterises an individual’s life and imbues it with a fundamental meaning and purpose.

Metaskills: Background feeling or attitudes with which we hold our experience or use our skills, some examples of which are openness, compassion, curiosity and trust of the unknown.

Role: Refers to the different parts or perspectives that individuals play in a group or social field. Roles require more than one person to fill them and each individual is more than any one role.

Ghost role: Ghosts are part of the Dreamland level. They refer to things that are spoken about but not directly represented by anyone in the moment. A ghost role is one that is not occupied but people may feel it around or it may be referred to.

Shapeshifting: Imagining oneself as another person, figure or role and exploring its mind set.

Symptom maker: “all forms of suffering share at least one common characteristic. The sufferer is a victim of a thing or person creating the suffering” (Mindell, 2002a, p78). We can feel stuck or trapped as long as we only identify with the sufferer and remain unaware of this pain creator. The spirit behind our symptoms is the dreaming process trying to happen, or the unconscious expression of the dreaming process. It has an energy that needs to be incorporated and expressed in our lives.

Unfolding a process: The main method used in Process Work is to focus awareness on the momentary flow of experience as it unfolds. This is usually achieved through observing the various intended and unintended signals of communication, which can be both verbal and non-verbal, revealed during the initial description of a problem. Signals are communicated through the various sensory channels mentioned above and the signal is amplified in the channel in which it initially appears. Often channels change spontaneously and edges appear during this process. These are then explored. Channels may be subsequently added to fill out the experience until something new or unexpected arises. The idea is to stay with the process until the significance or meaning of the experience is discovered (Diamond & Spark Jones 2004, p23).

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