

SWISS-RUSSIAN SCHOOL OF PROCESSWORK

Diploma project

**«Nothing helps me... Nothing changes...»**

**Process-oriented psychology in work with hopelessness and  
powerlessness**

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## **Introduction. Definition of the theme. Why and where it came from.**

The movie theater. I'm 10 years old. An exciting trip with schoolmates - nothing foreshadowed any transformation. But that very day, as I was able to trace and analyze much later, my world turned upside down.

Some movie was about to start, I was sitting comfortably in a chair among my friends and classmates (with most of the classmates of our stream we have been together since 1.5 years old). And, at some point, I turn my head and observe the following picture: one girl (unknown to me - rather from a neighboring school) pointing her finger at me says to her friend: "look, what a fat girl", and her friend, nodding her head replies - "aha, aha!".

Since that moment, the identity of "fat girl" was firmly ingrained in me. The problem of being overweight has been present with me throughout my life. I am now 41. By this age, I have been able to explore so many aspects of this paradigm. And I came to psychology, by and large, to deal with it. But what I certainly haven't explored is the theme of hopelessness.

Throughout my lifetime - as long as I can remember, starting with that story in the movie theater - I have made attempts to reduce my weight. Some of them led to little results (yes, I tended to devalue my achievements - it was either all or nothing), and some of them just exhausted me with no results.

This is how the feeling of hopelessness of any my actions was formed.

"Nothing helps me... Nothing changes..."

That was my conviction. It was supported by many facts and could not be challenged.

Until I became acquainted with the process work.

I was able to track it down after earning a Master's degree in psychology, completing a Diploma Program in Processwork, and going through ongoing personal therapy.

I began counseling clients and found myself increasingly confronted with the same exact worldview. A situation of feeling hopeless and desperate. At some point I saw that the paradigm had changed for me, that I no longer considered myself a "fat girl", despite the presence of extra pounds. I noticed that this condition is quite common among the people around me - and it is related to different aspects of life - health, relationships, work/career, money, education.

I wanted to look deeper into the origins of such an "anomaly" and explore how process-oriented psychology can work with hopelessness and powerlessness.

Hopelessness is one of the central themes in Russian mentality, which has been firmly rooted in the consciousness of the people for many centuries. This is partly due to historical events, external circumstances, and the specificity of the Russian national character.

## **Limitations.**

As with any endeavor, this work also has its limitations. I am aware of this and realize that more research needs to be done.

First of all, I chose the Russian context - and I don't know exactly how it is in other places. But I do know for sure that there are conditions here that I think support this attitude (helplessness and hopelessness) in people.

This study is also limited by the small sample size. It is a pilot study on this topic.

And it is also limited by my own some bias (experience with it) and my own attitudes towards helplessness and hopelessness - I have written about this in detail above in the introduction.

Despite these limitations, the research provides valuable information about the issues under investigation. It is important to keep the above limitations in mind when interpreting the findings and planning further research.



## **Part I. Russian mentality.**

### 1.1. History.

Hopelessness, desperation, powerlessness, hopelessness - these are the feelings that people often have in response to the difficulties and obstacles they face in life. There have been many moments in the history of Russia that contributed to the formation of a sense of hopelessness among the population.

One of the key factors that influenced the formation of a sense of hopelessness among the Russian people is the historical past of the country. For centuries, Russia experienced wars, revolutions, famine and repression, which led to the loss of millions of lives, destruction of the economy and social structure of society. Such tragic events have left deep scars in the collective memory of the Russian people and shaped their conviction that the future of the country can only be dark and uncertain.

The wars, from the Napoleonic campaigns to the World War II, brought enormous human losses and material destruction to the country. Millions of people died on the frontlines, entire cities were burned and destroyed, creating a sense of hopelessness and despair among the survivors.

Revolutions and civil war also left their mark on people's consciousness. The struggle for power and ideological differences led to mass repression, terror and loss of trust in state institutions. People began to feel fear and hopelessness, not knowing who and what to believe.

Famines and economic crises have also contributed to a sense of hopelessness among the population. The Holodomor in the 1930s in Ukraine, the series of famine years in the early 20th century, the shortages and poverty during the transition to a

market economy after the collapse of the Soviet Union - all these only deepened people's sense of despair and hopelessness.

Thus, the historical past of Russia, saturated with tragic events and bloody pages, played a huge role in the formation of a sense of hopelessness among the population. These severe trials have left a deep trace in the collective memory of the Russian people and still influence their worldview and attitude to the future.

## 1.2. Russian culture, literature.

The theme of hopelessness is one of the most widespread in Russian culture and literature. Many famous works of Russian writers address the problem of human inability to cope with life's difficulties and inability to change one's fate.

One of the vivid examples of hopelessness in Russian literature is F.M. Dostoevsky's novel *Crime and Punishment*. The main character, student Rodion Raskolnikov, is plunged into a mental crisis and finds himself in a situation where it seems to him that there is no way out of the deadlock. He commits murder and as a result is tormented by his conscience, seeing no possibility of redeeming his crime. For Raskolnikov, his fate seems hopeless, and his inner torment and crisis of conscience reflect the theme of hopelessness in Russian literature.

Another example of a work that touches on the theme of hopelessness is "The Devils" by the same author. In this novel, Dostoevsky highlights the problem of hopelessness and desolation of the human soul under the influence of various circumstances and ideologies. The main character, Neil Lyashenko, becomes a victim of his inner demons and is unable to find a way out of a difficult situation.

In Russian literature, we can also name "Poor Lisa" by N. M. Karamzin, "Dead Souls" by N. V. Gogol, "The Cherry Orchard" by A. P. Chekhov and many other works that reflect the theme of hopelessness and despair.

The theme of hopelessness in Russian culture had a great influence on the formation of Russian mentality. Complex plots, dramatic peripetias, inner conflicts of the heroes reflect not only human nature, but also the peculiarities of the Russian people. Russian literature instills the idea that life's difficulties and hopeless situations are unavoidable, that man is always faced with the impossibility of changing their fate. This pessimism and subtle sense of hopelessness have left their mark on the culture and mentality of the Russian people.

Thus, the theme of hopelessness and despair is an important aspect of Russian culture and literature. The works of Russian writers touching on this theme not only reflect the complexities of human existence, but also influence the formation of mentality and mindset of the Russian people.

### 1.3. Traditional folklore - proverbs and sayings.

The word "hopelessness" evokes a feeling of despair, lack of a way out of a situation, complete absence of hope. This theme has been reflected in many folk proverbs and sayings, which have long been part of Russian culture and mentality.

One of the most famous proverbs reflecting the theme of hopelessness is "We've never been wealthy so - there's no point in trying to even to start". It expresses the idea that if a person does not have sufficient material resources or experience to start something new or important, it is better not to take up the task at all - it will not work out anyway. It indicates a skeptical attitude towards the possibilities of changing one's life if one does not have the necessary resources or experience.

The saying "Not everything is Maslenitsa (pancake day) for the cat" means that things don't always go smoothly or easily. Maslenitsa is a holiday where the main treat is pancakes with sour cream, meat, fish - which cats love very much. Thus, the proverb indicates that in real life not everything is so easy and joyful. That the holiday lasts for a very short time, and if something is good now - it does not mean that it will always be so. More often there are difficulties and trials, and in life not everything will be easy and good, not everything will go smoothly and without obstacles.

The saying "Trouble does not come alone" means that problems and troubles usually arise not separately, but one after another. In life there are always many potential problems that can arise one after another, adding up to a chain of troubles. If something in life does not go according to plan, it will only get worse, and one trouble will be followed by another.

Such sayings and proverbs convey the idea of despair, meaninglessness of efforts, as well as the unpredictability of the future. It reflects human powerlessness before fate or circumstances.

Thus, the theme of hopelessness in the Russian mentality has deep historical, cultural and literary roots that reflect the complex and multifaceted nature of the Russian soul.

## **Part II. Working with states of consciousness.**

States of consciousness play an important role in human behavior and mental health. Psychology and psychiatry are concerned with studying and working with emotions to help people develop emotional literacy and manage their emotions in a constructive way.

### 2.1. Classification of states.

There are several major classifications of states in classical psychology and psychiatry:

1. Emotional states:

- Joy, sadness, fear, anger, surprise, disgust, disbelief, satisfaction, guilt.

2. Mood disorders:

- Depression, mania, bipolar disorder, cyclothymia.

3. Mental disorders:

- Schizophrenia, paranoid schizophrenia, bifurcation of personality, psychopathy, neurotic disorders, generalized anxiety disorder, hysteria.

4. Organic disorders:

- Dementia, syndromes of organic brain damage (e.g., alcohol syndrome), cognitive disorders (e.g., amnesia).

5. Disorders of consciousness:

- Paralysis, coma, trance, ecstasy, dissociative disorders.

The states can also be categorized according to the following criteria:

1. By nature:

- Active and passive states
- Emotional and rational states
- Positive and negative states

2. By duration:

- Short-term and long-term conditions

- Acute and chronic conditions
- 3. By cause of occurrence:
  - Physiological (e.g., as a result of illness)
  - Psychological (e.g., as a result of stress or trauma)
  - Sociocultural (e.g. as a result of exposure to the social environment)
- 4. By severity:
  - Mild, moderate, and severe conditions
  - Clinical presentation (e.g. depression, schizophrenia, bipolar disorder)
- 5. By symptoms:
  - Psychotic and neurotic states
  - Active and passive states
- 6. By degree of violation of mental functions:
  - Mental disorders with impairment of thinking, perception, will, emotions
  - Behavioral disorders

These are just general examples of state classifications, there are many, and they can be supplemented based on the specific research and methodology of each individual psychologist or psychiatrist.

## 2.2. Methods of definition and work. Medication treatment.

In psychology and psychiatry, the main approach to working with emotional states has traditionally focused on diagnosing and treating mental disorders through therapy, medication, and other interventions. However, in recent years there has been a shift towards a more holistic understanding of emotional states and a recognition of the importance of addressing the underlying causes of emotional distress.

One of the key principles of the mainstream approach in psychology and psychiatry is the use of evidence-based treatments, such as cognitive behavioral

therapy (CBT) and medications, to overcome emotional conditions such as anxiety, depression, and post-traumatic stress disorder. These treatments are supported by research and have been proven to be effective in helping people cope with and overcome emotional problems.

Another aspect of the mainstream approach is the diagnosis of mental disorders using the Diagnostic and Statistical Manual of Mental Disorders (DSM), which outlines criteria for identifying and classifying various psychological disorders. This allows clinicians to provide targeted interventions based on a specific diagnosis, which can help people receive the most appropriate and effective treatment for their emotional conditions.

One way to help people with mental health problems is to use medication. However, only a qualified professional can conduct a detailed evaluation and determine if medication is necessary. He or she will also be able to determine which medications will be most effective in a particular situation.

Medication is most commonly prescribed for depressive disorders, anxiety and panic attacks, bipolar disorder, and other psychiatric conditions. In these cases, medication treatment can significantly relieve symptoms and help the patient cope with negative emotions. Medication is sometime prescribed as a standalone treatment but, more recently it is combined with psychotherapy.

However, there are also a number of cases when it is possible to do without medication. For example, in mild forms of stress, temporary mental nervous overload or problems caused by external circumstances. In such cases, the help of a psychologist, psychotherapist or social worker may be more effective than medication.

It is also important to remember that medications are not a cure-all. They can help reduce symptoms and alleviate suffering, but they will not solve the cause of the problem. Also, medication can have significant negative side effects and sometimes influence the quality of life. So, there is considerable controversy about this.

The mainstream approach in psychology and psychiatry has undoubtedly made significant advances in the diagnosis and treatment of mental disorders over the past few decades. As more research is conducted and new therapies are developed, professionals in the field are better equipped to help individuals struggling with various mental health issues. However, there is a growing recognition of the need for a more holistic and individualized approach to working with emotional states.

While the Psychiatric approach often focuses on prescribing medication and utilizing evidence-based therapies such as cognitive-behavioral therapy, there is a push for a more personalized approach that takes into account the unique experiences and needs of each individual. This holistic approach acknowledges that mental health is influenced by a multitude of factors, including genetics, environment, lifestyle choices, and personal beliefs.

One of the main criticisms of the Psychiatric approach is that it can sometimes overlook the underlying causes of mental health issues, instead focusing on symptom management through medication. This can lead to a one-size-fits-all approach that may not be effective for everyone. In contrast, a holistic approach seeks to address the root causes of mental health issues and considers the whole person in treatment.

Additionally, there is a growing body of research supporting the effectiveness of alternative therapies such as mindfulness meditation, yoga, and acupuncture in



treating mental health disorders. These approaches focus on improving overall well-being and addressing emotional states through non-traditional methods.

Despite the growing recognition of the need for a more holistic and individualized approach to mental health, there is considerable controversy surrounding this shift. Some critics argue that alternative therapies lack scientific evidence and may not be as effective as traditional approaches. Others express concerns about the potential for individuals to be swindled by unregulated practitioners offering unproven treatments.

However, proponents of a holistic approach argue that it is essential to consider the whole person in treating mental health issues and that a more personalized approach can lead to better outcomes for individuals. By considering factors such as diet, exercise, social support, and personal beliefs, therapists and psychiatrists can help individuals address the underlying causes of their distress and develop coping strategies that work for them.

In conclusion, while the mainstream approach in psychology and psychiatry has made significant advances in the diagnosis and treatment of mental disorders, there is a growing recognition of the need for a more holistic and individualized approach. Despite some controversy surrounding alternative therapies and personalized treatment plans, it is important for professionals in the field to consider the unique needs and experiences of each individual when working with emotional states. By integrating traditional and alternative approaches, mental health professionals can provide more comprehensive and effective care to individuals struggling with mental health issues.

### **Part III: Introduction to process-oriented psychology.**

Process-oriented Psychology, or Process Work as it is otherwise known, was developed by Arnold Mindell (b. 1940), who was a Jungian analyst at the Jung Institute in Zurich, who studied physics at the MIT. Process work has existed since the late 70's and is nowadays internationally represented in many countries around the world. It is an experiential method of psychotherapy that is applicable in conflict work, large group work, individual work, partnership work, family work.

Process work is a meta-model that can be applied to a very wide range of different phenomena. It is well suited to working with people in any state of consciousness, even in a hospital with dying people. It can also be applied to working with couples, in business situations, in organizations, in small and large groups. Process work has developed a common language for a wide variety of phenomena. It brings together different fields - psychology, sociology, medicine, politics, religion, communication theory and systems theory. Moreover, Process Work has a spiritual core, which is a very important part of Process-Oriented Therapy.

"Process psychology can be visualized as a pie, which, if divided into equal portions, would consist of the following parts: body work, movement, relationships, coma and death and dying states, inner work, and world (global) work. However, the process approach is also only a step toward a more holistic and multidimensional psychology."<sup>1</sup>

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<sup>1</sup> A. Mindell 'Working on Yourself Alone: Inner Dreambody Work', Russian ed. Ganga, 2019

### 3.1. Process-oriented view of life.

#### 3.1.1 Levels and channels of reality perception. The dream body concept.

In the process-oriented approach, Arnold Mindell introduces the concept of three levels of experience: the consensus level, the dream level, and the essence level, and he also examines the relationship between them.

**The consensus level** - consensus reality (common or ordinary reality) - is a reality about which there is general agreement among people (conscious or unconscious); as Mindell writes, it is a reality “about which there is silent agreement in a given culture”, “a generally accepted notion of what is ‘reality’”.<sup>2</sup> “These days, this means what can be 'objectively' observed in terms of space, time, matter and energy”.<sup>3</sup> At this level, process work deals with “real” events, facts, problems, and unresolved issues. “In ordinary reality, you can use your ordinary attention to notice and share with others your observations of yourself, other people, objects, and ideas”.<sup>4</sup> Thus, the level of consensual reality includes how we define ourselves and what qualities and roles in society we identify with. However, when observing ourselves or others, we can notice the manifestation of not only those processes with which we identify ourselves, but also those that belong to the field of the unconscious. This is how the dream and essence levels, described below, manifest itself at the level of consensual reality.

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<sup>2</sup> A. Mindell 'Coma: A Healing Journey', Russian ed. Postum, 2015

<sup>3</sup> A. Mindell 'Process Mind', Russian ed. Belovodye, 2011

<sup>4</sup> A. Mindell 'Dreaming While Awake: Techniques For 24-Hour Lucid Dreaming', Russian ed. Publishing house of K. Kravchuk, 2004

**The dream level** - sometimes termed as “dreamland” - is the content of the unconscious, “the world where ‘Dreaming’ first manifests itself in concrete form, such as the dualistic dream world, ..., images, body aches and pains, and so on”.<sup>5</sup>

The dream level manifests itself through the “dreaming body” - the field through which our unconscious tries to communicate to our consciousness. The ways in which our unconscious manifests itself can be different: unconscious material can manifest itself in night dreams, daydreams, relationship problems, altered states of consciousness, body symptoms, frequent repeated events, unintentional signals, “ghost” roles in the stories and myths of individuals, family systems, organizations, and others. History, myths, and events that affect more than one generation - what is relevant to the content of the collective unconscious - are of great importance when considering this level.

“The dreaming body” or “dream body,” according to Mindell, “is created by individual experience, personal descriptions of signals, sensations, and fantasies. If we work in a process approach with a particular problem, we must be prepared that it may manifest itself in several of these ways. And whichever of these manifestations we work with, we will come up with a common theme that reflects the most relevant, near-conscious material from our unconscious. If, for example, unconscious material manifests itself through body symptoms, then “the dreaming body is usually experienced as an interference with the real body, and is initially realized in the form of symptoms”.<sup>6</sup> The internal conflict behind this will be seen in dreams corresponding to this period, interpersonal conflicts, etc. “The dreaming

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<sup>5</sup> A. Mindell 'The Dreammaker's Apprentice: Using Heightened States of Consciousness to Interpret Dreams', Russian ed. Publishing house of K. Kravchuk, 2004

<sup>6</sup> A. Mindell 'Coma key to awakening' Russian ed. AST, 2005

body” is a term for the cumulative, multichannel personality. The part of you that is trying to grow and evolve in this life”<sup>7</sup>.

C.G. Jung writes about the manifestation of unconscious processes: “from time to time they reveal themselves - partly in symptoms, partly in actions, opinions, affects, fantasies and dreams. With the help of such observable material, we can draw indirect conclusions as to the position and arrangement of unconscious processes at the present moment and their development”<sup>8</sup>. At the level of simple, everyday reality, “not a day goes by that we do not make a slip of the tongue, or that something slips from our memory that at other times we firmly remember, or that we are not seized by a mood, the cause of which we cannot establish, and so on. All these are signs of a stable unconscious activity which becomes directly visible at night in dreams, but only occasionally breaks through the inhibitions of our daytime consciousness”<sup>8</sup>. Thus, the dream level represents the content of the personal and collective unconscious and manifests itself through the “dreaming body”. Material aspects of the unconscious manifestation (such as description of the content of night dreams, medical description of body symptoms, specific manifestations of problems in relationships, statement of the fact of entering an altered or extreme state of consciousness, etc.) are relevant to the consensual reality, while subjective experiences of these manifestations, the energies behind them, their deep personal meaning are relevant to the dream and essence levels. Thus, for example, the subjective feelings and inner conflict behind a body symptom would relate to the dream level. Whereas the objective medical data correlating with the symptom would fall under the consensual level. The essence level, discussed next, would be the energy behind the essence and resolution of this inner conflict. The release of this energy enables the integration of new experiences and leads to an expansion of

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<sup>7</sup> A. Mindell *Working with the dreaming body*, Russian ed. Moscow Psychotherapeutic Journal, No 1, 2, 1993

<sup>8</sup> Jung K.G. *Essays on the psychology of the unconscious / Relations between the ego and the unconscious* - M. Cogito Center, 2006

consciousness. Working on the dream level corresponds to a deeply realized state of consciousness, attentive to all explicit and implicit aspects of the experience.

**Essence Level** is a tendency; it is our perception that precedes all thoughts and feelings that can be clearly expressed. “Dreaming” precedes even the dreams we have at night! “Dreaming” is the force that creates the characters of dreams, and “Dreaming” unfolds into Dreamland”.<sup>9</sup> At the deepest, non-dual level, or the level of “essence,” process work deals with a sense of tendencies, with “vague feelings and intuitive hunches that are beyond verbal expression”.<sup>9</sup> Their guiding influence on us can be felt but not easily put into words. This area of human life sometimes reminds us of a barely perceptible atmosphere surrounding people and events, an atmosphere that can be felt as a driving force. Mindell writes, “I will use the word Dreaming with a capital ‘D’, referring to the use of our sensory abilities to recognize the occurrence of an experience before it is formed”<sup>9</sup>. “Dreaming” manifests itself in everyday life first as fleeting nonverbal feelings, moods and intuitions. Later it appears as stable signals, ideas and perceptions as well as dreams and visions that can be expressed through everyday language”<sup>9</sup>. This is not a dual level: there are no external or internal conflicts here, and if opposites arise at this level, they are of a harmonious, complementary nature. At this level we can see (feel, sense) a complete consistent experience of events, realizing the deep meaning of the unity of its parts.

Mindell calls the state of consciousness corresponding to the essence level “process mind” or “God’s mind”. Process mind is distinct from “ordinary consciousness,” which operates with concepts of consensus and dreaming reality. The experience of connecting to this level is achieved by practicing deep awareness while turning the mind inward. At this level, “you notice underlying experiences, feelings that you don’t normally pay attention to, and feelings that have not yet been

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<sup>9</sup> A. Mindell 'Dreaming While Awake: Techniques For 24-Hour Lucid Dreaming', Russian ed. Publishing house of K. Kravchuk, 2004

expressed as meaningful images, sounds, etc. These ignored or marginalized phenomena are .... pre-verbal, feelings and sensations”<sup>9</sup>.

Mastering process mind through the practice of awareness leads to an expansion of ordinary consciousness. Process mind is “the deepest part of ourselves” that “comes from global thinking” and “is an experience of non-local ‘openness’ to everything happening inside and outside of us.”<sup>10</sup> In essence, it is a deeply conscious state of mind that is deeply aware of everything that is happening, with a sense of global unity between all things at the core of its worldview. The process mind perceives what is happening at every moment as necessary and important for all the parts involved in this process, as impulses, signals, starting in their essence from the global unity and going towards each other in order to unite its divided parts.

Thus it can be noted that at the level of revealed consensus reality, consensus reality itself and ordinary awareness exist separately as object and subject; at the dream level there is a convergence of awareness and reality (awareness becomes more conscious in relation to internal processes, reality becomes more conscious in relation to both external and internal processes); and at the essence level, there is a maximum possible convergence of awareness (“process mind”) and observable objects perceived in inseparable connection with the observer.

### 3.1.2. Primary and secondary processes. Edges.

Central to process-oriented psychology is the concept of state and process, which is defined as: “The flow of signals in channels over short periods of time, and the changing experiences of self-identities across the life span”.<sup>11</sup> Process flows meaning that at any moment it is changing. State is static, it is constant.

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<sup>10</sup> A. Mindell 'Process Mind', Russian ed. Belovodye, 2011

<sup>11</sup> A. Mindell 'Coma key to awakening' Russian ed. AST, 2005

From here, two types of process are identified, which is in principle analogous to models of mental structure in other directions: “Process is subdivided into primary and secondary information that is closer to or farther from awareness”<sup>12</sup>.

### **1. Primary Process.**

These are experiences which the individual is able to assimilate and with which he can identify himself.

A. Mindell views the primary process as what we call our own self, the part we think of as “doing” our life, playing certain roles, working and fulfilling responsibilities. It is what we identify ourselves with in the moment, “all aspects of experience that are related to our ordinary self-identity”<sup>13</sup>. In its manifestation, the primary process presents itself through “bodily gestures, behaviors, and thoughts with which one identifies, or is presumed to identify and will confirm this if asked”<sup>12</sup>.

### **2. Secondary Process.**

These are experiences with which one does not want to associate and which one displaces; they are in the background, but they are always trying to come to the forefront of awareness.

In contrast to the primary process, the secondary process is defined as “experiences that we do not perceive as belonging to our self-identity. We perceive them as something that happens to us, or as emotions and experiences with which we do not want or dare to identify”<sup>14</sup>; “All verbal and non-verbal signals in the

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<sup>12</sup> A. Mindell 'City Shadows: Psychological Interventions in Psychiatry', Russian ed. IKSR, 2014

<sup>13</sup> A. Mindell 'Dreaming While Awake: Techniques For 24-Hour Lucid Dreaming', Russian ed. Publishing house of K. Kravchuk, 2004

<sup>14</sup> A. Mindell 'Coma key to awakening' Russian ed. AST, 2005



expressions of an individual or community with which the individual or community does not identify. Information from secondary processes is usually projected, negated, and found in the body or outside of the one who sends it”<sup>12</sup>; “Aspects of ourselves with which we, as individuals or a group, choose not to identify. Often we project these aspects onto people we consider 'enemies'; We may marginalize or admire these qualities, creating inferior or superior characteristics in other groups”<sup>15</sup>.

### **3. Edges.**

A. Mindell introduces the concept of an edge separating these parts of the psyche. The edge is defined as “the boundary between primary and secondary processes”<sup>16</sup>, “the boundary between our known world and the unknown”<sup>17</sup>. As a rule, this holding belief is some attitude formed as a result of life experience.

Most often these attitudes are verbal or nonverbal (parental, cultural, systemic) messages or a decision consciously or unconsciously made as a result of exposure to a traumatic event. These attitudes (beliefs) form an edge as “the experience of not being able to do something, limitations or obstacles in doing something, thinking, or communicating”<sup>12</sup>. They define the boundaries of our self-identity, “the limit of what we think we can do”<sup>18</sup>. “On one side of the boundary is our ordinary mode of identification, and on the other side are all the numinous, mysterious, and unknowable aspects of our experiences and potentialities”<sup>19</sup>.

Mindell classifies edges into personal (boundaries of personal self-identity) and cultural (generally accepted boundaries prescribed for “normal” attitudes and

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<sup>15</sup> A. Mindell 'Sitting in the Fire: Large Group Transformation Using Conflict and Diversity', Russian ed. Ganga, 2019

<sup>16</sup> A. Mindell 'Alternative to Therapy: A Creative Lecture Series on Process Work', Russian ed. Ganga, 2019

<sup>17</sup> A. Mindell 'Metaskills: The Spiritual Art Of Therapy', Russian ed. Independent firm “Class”, 1997

<sup>18</sup> A. Mindell 'Working on Yourself Alone: Inner Dreambody Work', Russian ed. Ganga, 2019

<sup>19</sup> A. Mindell 'Quantum Mind: The Edge Between Physics and Psychology', Russian ed. Ganga, 2023

behavior in a given culture). Another categorization of edges is into strong and weak edges.

“A weak edge is an edge that a person crosses without much difficulty, simply by finding it unpleasant, embarrassing, or slightly frightening”<sup>20</sup>. The integration of new experience from the unconscious in this case does not involve a great deal of mental strain and the raising of a great deal of resistance to the primary process.

The strong edge involves a defense of self-identity at the level of the experience of life and death, a complete denial of any aspects of one's own psyche beyond this edge. “Strong edge: a kind of lack of perception of anything on the other side of the edge. It drives us to the wildest and most eccentric reactions imaginable”<sup>20</sup>.

Edge behavior is “a dynamic moment in which something unrecognized begins to surface and is quickly ignored or not completed. At this point, when this new experience tries to emerge, we often change the subject or begin to giggle, look nervous, excited, (tempted and frightened), .... and immediately become embarrassed”<sup>21</sup>. At this point there is a struggle between the primary and secondary process, it is “the place where your self-identity is questioned when a new process begins to emerge. The natural tendency to behave at the edge is to try to ignore this new flow and continue on the original path”<sup>21</sup>.

It is at this point that edge figures can arise. In fact, the Edge figure is a part of a person's personality. It can be a critic or a defender. Its goal is always a good one - to protect the identity of the individual. Self-criticism can sometimes be useful, but in general the edge figure unreasonably slows down a person's development.

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<sup>20</sup> Handbook of Process Work (translation from English by Alexander Kiselev, ed. by Vladimir Maikov) J. M. Revar, Dictionary, 2004

<sup>21</sup> A. Mindell 'Alternative to Therapy: A Creative Lecture Series on Process Work', Russian ed. Ganga, 2019

In the process-oriented approach there are many variants of working with the edge and they are always very individual.

- Sometimes people just don't have the courage to go over the edge. And you just have to let them try to be there, beyond the edge, and feel with their whole body that “the devil is not as bad as they make it out to be” (Russian proverb).

- Sometimes it is necessary to open an internal dialog with the edge figure. And agree on a new form of interaction-collaboration.

- Sometimes process work only points to the presence of the edge, indicates to the person its presence.

The therapist can draw the client's attention to the fact that as soon as the client comes to the edge, he or she becomes confused, gets stuck, passes one thing off as another, goes back to the old identity, acts unconsciously, forgets what he or she was talking about, what the goal of the session was. The therapist is only helping the client to pay attention to what is happening and to the client's feelings about it.

When working with a client, the process therapist does not simply follow the client's process of awareness. The process therapist intervenes only at specific moments when he or she can help the client see that the secondary process, the new identity, is now ready to manifest itself.

At the point of emergence of the secondary process, the client certainly has the right to choose whether he or she wants to be aware of it or not.

The therapist differentiates between primary, secondary, and edge behavior. The therapist recognizes the edge and gives the client the opportunity to cross over it or not.

The fact is that human development rarely follows a straight line. It usually circles, going a little over the edge, then coming back, then going over the edge again, and then stopping for a while at the breaking point.

“One of the reasons I don't push people over the edge, or force them to make a breakthrough, is that I'm always looking for the path of least resistance. I take a minimalist position on therapy. Most people resist moving over the edge because they have very little idea of how to live. New identities and new behaviors may not yet be formed: it may take time for that to happen”<sup>22</sup>.

“I don't push my clients into cathartic breakthroughs. I try to move slowly and gently. Wait and observe. When the client has a complete idea of how to live with the new identity, the necessary changes can be made in two seconds”<sup>22</sup>.

### 3.2. A process-oriented approach to working with states.

Above I have considered the theoretical aspects of process work. But how does it work in practice?

First, let me note that the process-oriented approach focuses on working with current states that are occurring in a person or group, rather than on analyzing the past or planning for the future. The past and future are manifesting in the current moment. It finds stories from the past happening in the way that people behave in the moment and works with it there. When working in the past it works with the experiences that the person has of the past in the moment. It assumes that states are the key to understanding and changing psychological problems.

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<sup>22</sup> Amy and Arnold Mindell 'Riding the Horse Backwards. Process Work in Theory and Practice', Russian ed. Ganga, 2018

Second, it views states as the basic reality (consensus reality) in which human experience unfolds. Indeed, states are what include a wide range of experiences such as emotions, sensations, thoughts, and beliefs.

Third, the process-oriented approach emphasizes the importance of the validation and acceptance of states. The approach is based on the idea that every process, even if it appears negative or problematic, contains the potential for growth and transformation.

### 3.2.1 Methods of work/process structure.

#### 1. Noticing of current processes (things which are going at the moment)

Process work begins with awareness of the current processes that are taking place in a person, couple or group. This may include body feelings, movements, emotions, tone of voice, thoughts, images, fantasies and interactions.

For example, a person may notice that he or she often has feelings of anxiety. Rather than suppressing this feeling, the process therapist will help to explore it and feel its source and value.

#### 2. Working with body feelings and symptoms

Body feelings are seen as important signals that can help to understand underlying processes. The therapist may ask the client to pay attention to certain body feelings and explore them.

For example, if a person feels a tension in his or her shoulder, the therapist may ask the person to describe the tension, to imagine what it says, how it moves, what it might look like in the natural environment.

Symptoms are a manifestation of process in the body and by unfolding them can help the person/group have insight into new aspects of themselves.

### 3. Working with dreams and fantasies

Dreams and fantasies are important sources of information about internal processes and a person's developing direction in life. A person can bring a dream to work with or be invited to talk about his or her dreams. Dreams often mirror processes in the body, relationships, professional difficulties and other areas of trouble in the person's life.

For example, a person may talk about a recurring dream in which they are running away from someone. The therapist will help explore what the dream may want to say (symbolize) to him or her and how it relates to current life situations.

### 4. Working with groups, organizations and communities

Group work is based on the idea that each person's point of view and experiences are expressing an aspect of the whole group. We call this deep democracy meaning that all points of view have something to contribute. Individuals speak as roles in the field and express their feelings. This can help to improve communication and conflict resolution.

For example, there may be tension between participants in a group. The therapist will help participants to recognize their roles and explore what is behind this tension.

### 5. Working with relationships (work with couples)

The process-oriented approach works with couples by creating an atmosphere for each of the participants as well as the couple as a whole, monitoring feedback,

recognizing levels of the relationship process (intrapersonal, interpersonal, transpersonal), analyzing the structure of the process, working with double signals and edges, high and low dreams, working with roles and working with the couple as a system, working in different channels (visual, kinesthetic, proprioceptive, auditory, spiritual).

Working with couples helps them to better understand and regulate their internal processes, improve communication and reduce destructive patterns of interaction. As a result, relationships can become deeper, more connected and more satisfying.

## 6. Transformation and integration

In sessions the therapist is not only present, attending to his or her own and the client's signals, but also has awareness of what the client identifies with and what they talk about that is "not them". They use their own feelings as signals of the process in the client, helping the client become aware of their feeling, what is happening in their bodies, any stories, images, movements, fantasies that they have.

Amplifying the perceptions might look like helping the person feel more, or to complete a movement. In some cases, playing out a scene in a fantasy helps get the person in touch with an experience that they usually put aside.

### 3.2.2 The process of therapy

- Being present, following the process.

The therapist and client are present in the moment and open to what is happening. They are noticing their own feelings and find how they relate to the client's experience in the moment.

- Feelings monitoring.

The client focuses on the felt emotions, body feelings or images.

- Amplifying.

The therapist helps the client to amplify the perception and feeling of the inner process.

- Role dialog (role switching).

The therapist and client engage in a dialog with roles manifesting through the client's sensations.

- Integration.

Processes are integrated with the conscious part of the client, resulting in increased awareness and self-understanding.

The session may look very different from this, for instance I can ask people to move around my room. We can unfold the movement that is happening naturally. We may draw something that comes out of that and talk about how it relates to the lives. It gives voice to something that hasn't had a way to be expressed, for instance. It also brings to awareness something in the person that's secondary and unknown.

### 3.2.3 Skills and meta-skills

Of course, within the work (in the therapist's process) there are many nuances that help to ensure the effectiveness and safety of therapy.

These may include:

1. Awareness and presence.

This involves paying attention to one's own feelings, emotions and thoughts as well as what is happening to the client.

2. Following the process. Avoidance (rejection) of interpretations.

Stay in the unknown. Focus on signals and completing them. Amplification lets you follow the unknown in a process. You let it reveal its meaning by



completing. The therapist acts as a guide rather than as an expert, helping the client to find answers for themselves.

### 3. Sensitivity and attentiveness in working with body feelings.

Body feelings are an important aspect of a process-oriented approach. The therapist must be able to direct the person's attention to their bodily sensations and help them to explore them. It is important to be sensitive and careful not to trigger discomfort or traumatic memories in the client.

### 4. Facilitation.

In group and individual therapy, it is important to consider the dynamics of roles and relationships between participants or inner parts.

Group work can have different goals. Work on a particular topic like parenting, where people can share experiences and process the field of parenting, difficulties, challenges unwanted experiences.

The therapist must be able to identify and work with these processes to facilitate better communication and conflict resolution. It is important to maintain a balance between individual and group needs so that each participant feels heard and valued.

Sometimes this can also happen in everyday life - we call this the Dreaming-up effect. When the therapist consciously or unconsciously acting like one of the dream figures in the other person's dream. And we see that as the dream is trying to be lived in the moment. The inner experience is being played out in the relationship. And this also is important to notice and track.

### 5. Flexibility and adaptability.

Each person is unique and the therapist must be sensitive to each person's individual differences and needs.

#### 6. Integration and Transformation.

Integration is the process of bringing together separate parts and aspects of the human experience into a whole. It helps to resolve internal conflicts, model wholeness, and create a deeper understanding of the self. Integration is like a jigsaw puzzle in which the separate pieces gradually come together to form a whole picture.

The process-oriented approach focuses on the transformation and integration of conscious processes. The therapist should help the client to integrate the insights gained into daily life.

#### 7. Ethical and professional standards.

The therapist must follow ethical and professional standards to ensure client confidentiality, respect, boundary enforcement and safety. It is important to continually update one's skills, read research, literature, and keep abreast of new developments and techniques in the field of process-oriented work.

#### 8. Supervision.

Supervision is an important element in the professional practice of any therapist, and the process-oriented approach is no exception.

It is About working on what comes up for the therapists that are troubling them in their work with the client. It might be unwanted feelings or that they are working on the same thing in their lives and need help keeping a separate perspective from the client. Have reactions or feelings about the work. This is a place to work on projection and transference and countertransference.

It ensures the maintenance of high standards of therapy, professional growth and emotional support for the therapist, and helps the therapist to be more aware, sensitive and effective in his or her own.

This, of course, is not everything, but it is basic. Among the above, there are also meta-skills such as authenticity, empathy, intuitiveness, acceptance, creativity. The therapist goes beyond the usual patterns and experiments. He or she uses creative techniques such as visualization, movement, and expression to facilitate the client's growth.

Process work is a valuable tool for working with conditions and improving mental health. It is a highly effective method that has been shown to be effective for decades. It helps people to gain a deeper understanding of themselves, their emotions and body feelings, and to transform and integrate these realizations to improve their quality of life.

This concludes my theoretical overview of the effectiveness of this method, and in the next chapter I will describe the practical work with a client in a state of “hopelessness”.

## **Part IV: Practical applications of process-oriented psychology.**

Process-oriented work is a unique approach to psychotherapy, characterized by its phenomenological and body-oriented focus, highlighting the holistic experience of the person. Although there are no specific templates for sessions, there is a specific structure to each process (described in the previous chapter) that guides the therapist and the client in the work.

In this chapter, I will analyze a case study with a client and describe in detail how the process-oriented approach was applied in practice with a client named Maria. I will try to describe the process of our mutual work in as much detail as possible.

I will conclude with the results of a survey I did with other clients with whom I have worked in long-term therapy within a process-oriented approach. I did this survey (not a formal survey, but rather an observational one) to track the dynamics and effectiveness of my work with clients in the process-oriented approach, with clients in similar states of hopelessness and helplessness. This survey will allow me to better understand how the process-oriented approach helps me deal with such difficult emotional states and behavioral patterns. It will also allow me to identify points that I might need to pay closer attention to in order to adjust my actions when dealing with such states in the future. It's also a part of my research.

### 4.1. Case – Maria

Maria entered therapy with the first words that rang with hopelessness and despair: “nothing helps me, nothing changes in my life. I've tried working with different therapists in different modalities - but nothing has made the slightest difference, and every year it gets worse”.

Maria described her condition as powerlessness, lack of resources to do anything. However, I noticed that when describing her condition, she gesticulated her hands very energetically, intoned her voice, looked like a rather strong and confident woman. And she was definitely trying to convince me that she was right.

I drew her attention to the energetic way in which she characterized her state. I asked her to describe what body experience accompanied her in this process, and I paid attention to the hand movements she made. We gradually, step by step, explored this energy of indignation, dissatisfaction, hopelessness, as Maria described them. And to her surprise, Maria noted that there was a lot of energy and power in it. Gradually, Maria turned into a stormy volcano, which was erupting, creating a huge and powerful mudflow. Having turned into this stream, she felt the power, strength, persistence, inflexibility, constancy of movement.

For a fraction of a second, Maria experienced a state of confidence and strength, and she said, “Yes, I can change continents myself”.

That was the beginning of our therapy.

At that moment I thought that Maria was lacking identification with her power, but later on I was convinced that the problem was much deeper. And the reason for the failures was a problem in the relationship (relationship channel), the non-acceptance of her power was the reason for the unconscious and uncontrolled use of this power to the detriment of herself and the people around her (but I will talk about this later).

#### 4.1.1 Initial situation. Background

Maria was born and raised in the suburbs of Moscow, without a father (her father died when she was 2 years old). At the age of 18 she moved to Moscow, entered the institute on her own and built her life. She had a daughter in her first

marriage, and soon after her birth she and her husband began to fight constantly, their relationship spoiled badly, and later they divorced.

In the second marriage she lived with her husband for about 10 years, then they divorced because of her husband's dependence on his mother, as well as lack of support from his side in her initiatives.

When building a new relationship Maria was in therapy, however, this did not lead to success, but influenced her further attitude to all specialists of psychological practices (trust in them was lost). We also worked very much in therapy with the trauma of this relationship, with the loss of basic trust in the surrounding.

According to Maria, as a child she did not like going to kindergarten, she was forcibly sent there. She was bullied at school (both teachers and students), she had no close friends. Her mother did not support her. Only her grandmother.

Maria was very developed and bright for her age. She easily learned the material at school, and because of this she could allow herself to be cheerful and relaxed, which annoyed the teachers. She could stand up for herself and give an answer to most questions. To the teachers, she did not look like a docile student - so they allowed themselves to belittle her knowledge in front of the whole class, to compare her with her mother, who was also studying there earlier. And thus devaluing her achievements.

Her classmates had other interests; they were not interested in Maria, and she was not interested in them. A group of guys - bullies - used to bully her, stealing her things and giving her names. And when they grew up - Maria was not interested in going to discos, drinking alcohol - again she was very different from others and was not accepted by them as her own.

On the one hand, Maria wanted to be accepted. The experience of hopelessness was with her every day "nothing changes, nothing happens, everyone turns away". But at the same time, Maria herself did not want to be with such people, she did not share their interests (thus manifesting her will, which is secondary for Maria - I will talk about it later). We can say that Maria is unique, and because of this she is quite lonely. Such people do not belong to groups, for others they are like aliens. And the partner of such a person should also be special.

#### 4.1.2 Present situation

Maria, 49 years old, manager, divorced, daughter 16 years old.

Maria came to me with the following request: basic trust in the world. A desire to live.

" I am looking for an opportunity to believe in life... to start wanting to live. Nothing helps, nothing changes. I have left many therapists. I'm looking for someone to trust, I can't trust anyone...everyone wants to hurt me."

Initially, the request looked to me like Maria's lack of life force to cope. At first, we worked with Maria's opportunity to get to know herself, to feel her strength, to feel her inner resource that could help her cope.

From the outside, Maria looked like an extremely unfriendly person, quite conflictual. On the other hand, Maria considers herself a very open, responsive, naive, unselfish person, who, as it seems to her, is being taken advantage of by everyone around her, and that everyone around her wants to harm her, devalue her, and so on.

For more than 10 years Maria has been trying to fulfil her dream - to create an independent business, to devote time to her hobbies and interests. She believes that

by creating her own business, she will be able to earn passive income, free up her time and start living life to the fullest!

It looks very difficult for such a person to live. For her, the World was hostile. It was difficult for her to find a place that is comfortable for her (for a long time Maria could not find a job - which we also worked with in the sessions).

Maria identified herself as someone who has no place in this world, who is hurt by the people around and unfriendly to her.

She did not identify herself as a person of great power who could easily injure herself and others. This was manifested in her devaluation of her own achievements as well as those of others, sharp remarks, unfriendly mood and closedness.

#### 4.1.3 The process of therapy

During the first few sessions we worked only with Maria's nightmares. Maria dreams almost every night, very often she requests dreams on a certain topic to get clues from her unconscious (as she indicated).

Through working with dreams in each session we came to a slightly more resourceful state. And at the 5th session, I suggested working with a childhood dream/ memory.

Maria came to the session with a request that she had an escalated state of helplessness, that no one understands her, does not help her, that she sees no meaning in her existence. This condition arose due to the fact that once again she failed to approve the necessary documents for her business with one of the institutions.

*This time we worked with one of the early childhood memories.*



«I'm 3 years old. My mother is taking me to kindergarten on a sled because it is winter. I say something to my mom, and she says nothing back. It's like I don't exist. And my thoughts were: Maybe I don't exist? Because I can't see her face, it's not there. And it's like I'm not there. I don't understand why she gave birth to me. There's not a single person who's happy that I'm here».

I suggested that Maria try to explore the experience: «What's it like when you're not here?»

As soon as Maria began to sink into the experience, she had a terrible fear. Her voice trailed off, the fear was felt in her stomach, and tears appeared.

«I have no vital force; my life force is going away» – said Maria. «My throat hurts, I get spasms in it. It's as if the pain prevents me from «being». And because of it (throat) I have to feel it (pain) and I can't «be».

Then I suggested to Maria that we dive a little deeper and explore this throat that creates spasms, that prevents her from going into a state of «being».

And then Maria said: «life is circular, I am the ring of life».

«Be more of that ring, what is it?» - I offered her.

«It has a shape, and there is emptiness in it» - said Maria.

«Become that emptiness even more» - I encouraged Maria in her process. «How does it move, maybe it has a sound?»

«If I am emptiness, then I am like a contour. I am not there, but the contour creates me. I am like a circle in a door - I want to leave, and I can go forward and backward» - said Maria.

I supported Maria to stay in this state.

Mary's body relaxed, she began to sway slowly and smoothly from side to side, at one point tears appeared on her face. And she said: «There are no limitations, I have a three-dimensional view - basically on everything»!

At the end of the session I asked Maria how the state she was experiencing now could help her to solve her issue with document reconciliation, which had not been resolved? To which she answered me – «There are no limitations! If they don't help me here, I'll go elsewhere! I can get in, I can get out. If not here, then in another institution»!

*Another of Maria's early childhood memories:*

"my grandmother, my mother and I are going to the woods...I don't want to go - but I have to... They don't ask me..don't get to say if I want to. I feel I have no way to express my opinion about this. I feel hopeless..."

We worked with this childhood memory more than once. In the process we explored all the figures (mother, grandmother, the trip itself, the forest), unfolded the process of significance, value. We managed to access Maria's inner protectors:

- A mom who loves, who gives voice, who listens and hears, who does not inflict violence.

- A grandmother who can take care.

- Nature/forest as a resource of vitality.

and to integrate this experience into everyday life.

Maria, for herself, has become someone who can value herself, give herself space, choices and a voice.

Based on these early memories, as well as Maria's stories of her childhood, we can clearly trace the pattern of «hopelessness», «powerlessness» that has developed in the relationship channel, supporting the belief that nothing can be changed.

Maria identified herself as a person who had «no way out» and a complete lack of strength (primary process - hopelessness, powerlessness). She did not identify herself as a strong-willed person capable of managing her life (secondary process - strength, will).

At the dream level, reality was perceived by Maria as a «hostile world around». It (reality) manifested itself in the form of constant conflicts at work with colleagues, devaluation of Maria's work by her superiors or colleagues. «Nothing happens, nothing changes, nothing helps» - these were the phrases that started most of the sessions at the beginning of therapy.

It is very important to note that Maria easily dived into the dream level, we worked a lot with dreams.

*An example of working with one of Maria's dreams: Strong flow.*

Maria came to the session with an inquiry about her feeling of helplessness about the political situation in the country. The day before, she had had a nightdream, and I suggested working with it.

In the dream, Maria and her daughter were in some trip, in an unfamiliar castle, and there were people who were not hostile. And at some point she noticed the wind blowing. In the dream it seemed to her that it was an evil wind of change, and it became her strongest experience.

I suggested her work with the sensation of this slight breeze. Become that wind. To which an edge arose at once – “the wind of change - change is bad”. The edge was connected with a childhood experience with the fairy tale of Mary Poppins. When she flew away from her family on that wind. Having worked off the edge, having talked to the figure of the evil nanny (housekeeper), having given support and protection to her child part, Maria was able to enter the figure of a light breeze, which in the process of amplification turned into the current of the Strong flow. It was as big as the whole world, capable of moving continents.

It was able to access a new state - "I can do it, I've got it, the world is good!".

The message of all Maria's processes and symptoms is very similar. “You and the World are good. You have the ability to trust. You have the capacity to change and be changed”.

Gradually, in the process of therapy, Maria's vocabulary began to eliminate devaluing phrases, and she began to mention the phrases "hopeless" "meaningless" less often, her environment began to change, an interesting job appeared, and her situation in finding business opportunities improved. Maria began to notice her victories - not to devalue her achievements, to take time to celebrate and honor them.

As for me - I have noticed the «dreaming-up» effect («dreaming-up» – is when the therapist takes consciously or unconsciously one of the experiences of the persons process). So I've noticed that many times I have acted like a part of her process. For instance – I felt absolutely helpless to help her. I was part of Maria's dream. Especially during the first few sessions. It manifested as my fear of Maria (of her unconscious power). Devaluing myself as a therapist who could help her, and was supported by her dream that no one around her could be trusted. Sometimes, Maria even hurt me with her statements (to me too harsh). And after tracking this, I

became convinced of my assumption about Maria's growth edge - which lies in the relationship channel.

What we haven't worked with, but will be the next important step in our therapy is:

*How to be a mom/grandma not only to yourself but also to others. Showing more mom/grandma in relationships.*

#### 4.1.4 Summary

Maria was in long-term therapy for about 2 years (sometimes with small breaks of 2-3 weeks). In the course of therapy, we explored her state of hopelessness. We were able to find and collect the traumatized parts of her personality, transform them into resourceful parts and integrate them into her daily life.

Maria was able to feel her power and appreciate her achievements (and those around her), take her rank and celebrate her success.

Through an early childhood memory, Maria was able to identify a pattern that strengthened her previous beliefs about hopelessness and hopelessness, and through this to increase her awareness and see the meaning of the messages of her secondary process. She has found a sphere and a place where she now works and wants to develop further - to build her own business.

What we haven't explored - but still need to - is for Maria to learn how to manage her power in her relationships with others.

Maria has not yet reached her desired level of wealth, launched her own business, or set up a passive income. All of this is yet to come. There is an access to

the state of "I can, I can do it, the world is friendly!". It is not permanent, but it comes to her more and more often.

Maria has a request to build harmonious relationships. And this is the next big stage of work.

#### 4.2. Questionnaire.

From 2019 until now, I have had 11 people in long-term therapy with states similar to Maria's one - hopelessness and desperation.

I did a small questionnaire among them.

##### ***Questionnaire***

1. Have you had therapy before our work together? If so what kind? Was it helpful? If so, how?
2. How do you feel about the work we have done together? Has it helped you? If so, how? If not - what expectations that you had were not fulfilled?
3. What is the most important thing that our work together gives you/has changed in your state since we have worked together?
4. If to compare yourself now with the way you were 3 years ago and now - has anything changed for you? What are the main differences in your condition, attitude and abilities to deal with various situations? How have your relationships changed, with family, relatives. Has your work situation changed?
5. How has working with a process therapist helped you?
6. How do you feel now?

#### 4.2.1 Analysis of the questionnaire.

1. Have you had therapy before our work together? If so what kind? Was it helpful? If so, how?

Following the results of the questionnaire, it became known that all of the interviewees had had experience of therapy prior to our work. The types of therapy varied: cognitive-behavioral therapy, NLP, systemic therapy, trauma therapy, Gestalt therapy. Participants indicated that previous therapy had been of some use in helping them cope with current problems and improving their emotional state. That is, the therapy helped short-term, but did not bring the desired stable (long-term) results.

2. How do you feel about the work we have done together? Has it helped you? If so, how? If not - what expectations that you had were not fulfilled?

All the participants of the questionnaire expressed a positive opinion of our working together. They noted a significant improvement in their emotional and psychological state. Participants noted that their expectations were justified - they received a deep understanding of their problems and effective tools to solve them.

However, two of the interviewed participants noted that the therapy did not bring the expected results. In one case, the client's state changed, but her expectations were that the environment and the series of events would be changed, which, in her opinion, did not happen.

3. What is the most important thing that our work together gives you/has changed in your state since we have worked together?

The main gains that participants noted included: improvements in self-understanding, self-esteem, awareness, and communication skills. Participants also noted improvements in interpersonal relationships and overall quality of life.

All participants reflected significant positive changes in their well-being after beginning our work together. They were able to feel more confident, calm and happy. Participants noted that these positive changes were sustained over time.

4. If to compare yourself now with the way you were 3 years ago and now - has anything changed for you? What are the main differences in your condition, attitude and abilities to deal with various situations? How have your relationships changed, with family, relatives. Has your work situation changed?

Most participants noticed significant changes in their state, relationships, and ability to cope with different situations compared to how they were 3 years ago. They noted improved relationships with family and relatives, as well as positive changes in their work situation. In only one case did one participant note that her relationship with her mother had become worse (in her opinion). She had almost completely stopped communicating with her. However, this allowed her to release resources and she was less often experiencing anxiety and feelings of guilt and offence.

5. How has working with a process therapist helped you?

All the interviewees said that our working together was useful for them. They gained valuable insights and found practical application of their inner qualities, previously marginalized, which helped them to improve the quality of their lives.

6. How do you feel now?



Almost all participants reported feeling significantly better now. They noted improvements in their emotional and psychological well-being, as well as in their overall level of life satisfaction.

#### 4.2.2 Outcome.

The questionnaire survey showed that our work together had a significant positive impact on the interviewees. They noticed improvements in their emotional state, their reactions to events, their interpersonal relationships, and their ability to cope with life's challenges. These results emphasize the importance and effectiveness of process-oriented therapy in achieving positive life changes.

Not everyone interviewed was able to note that they had achieved their initial goals and met all expectations. This indicates that the process-oriented approach, while effective, is not a one-size-fits-all solution for everyone. Nevertheless, it goes a long way in helping to feel a sense of resolution and relief in dealing with a variety of states, including difficult emotional experiences.

In the end, although not all participants achieved their original goals, most noted significant positive changes in their lives.

Our joint work helped the interviewees:

- Find inner support and encouragement.
- Overcome resistance.
- Accept their inner qualities.
- Find self-help options in difficult situations.
- Explore and understand the causes of many of their conditions.
- Improve communication both at work and in the family.
- Improve the general quality of life.

## **Conclusion**

Almost everyone at least once in their lives has faced a situation of helplessness and hopelessness. These feelings may arise suddenly, appear briefly, or be the background of the whole life. It is obvious that the Russian mentality and reality have in their origins the roots pushing to live such states. However, it is also obvious that each person experiences and lives them through in a very different way.

This research and practical work have shown that a process-oriented approach can be very effective in helping people experiencing such states.

During therapy, clients learn to work with their states, transforming them from negative to more resourceful and integrating these resources into their daily lives. This is possible through the use of the various process-oriented therapy techniques and methods discussed in Chapter 3.

Process work helps to find inner strength and support. This helps to strengthen self-confidence and self-esteem and helps to cope with life's difficulties, including such conditions as helplessness and hopelessness. Working with such states helps to improve communication and relationships both on a personal and professional level. It is possible to express one's feelings and needs more openly and constructively, which has a positive effect both on interaction with others and on one's inner-personal state.

Process-oriented psychology is a truly invaluable tool for researching, working with, and finding ease in living with even the most difficult states (both emotional and physical). It helps not only to cope with these states, but also to access one's inner resources, gain a deeper understanding of one's experiences, find ways to overcome them and create a more balanced and sustainable life.

This research has highlighted many points of growth for me - both professionally and personally. It has also allowed me to embrace the rank of process worker (an identity that is not yet firmly established in me, but which can now sometimes celebrate its success).

I sincerely hope that my work will allow someone to see an opportunity to get out of the state of helplessness or hopelessness, and that it will help someone to open a new chapter of their life. After all, when we leave the comfort zone, the zone of our everyday life, we open new boundaries for ourselves, expand the horizons of our thinking and action, richen our inner world with new experiences and emotions. Only those who dare to cross the edge are able to overcome fears and doubts, to grow and develop, to become the whole version of themselves.

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