

**Emerging From Chrysalis:
Exploring the Impact of a Process-Oriented Support Group for
People With Serious Illness**

A Final Project Submitted in Partial Fulfillment
of the Requirements for the Diploma Program
and Master's Degree in Process Work

by

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Abstract

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This educational project describes a series of group sessions developed specifically for individuals who are dealing with serious illness. The content included both didactic and group exercises aimed at exploring the impact of a Process-Oriented support group for people with serious illness. Illness can diminish or change a person's function or capability, affecting occupational, emotional, psychological, spiritual, and financial well-being. Those suffering from serious illness may feel overwhelmed and isolated, estranged from their familiar world and daily routine, and even from themselves. As a result, I found it important to design a group with an encouraging, curious, and compassionate atmosphere to support an emerging identity. The group setting of this Process-Oriented support group was meant to create a shared experience, a sacred space to allow participants to explore, looking more deeply into their process while others witness, supporting their experience. Sessions were held in the summer of 2015. Through this project I wanted to shine a light on identity issues arising from illness, and study the influence of community support as well as the use of processwork tools in service of personal transformation. Findings indicate that this group was able to provide a sense of community and a welcoming atmosphere for the members. This promoted a feeling of belonging for the participants and encouraged relationship. Rather than

something to remain hidden, illness bought membership into this group. This was significant for those who have been experiencing loss in many areas of their lives. Processwork tools were deemed helpful in accessing one's experience in new ways, even shifting one's perspective from one of limitation due to illness to one of opportunity for one participant. Overall participant feedback indicated the desire of the participants to delve even more deeply into their experience.

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Table of Contents

| | |
|---|-----|
| Abstract..... | iii |
| Acknowledgements..... | v |
| List of Tables | x |
| List of Figures..... | xi |
| Chapter 1: Introduction..... | 1 |
| Chapter 2: Personal Journey | 7 |
| Chapter 3: Literature Review..... | 13 |
| Common Psychological Issues Resulting From Illness..... | 13 |
| Societal values concerning illness and health..... | 13 |
| Impact of illness on identity..... | 14 |
| Identify crisis and isolation..... | 16 |
| Sense of alienation resulting from isolation..... | 17 |
| Resources to Alleviate Isolation | 18 |
| Role of community in healing..... | 18 |
| Working with identity issues. | 19 |
| Supportive relationships and the role of compassion. | 20 |
| Processwork and Illness..... | 21 |
| Tools to facilitate an identity crisis..... | 22 |
| Perspective that inspires meaning | 24 |
| Chapter 4: Approach..... | 25 |
| An Educational Project | 25 |
| Class or Group?..... | 25 |

| | |
|--|----|
| Brief Seminar/Handouts and Materials..... | 26 |
| Developing Exercises..... | 28 |
| Finding Participants | 31 |
| Individual Interview and Informed Consent..... | 32 |
| Participant Questionnaire..... | 32 |
| Format..... | 33 |
| Ongoing Analysis Through Weekly Verbal Feedback and Questionnaires | 33 |
| Ethical Considerations | 34 |
| Chapter 5: Findings..... | 35 |
| Facilitative—Creating a Safe Space | 35 |
| Individual Check-In | 36 |
| Coming Together as a Group..... | 37 |
| Time Constraints and Individual Needs—World Work | 38 |
| Exercise Participation | 40 |
| Exploring the Ghosts..... | 48 |
| Group Myth..... | 49 |
| Group Feedback | 51 |
| Community Support..... | 51 |
| Processwork Tools and Identity Issues..... | 53 |
| Chapter 6: Discussion and Conclusion | 55 |
| Success, Struggles, and Learnings | 55 |
| Role of Leadership..... | 57 |
| Community and Connection as a Means of Healing Isolation and Alienation..... | 58 |

| | |
|--|----|
| Contributions to the Field of Processwork..... | 58 |
| Limitations | 59 |
| Next Steps—Future Steps..... | 60 |
| In Conclusion | 61 |
| Bibliography | 63 |
| Appendix A: Chrysalis Flyer | 65 |
| Appendix B: Handouts and Exercises..... | 66 |
| Appendix C: Informed Consent | 75 |
| Appendix D: Questionnaires Pre and Post..... | 76 |

List of Tables

| Table | Page |
|-------|---|
| 1 | Everyday Language and Processwork Concepts.....27 |

List of Figures

| Figure | | Page |
|--------|-------------------------|------|
| 1 | Stuck situation 1a..... | 43 |
| 2 | Stuck situation 1b..... | 44 |
| 3 | Stuck situation 2..... | 45 |
| 4 | Mandala 1..... | 45 |
| 5 | Mandala 2..... | 46 |
| 6 | Mandala 3..... | 46 |
| 7 | Mandala 4..... | 47 |

Chapter 1: Introduction

This educational project began as a journey, a personal encounter with illness that changed the course of my life from an experience of marginalization and depression to one of strength and wellbeing. In 2008, I was diagnosed with a heart condition that required immediate emergency open heart surgery. This happened 15 months after the death of my older brother from sudden cardiac death and 7 months following my mother's death from Alzheimer's disease. I was not prepared to hear the news that I had a life threatening illness. This did not fit into my life plan and I had no frame of reference to relate to this problem. Denial and fear left me paralyzed and flooded by emotion. Following the surgery, treatments caused further disorientation, frustration, loneliness, depression, and loss of self-esteem. I had little firsthand experience of illness, and felt as if a tidal wave was submerging me into an overwhelming pool of feeling. The path has been frightening, mysterious, and filled with wonder. In my explorations, I had no map as a guide. This was unknown territory for me. It would have been really valuable to have been part of a group, a community of people with shared experience of illness to help guide me during this time. This need is what inspired me to choose this topic for my final project. In the next chapter, I write more in depth about my personal experience of illness.

Most people define themselves by the different roles they play in life, how they function in the world, and in relationship to others. A sense of identity helps to keep us grounded as we go through our daily lives. Illness can challenge one's identity, creating unwanted changes in capability and self-esteem. For example, a cardiologist, Mimi

Guarneri, founder and director of Scripps Center for Integrative Medicine, was diagnosed with a severe viral infection and she described her experience as follows:

it wasn't until I was literally knocked off my feet that I was able to see what I couldn't discern when I was up on my physician's pedestal—that being ill challenged your whole sense of self. It was a chastening reminder that anyone could become a patient at any moment. (Guarneri, 2006, p. 56)

This shift in one's sense of self can evoke feelings of loss, confusion, or isolation.

A diagnosis of illness can be very challenging and one's personal reaction to their diagnosis can create even further problems for the individual. Michael Stein (2007), a professor of medicine and community health at Brown University Medical School and Director of several HIV clinics, wrote *The Lonely Patient*. He reported that no one is emotionally prepared for illness, acknowledging that illness can happen to any one of us. Stein recognized the vulnerability and denial that he sees in newly diagnosed individuals. He mentioned the conflicting experience his patients encounter, wanting to hold back and resist complaining when the urge for self-expression about what is happening for them is strong and urgent. Stein (2007) stated,

Patients cannot put into words the extravagant difference between how they once imagined they would handle illness and how they actually do once it is upon them. Illness is repressive. The ill person forces himself to feel calm, to silence the high keening of distress. He is determined to keep his turmoil dormant. There is a palatable denial of emotion as the patient resists anything but bewilderment. Yet emotions creep up and first emerge in the small clearings of idle time, and when they do, patients have difficulty identifying and describing these new and uncomfortable emotional states that have arrived with illness. (p. 8)

When an individual is diagnosed with a serious illness, it seems essential that they are also provided with resources for dealing with the identity crisis that usually follows this difficult news. However, this kind of help is rare.

This project concerns how being part of a Process-Oriented group with others who share the experience of illness can promote a feeling of community, helping to alleviate this sense of isolation. About a year ago I was speaking with an RN who has worked in healthcare for many years. I asked her opinion of my idea for this project and was touched by her comment. She remarked, “The world at large, those who have not had an experience of illness, have no idea of what it is like. For those who are ill, giving them this is like giving them life.” Her comment was very encouraging to me as I was exploring the usefulness of this project.

Processwork has a great capacity to provide support to those whose identities are challenged by illness. Processwork maintains that something meaningful for the individual is contained within a disturbing situation, and also provides useful tools for unfolding the meaning. This can be especially advantageous for individuals who are feeling stuck in what is happening to them. By welcoming the disturbance created by illness, the processwork therapist can support what is unknown and facilitate what is trying to happen at a deeper level of the person’s identity. This unfolding allows for greater awareness for the individual, helps to reframe the illness into something personal and meaningful, and assists them in finding a new identity. In other words, processwork offers a perspective and tools that are helpful to move through an identity crisis.

Another issue is that individuals with a severe illness are likely to experience a sense of isolation. When I was recovering from heart surgery, I was unable to drive for a month. During that time, if I not had the support of wonderful friends and family, I would have been isolated, unable to get groceries from the store or attend appointments. I know of a woman who has cancer and other health issues. She has always been very

physical and healthy until recently. She does not like to accept help from friends even when they offer, and isolates when she is unwell. Living alone, she stated that she is in pain and lonely, yet will not reach out for help. She has always been the one to give and is unable to shift roles and show her vulnerability. As a result, her children and friends who could help her no longer offer. Trying to do everything herself and having an edge to vulnerability while suffering in isolation, puts both her physical and emotional health at greater risk. If this person were in a group with people who were able to model receiving along with giving, this might normalize the idea of receiving community support for this woman. As her identity became more fluid and expanded, she may actually experience more wholeness while fulfilling the different needs that are newly arising through symptoms. Guarneri (2006) maintained that sharing in a group setting fosters healing and offers protection against isolation. She wrote,

Our culture has its roots in a storytelling tradition. There is something in us that yearns to tell the stories of our lives and have them listened to in return. Research shows that in the act of deep listening and responding, a therapeutic exchange takes place, one that may heal emotional and psychic wounds. (Guarneri, 2006, p. 76)

It is clear that in order to maintain wellbeing, resources to navigate and explore identity issues as well having the support of community are essential for individuals who are coping with serious illness. This suggests that a group setting could work especially well for these individuals because their past capability is unknown. No one has expectations that they will function as they were before the illness arrived. Further, in a group of this kind, illness is a prerequisite rather than a stigma.

This project was to examine how a processwork perspective might offer useful tools for these individuals during an identity crisis. This was explored by developing a

series of experiential group activities along with didactic educational materials for individuals with a shared experience of illness. While the educational articles were created to appeal to one's more rational mind, the exercises were designed to help a person uncover new meaning and enter a doorway to unknown parts of themselves. Additionally, another focus of this project was to study how being part of a Process-Oriented group with others who share the experience of illness can promote a sense of community, thus, helping to alleviate feelings of isolation. The group setting was meant to provide a sense of community, a sacred space where participants could explore, looking more deeply into their process while others witness, supporting their experience.

Chapter 2: Personal Journey

I offer some of my personal journey as an example of the identity crisis, sense of isolation, and alienation that can emerge with serious illness. The role of the caregiver is one that is well-known to me. Being the nurturer, the supportive one, has been a large part of my identity. In my adult life, I lived a life dedicated to my work with seniors in managing Retirement, Assisted Living, and Memory Care communities. In my free time, I rode horses, took classes, studied metaphysics, gardened, and enjoyed friends, the symphony, opera, and travelling. I had prided myself on my good health, my toughness and ability to do “whatever it takes.” I pushed myself to create the very best therapeutic communities for seniors and in my earlier years, for mental health clients. I loved the creative process and was proud of our communities.

It disturbed me how seniors were marginalized in this country and I wanted to design a different kind of community where residents would be respected and appreciated, involved in life, perhaps even learning new skills and forging new relationships. I enjoyed helping the clients, families, and employees feel valued and cared for. I loved working in a community setting, where each person was important and included.

It was easy for me to feel compassionate for seniors and the aging process. Caregiving was my comfort zone. However, for myself, I never really thought of taking time to check in with how I was feeling. I had marginalized hurt and illness since I was a young child. I saw illness as some kind of a weakness and something that I could overcome with a positive attitude. That had worked for me for many years.

I have noticed in talking with people who are also strongly identified with being healthy, competent, and capable that marginalizing illness and seeing it as a weakness, something frustrating, and unknown is not so unusual. This attitude leaves little room for pause as the impulse is to get back on your feet as quickly as possible. When one's identity is so strongly identified with health, this edge to illness can be devastating when an illness shows up.

In my own particular circumstance, I was working as the Regional Director for a senior housing company and as such, responsible for the clinical, marketing, fiscal, and regulatory operations for five communities. My unexpected leave of absence for heart surgery created a vacuum for the company and anxiety for my employers. Surprisingly for me, they were not very sympathetic to my needs when I returned to work. They did not want to allow me a 4-day work week and complained that my 8-weeks leave of absence was excessive. They thought that I should have been back at my desk 6 weeks after surgery, when legally I was entitled to 12 weeks. This was very damaging for my self-esteem and my recovery.

At the time, my employers were mirroring for me my unconscious process of impatience with illness, recovery time, and wanting to get back to business as usual. Though I complained to friends and family about their lack of compassion, I was unable to see how this was also my own inner attitude, my pusher wanting me to get back on my feet, as if the surgery had never happened. I was referred to by the cardiac nurses as, "the poster child for cardiac rehab." I tried to push myself to improve more quickly than my body was ready for. I had to be told by the nurses to go more slowly and be gentler with myself. This was an indication that I was struggling with my identity. I did not relate to

the words “heart disease,” as I wanted this to be something that had happened in the past and was now resolved, as if a blip on the radar screen. Deeply in denial, I wanted my surgery to not have taken place at all, and since I was unable to accomplish that, I wanted to get past it and forget that it had transpired.

Things did not work out that way. Recovery was hard and took time. Pain, disturbing thoughts, and feelings of disorientation showed up, my self-esteem suffered, and my values were shifting. Feeling unappreciated and tired, I lost interest in my work. I did not want to put in the effort that had made me so successful in the past. This was particularly confusing and disturbing and had many implications for me, financial and otherwise. I had spent my life creating therapeutic communities and after my heart surgery I just did not want to do this anymore. What was I to do with my life?

At times, I felt that surviving surgery was more than I could bear. There were physical reminders, a scar, pain, limited movement, tests, and so many medical appointments. People would say that I was so lucky and I would think to myself, “What do you know about this?” I did not want to hear about how “lucky,” I was. I wanted to know how to live my life. I had crossed a threshold into unknown territory and could no longer find my way. For 2 years, I desperately tried to return to my old life patterns and finally, sadly realized that this was no longer possible.

I knew that I needed help at this point in my life. I no longer felt a sense of balance. Feelings were arising within me that seemed overwhelming. I was experiencing sadness, fear, and loss of control. I did not know what I wanted anymore.

I had been feeling that I came out of the surgery somewhat of a different person and this was troubling. I felt a part of me had died. I no longer valued the same things

that had mattered to me before. I walked with a feeling of strangeness around me. The only place where I felt “at home,” was in cardiac rehab. The people there did not expect me to be who I had been before and appeared to understand what I was going through, at least on some level.

My previous experience of working in mental health made me skeptical about finding someone who would help me explore deeply into my process. I wanted to use my spiritual resources and find additional psychological tools I did not have. I began to realize that I was not going to get over the experience of heart disease and surgery, and instead, had to find a way to integrate this into my identity. Having an edge to the experience kept me going in circles, making this impossible for me. I was in a dilemma. I knew vaguely what I needed to do and was unable to move forward. I needed someone to hold the space and guide me through this disturbing time of my life.

From the time that I was a child, I believed I had a spiritual connection to something greater than me. This feeling amplified for me in nature. I believed that the body carried wisdom for the whole self, and although I did not appreciate what my body was showing me, I knew that there was a strong message there for me. The symbol of the heart carried meaning for me. That was my center where the deepest part of me resided.

My first feeling of hope came to me in the form of a flirt. I noticed an announcement in the paper about a group for people with depression and low self-esteem. I decided to call the person offering the group and found that there was nothing available at that time. A few months later I received a call from the same individual, a former processworker. There was to be a new group starting and I could come to an introduction if I was interested in doing so. I was not very optimistic but went anyway, and found that

my curiosity was sparked by this different approach to depression. As I continued to attend, I noticed that there was something fresh and exciting for me here. As the weeks passed, this group began to feel like a lifeline for me.

What especially excited me was this thing called a *secondary process*.

Processwork theory includes a primary and a secondary process, parts of the self that are divided by an edge (Diamond, 2004, p. 22). The secondary process is present yet further away from one's awareness. I loved the idea that there was an unknown part of me that existed and that I could begin to learn more about. This resonated very strongly with me. It felt true in a deep way and seemed magical. I felt I was being pulled in a new direction that made sense, as a new pattern was emerging for me. There was a place for me to go each week where I felt more at home with what was happening within me. I was finding tools to work with my moods and confusion. This blend of psychology and spirituality combined with Taoism and Shamanism spoke to the heart of who I was.

For me, this journey continued as I moved more deeply into my process. I eventually left my job and began a program of study in processwork that drew me into a world of discovery about myself, my family, and the way that I viewed the world. I found a very special processwork therapist who seemed to understand my fears and was willing to go deeply with me exploring the edges of my being. When it came time for me to find a topic for my final project, I realized that I wanted to share my knowledge of processwork tools to create a group experience for people struggling with illness. This would provide a sense of community to welcome the disavowed parts, to laugh, grieve, and create together as well as to ease the loneliness and isolation that can arise from illness.

Chapter 3: Literature Review

In this chapter, I review current literature concerning psychological issues resulting from illness. I also explore some interventions that can help to ameliorate these problems.

Common Psychological Issues Resulting From Illness

Because illness can affect so many different aspects of a person's life, it can generate cascading problems involving, work, finances, pain, relationships, and independence. Serious illness also intensifies emotions such as fear, sadness, loss, and brings up issues around identity and capability. These issues influence security and impact the very core of one's identity. An identity crisis is often the result, and diminished self-esteem can lead to isolation and feelings of alienation.

Societal values concerning illness and health. Illness lingers in the background of our world, touching on the lives of our friends, our families and at some point, ourselves. We are a culture that supports wellness, youth, organic farming, and fitness; a world where illness is not a subject one wants to think about. Expectations of health are paramount to our life goals. We are warned of the needs to exercise, eat healthy, and avoid certain foods. Illness conjures up fears and therefore, it is marginalized until we are forced to attend to it. Recently, it is becoming more common place for medical procedures to become newsworthy, as celebrities and leaders reveal these personal events; however, one rarely hears of individuals openly discussing the deeper feelings and fears that arise with illness.

Cardiac surgeon Mimi Guarneri, founder and medical director of Scripps Center for Integrative Medicine, became aware of the needs of her patients to process their

experiences and made a shift from the practice of traditional medicine into one of integrative medicine. Guarneri (2006) observed,

Our hospital halls were teeming with patients wandering from one impersonal scope and scan to the next, repeating the litany of their personal histories. In the business of an acute care setting, it was difficult to find much sympathizing, synthesizing, or empathizing. (p. 53)

In an article from the British Royal College of Psychiatrists website, it was mentioned that poor physical health can cause poor mental health: “Many of us said that when we look at our health we should look at the whole subject of ‘mind, body and spirit,’ in which all elements are connected and in which each feature affects the other” (Highland Users Group, 2008). Some members even discussed abandoning the division between mental and physical illness, calling this artificial and without usefulness. Another idea under discussion was to treat the whole person and not just one aspect of their being. Coming to terms with a physical disability can be difficult and distressing as issues of mobility, lack of sleep, pain, and anything that affects our ability to function normally, lead to psychological problems. Though one can find some efforts to incorporate a more integrative care delivery system, this is not the norm today. For the most part, the body is treated as something to fix while the emotional issues go unnoticed, thus, unattended to.

Impact of illness on identity. Professor of medicine and community health at Brown University, Michael Stein stated in his 2007 book, *The Lonely Patient*, that the emotional side of illness is often overlooked. In this work, Stein (2007) underscores the importance of physicians to acknowledge the “emotional cascade of illness” (p. 63) as a means of helping patients to communicate their feelings to their medical providers, family, and friends. When a patient is suffering from fatigue or pain, and emotions are

compromised by fear and insecurity, personal worth is diminished. It can be overwhelming for patients to make important decisions about how to proceed with treatment when medical providers marginalize the emotional aspects of illness. The patient needs to feel that he or she can trust their providers and bring her or his fears and confusion into the discussion of treatment. Stein describes four feelings that are intensified by illness: betrayal, terror, loss, and loneliness.

“Betrayal often involves the disrupting of expectations, and when we are healthy, we expect to remain that way” (Stein, 2007, p. 61). When we are accustomed to being healthy this is our normal. We probably do not think much about illness, and therefore, we trust our body to be predictable and reliable. The arrival of illness forces us to adapt to a new relationship with our body, that part of us that is most intimately known. We feel vulnerable. This disturbance can result in feelings of insecurity, disorientation, and confusion. Our identity is challenged by unwelcome change creating loss, loneliness, even terror (Stein, 2007).

As a result, of this change, we may be no longer able to function in the same manner as before. For instance, we may be a capable 20-something, a successful businessman, with great athletic ability. If we suddenly have a stroke that compromises our motor function and brain function, we may be permanently disabled. Our identity as we knew it, our future, is changed forever. Apart from this, there are financial considerations and practical problems if we are also no longer able to drive or work. Who we were, how we identified ourselves, has changed dramatically, and this can be very disorientating and painful to accept. Loss of an ability that we take for granted can

evoke feelings of grief, anger, worry, sadness, denial, as this is all part of the “not me,” that processwork terms the secondary or less known aspects of one’s self.

Identify crisis and isolation. Julian Sifter (2010) asserted that illness separates us from the masses of those who are well and healthy. In *After the Diagnosis: Transcending Chronic Illness* (Sifter, 2010), he stated that a diagnosis of illness puts us into a different category of society, one we never wanted to join. Illness can affect every part of one’s life: relationships, finances, employment, spiritual beliefs, and socialization. As a result, illness can lead to isolation, if one is estranged from their familiar world and daily routine. This unsettling shift in one’s identity can lead to an emotional crisis compromising efforts towards recovery.

Wayne Sotile is a cardiac psychologist and a leading authority on the emotional effects of heart disease. He refers to the “emotional ravages,” (Sotile, 2003, p. 3) that heart patients face after surgery. In his book, *Thriving with Heart Disease*, Sotile (2003) stated, “it is not the severity of the illness but how you cope with it that will determine how long you will live and how happy you will be” (p. 3). As a medical psychologist, he has an appreciation for the vulnerability one experiences during illness, along with the anxiety and identity issues that arise. He alluded to powerful emotions that can open a “vein of grief” (Sotile, 2003, p. 17) creating profound sadness. Sotile stated that it is critical for health to express feelings rather than holding them in. At the same time he also acknowledges there can be an unsettling “seismic shift” (Sotile, 2003, p. 4) in even the most stable relationships, “rattling a family’s foundation and leaving its members shaky and grim” (p. 4).

Sotile's (2003) theory was that patients recover faster and more completely in an atmosphere of openness and acceptance. He saw a strong need for human connection, and cautioned against isolation, stating that the odds are against an individual with heart disease trying to recover alone. Sotile reached far beyond traditional diet and exercise in his prescription for change. His plan called for a "new normal" (Sotile, 2003, p. 6), one that includes connection with others. Sotile encouraged a life within this framework for one recovering from illness, and stated,

When heart disease strikes, a person must abandon the well-trodden path he or she used to follow, blaze a trail, and begin a journey towards a new way of living. Heart disease is an invitation to create a different way of life—a new normal—that heals the heart by tending to emotions and mending human connection. (Sotile, 2003, p. 6)

Sotile described this as a journey taken moment by moment, conversation by conversation, embrace by embrace and, conflict by conflict.

Sense of alienation resulting from isolation. Letty Cottin Pogrebin (2013), author of *How To Be A Friend To A Friend Who's Sick*, discussed the gift of connection with another during times of illness.

A SISTER CANCER SURVIVOR TOLD ME that whoever has experienced a serious illness or tragedy and reaches out to help a friend in comparable circumstances is like the person who is able to go into your cave and sit there with you in the darkness while everyone else is standing outside trying to coax you to come out. (Pogrebin, 2013, p. 147)

There are different reasons why people who are ill may isolate. Sometimes it can be difficult to talk about the illness with those who are close. We may not want to worry or upset them. Others may be overwhelmed and unable to reach out or be available. Feelings of depression, sadness, grief, and pain can be challenging, leaving a person devoid of energy. Having a physical illness may cause distress that one may find difficult

to verbalize. It may be too stressful to go out in public when one is ill due to physical symptoms that arise. The very act of getting dressed and attending an event may feel like it is too much effort, or one may no longer have the ability to join in some activity that helped define who they were in the past, causing them to feel grief and disorientation. Losing the ability to drive a car can create loss of independence and fuel isolation.

Others have concerns that talking about illness may expose them as being too needy. In fact, they may have experienced this in relationships already and the rejection may have been agony for them. Illness can be a difficult subject for some people to hear about. It takes a certain kind of sensitivity to compassionately listen and to fully be with someone when they are ill. However, isolating can lead to alienation, making it very difficult to find the resiliency and care needed for healing.

Resources to Alleviate Isolation

Role of community in healing. To maintain wellbeing, it is essential to find a connection with others during times of illness. Pogrebin (2013) addressed the issue of using discrimination in choosing friends during this time of vulnerability.

Illness and misfortune lay bare the anxiety of proximity: only when we're ready to share a major problem do we discover where our friends fall on the spectrum of closeness, whether they have a place in our emotional inner sanctum and at our bedside, or whether they're to be kept at arm's length and out of the loop. The ultimate power of one friend over another is the power to grant or deny intimacy. When we trust someone with the turmoil of our body, soul (or bank account), we give them the key to our core and in so doing, define them as the closest of the close, our Uberpals. (Pogrebin, 2013, p. 55)

In a world where there are many people dealing with illness and the ensuing issues of pain, fear, loss, and loneliness, it is a tragedy for one to suffer in isolation. The sharing of one's experience of illness may resonate with and even ease the burden for another. Illness expands our definition of who we are. Healing calls for a resilient spirit,

one that is flexible, able to adapt to the changes happening within the body, and the whole of the person. Instability arises to accommodate change. We come face to face with our mortality. Having a sense of belonging, a community of others who care about us and support us through challenging times, fosters love and emotional wellbeing. Learning to reach out for the steadying presence of relationship may be the elixir of hope that can break a pattern of alienation and create an opening for healing to begin.

Working with identity issues. In order to feel safe in the world, we devise an image of ourselves, of who we think we are, and try to live up to that image. This image includes our values, how we compare with others, in essence our identity. In different ways, illness disturbs this sense of self, and also our functioning in the world. Jungian analyst Albert Kreinheder (2009) discussed his personal experience of illness in *Body and Soul: The Other Side of Illness*. In his words,

Rheumatoid arthritis, a strange invasive disease, had taken command of my body. And my mind also, because I was questioning the meaning of everything and why I was here, feeling cloudy and unrelated, not sure what things were real or important. When you are aware all the time of your body, with its pain and its fatigue determining everything you do, there is a big realignment of priorities, and nothing is quite the same as it was before. Life itself seems very tenuous, and that shifts one's perspective tremendously. (Kreinheder, 2009, p. 36)

He later observed,

Neither I nor the whole medical establishment as my paid deputies had any power to modify this situation that was dominating my life. It was a humbling experience. I had felt inferior before but never humbled, never in this particular existential way. (Kreinheder, 2009, p. 37)

Such humbling of the self is painful, and Kreinheder (2009) discouraged trying to avoid, repress, or deny negative thoughts that arise at this time. He acknowledged the feelings of guilt that often come with illness, and admitted that society may promote these feelings of guilt by the implication that the individual did something wrong which

caused them to get sick. Some current theories on healing do harm by implying that there are universal reasons for the arrival of symptoms and that one can think themselves out of these conditions by using positive thought and will power alone. These ways of thinking can invoke feelings of guilt or shame for people who are ill and further damage self-esteem. Kreinheder argued that most people do not need added guilt as they already feel guilty enough just for being sick. Adding to this load of guilt and struggle makes for the worst kind of mental atmosphere for healing to occur.

According to Kreinheder (2009), the one guideline that is most important in dealing with illness is truth, defining it as the panacea, the most precious of ingredient in helping to heal. He stated that illness brings a strong tendency toward denial and we need to know how to get beyond denial to reveal the real feelings. Kreinheder (2009) saw illness as an opportunity for growth, in that as the identity becomes more fluid, it creates an opening to break through denial, “now that the disease has pummeled them and weakened them, perhaps now the child underneath is ready to call for help” (p. 63).

Supportive relationships and the role of compassion. Just as feelings of guilt may cause harm to one who is ill, so compassion may generate an atmosphere of truth, recovery, and connection. It was previously stated that one who is ill is likely experiencing an identity crisis brought on by vulnerable feelings resulting from a diagnosis of illness. Without adequate resources to manage this disruption in their reality, they must reach out for support. The ideal foundation of this support is compassionate care. This may come from of a partner, a family member, a friend, or care delivered in a professional setting.

Julian Seifter (2010) has developed a set of eight compassionate strategies that are meant to open oneself up to the experience of illness, allowing something deeper to take place. They are as follows:

Be yourself. Hold on to who you are despite the diagnosis.

Know yourself. Find a balance between preoccupation and denial.

Transcend yourself. Go beyond the physical to find sources of meaning.

Transform yourself. Find and express unexplored parts of yourself.

Forget yourself. Let go of obsession.

Forgive yourself. Let go of guilt and remorse.

Grow. Let yourself change over time.

Share. Allow yourself to depend on others. (Seifter, 2010, p. 3)

Processwork and Illness

Arnold Mindell, a Jungian analyst, and Amy Mindell, along with a group of students, developed processwork while living in Zurich in the 1970s. This approach to change involves following the flow of experience in oneself and in the environment, while noticing what happens without imposing judgment (Diamond, 2004). This approach to individual and collective change brings psychology, group dynamics, spirituality, and creative expression together in a single paradigm.

The processwork perspective is especially suited for helping people with serious illness because it expands one's view about what is happening through the illness. Deeper awareness brings a focus to unknown parts of the experience of illness. The tools offered by processwork are used to help individuals begin to shift perspective and

welcome their experience with a spirit of curiosity and creativity. An identity crisis is reframed into something different, a movement towards greater wholeness of the self.

In processwork, there is also a strong focus on relationship—relationship with others and relationship with oneself. This relationship work promotes connectedness with the larger self and with one's community, and this relatedness eases loneliness and alienation.

Tools to facilitate an identity crisis. Processwork theory includes a primary and a secondary process, parts of the self that are divided by an edge (Diamond, 2004, p. 22). The primary process is the part of a person's identity the individual is familiar with. They might say, "I am a teacher, student, or a welder." They may also have an artistic sense that others perceive and they do not identify with. Being artistic would be more secondary. The secondary process is present yet further away from one's identity. The secondary process can also be observed in one who is very shy in their primary process and who becomes an eloquent speaker when playing a part on stage. As we move towards wholeness, something secondary is always trying to happen and can be noticed through accidents, illness, unintended messages, and dreams.

The edge can be felt as excitement, confusion, fear or disorientation. It is where the primary process, the sense of identity ends. The edge can also be experienced as something mysterious.

When someone is dealing with illness, they are experiencing a symptom, a secondary process that feels like something is happening to them. They are also at an edge that can make this whole process feel painful. Change is happening on both a physical and a psychological level. Trusting in the wisdom of the individual, the

processwork therapist follows the client's process and encourages the change that wants to happen. Using a sense of curiosity, the processwork therapist notices both intended and unintended signals in order to help unfold the meaning of the symptom in service of the client.

Deep democracy is a core value of processwork and brings a helpful perspective for people with serious illness. Mindell (1992) first introduced this concept in *Leader as a Martial Artist*. Deep democracy is a timeless feeling of shared compassion for all living beings. It places value on the whole of experience, including especially all of our parts. Deeply democratic people value every organ in their body as well as their inner feelings, needs, desires, thoughts, and dreams.

In *Earth Based Psychology*, Mindell (2007) proposed that the experience of disease, the experience of symptoms as "not me," is typical for most of us. This commonplace attitude allows certain parts of our being while marginalizing other parts, leading to alienation from the deeper larger self. Mindell (2007) stated, "Disease is a way of getting to know ease" (p. 138). Without awareness of other parts of the self, we experience life as filled with symptoms and people or events that seem angry. "Death itself may be lurking behind every tree as you move from your path" (Mindell, 2007, p. 138). However, Mindell stresses that the point of these threats and symptoms is really to shake things up, to loosen us up, and in doing so to relax the identity. The practice of deep democracy allows us to make a home for the disavowed parts of the self, parts that were forbidden to us in the past. This integration of previously unknown parts expands the identity, thus, reducing alienation and pain.

Perspective that inspires meaning. In the introduction to his book *Working with the Dreaming Body*, Arnold Mindell (2002) wrote,

I have discovered that the body's symptoms are not necessarily pathological, that is they are not just sickness that must be healed, repressed or cured. Symptoms are potentially meaningful and purposeful conditions. They could be the beginning of fantastic phases of life or they could bring one amazingly close to the center of existence. They can also be a trip into another world, as well as a royal road into the development of the personality. (p. xi)

Pierre Morin expanded upon the work of Arnold Mindell, who stated that body symptoms contain helpful and important information for the individual. Morin wants to create a new kind of health care reform, one that is more personal, and shifts our beliefs and attitudes about sickness to discover the magic that symptoms contain. This paradigm examines the way our society values and responds to concepts of illness and health. In his book, *Health in Sickness-Sickness in Health: Towards a New Process-Oriented Medicine*, Morin (2014) describes his own asthma symptoms as an example of a guide towards wholeness. In this paradigm, the symptom, the disturbance is reframed as a guide. With the symptom transformed into a guide, Morin learns that when his symptom appears, this is a signal that his body needs to slow down. Listening to his body in this way and following his process is one example of what Morin (2014) describes as "health-in-sickness" (p. 15), and he also observed, "Learning to develop a generous spirit towards ourselves and others is part of health and healing" (p. 25). Morin encouraged us to look at whatever happens to us through a lens of curiosity, courage, and kindness.

Chapter 4: Approach

An Educational Project

This was an educational project that included designing, leading, and evaluating a Process-Oriented group for individuals with illness. My goal was to explore the impact of using processwork tools for people with serious illness in a group setting to ameliorate issues of identity and alienation. I also wanted to educate and inform participants by using both experiential and didactic learning in a group setting. In this chapter, I present how I planned the seminar and group sessions, created handouts, developed exercises, and chose participants. I also discuss how and why I updated the format from my original plan, as well as my ongoing analysis and ethical considerations.

Class or Group?

Originally, I was uncertain if I wanted to call this project a class or a group. The project included both elements of relationship and interpersonal communication, and also presentation of didactic material. When I discussed this idea with several people who either had illness themselves, or worked with people who were ill, I received some negative feedback around the word “group.” Having been in so many groups myself, I did not realize that the term group might have a negative connotation. For some, the word group implies that something is wrong and one needs help (e.g., a 12-Step Group). “Class” had a different, more positive connotation, as in something elective one might choose to take for the purpose of enhancing their learning. If one is already feeling stigmatized by being ill, the word group may be less appealing than class. The terms class and group also had implications for me, as teacher and therapist-group facilitator. In the end, I thought that calling this a “class” may appeal to a broader range of

individuals including those who may feel less comfortable joining a group. For this reason, on my flyer I referred to this as a class (Appendix A: Chrysalis Flyer).

I paid special attention to the venue for the class. I knew that it needed to be comfortable, convenient, quiet, and near public transit, as not everyone was able to drive. I was happy to be able to use the Library at the Process Work Institute in the evening. This allowed us to have the things we needed: the availability of public transportation, comfortable chairs and couches, room to lie down, blankets, a bathroom close by, air conditioning, fresh air through open windows, and variable lighting. Tea and snacks could also be served here, and this was something I wanted to include.

Brief Seminar/Handouts and Materials

Because I planned to offer this group to people who were not part of the processwork community, I developed an initial 2-hour seminar to introduce some processwork ideas through the use of commonplace terms that would be more easily recognizable. My intention was to create a welcoming atmosphere, one that was conducive for using processwork tools in a group setting for those unfamiliar with processwork.

In the handouts, participants were introduced to the idea that processwork maintains that something useful and meaningful for the individual is contained within a disturbing situation. From this premise, we could begin to employ processwork methods to further explore issues of identity, alienation, relationship, and community using words, movement, art, and visualization. Table 1 offers a list of processwork concepts and the terms I used to explain them in a more mainstream manner. For the terms, The New Normal, Advocating for Yourself, and Creating a Resource Team, I created handouts that

explained these different terms and offered constructive ideas about how to work with this time in one's life (see Appendix B).

Table 1

Everyday Language and Processwork Concepts

| Everyday language | Processwork concepts |
|---|---|
| <p>The New Normal. Those suffering from serious illness may experience great changes in their daily life. Often with reluctance and sadness, a person must abandon the path he or she used to follow. This can trigger a grieving process. From all this change and uncertainty, a new normal begins to emerge. Something is waking up. Deep rooted patterns are dying and transformation is trying to happen, much like the chrysalis stage of the butterfly. Life is signaling it is time for a change.</p> | <p>Something secondary is present, creating a shift in the primary identity. This is causing a disturbance. There is something valuable in this disturbance, it can lead to more wholeness; however, the process needs to be unfolded to find the useful message, the gold within.</p> |
| <p>Building a Resource Team. Illness can be a wakeup call to review your relationships and cultivate new ones. You may feel vulnerable asking for help if this is something less familiar for you. It is important to know who is present in your life. Who loves you and is part of your community? If one becomes isolated from the world, the default result is loneliness. This leads to alienation, greater vulnerability and even possibly an increase in symptoms.</p> | <p>Working with Relationship skills, World Channel, Edge work Processwork is especially suited for helping with relationship skills and building connection with others. As one embraces Deep democracy with the world and internally, all relationships can be improved.</p> |
| <p>Advocating for You. Studies show that it is the relationship between the patient and the medical provider that determines much of the outcome for the patient. Notice what attracts and what disturbs you in your treatment process. Become a collaborator in your healthcare. You need to have a cooperative relationship and be treated with respect. All of this requires some effort on your part.</p> | <p>Taking Agency—Standing for oneself, within the Medical Community and with others. A person may need to cross edges to become more fluid and in the process discover disavowed parts of the self that are very useful. Relationship skills are also needed, to be able to understand ourselves and others, making it easier to ask for our needs more directly.</p> |

(Table continues)

| | |
|-------------------------|---|
| Everyday language | Processwork concepts |
| Guided Visualization | Working with the unknown, Inner Figures, Process Mind |
| Symptoms | Unintended messages, Double signals |
| Feelings and Compassion | Deep Democracy, Welcoming the unknown with curiosity |
| Wholeness and Meaning | Teleology—The secondary process emerges bringing needed energy to unfold, integrate, and to live more consciously in the world. |

I assembled a personal folder for each participant to use for the duration of the group. This folder included all of the handouts, some quotations, blank note paper, and a place for the individual exercises and drawings to be kept.

Developing Exercises

The exercises I designed were experiential in nature (see Appendix B). I wanted participants to explore different channels of perception, to deepen participants' awareness, and provide a new experience about a part of them that was more unknown. I also wanted participants to have an opportunity to discover more hidden aspects of themselves that could be resources, and help them to find meaning in the experience of illness. Another goal was to use these exercises to generate feelings of empowerment and support through their sharing and exchange with others. For these reasons, some exercises explored movement, while others were more meditative, concerned with body feelings, visual, or auditory perception. Exercises included were an open-ended Guided Visualization, Mandala artwork, a Childhood Dream exercise, one using a Five Frame Drawing for Dealing with a Stuck Situation, an exercise on Body Feelings, and another

using Flirts. I also left room to substitute different experiences that seemed especially appropriate to group issues that arose in the moment. One of these was a group exercise around Welcoming the Ghosts and Spirits in our group, and another was a movement exercise.

An open-ended guided visualization exercise used was during the first session. I played soft music in the background to evoke a meditative atmosphere with low lighting, comfortable cushions, and plenty of room to spread out. I wanted to ease into the exercises for the group by making the first experiential a relaxing, more passive one. Participants were guided on an imaginary walk on the beach and were eventually led to two chairs. One chair was empty and the other was occupied by a person they knew or a wise being. They were then invited to take the empty chair have a conversation about a problem or a question on their minds, and were given a message to take back with them. The idea behind this exercise was to provide a doorway for participants to access their own inner wisdom with very little guidance from the facilitator.

The second exercise was one that I had not prepared in advance. Instead, I chose to follow the process of the group. We went into the Big Room and had a spontaneous movement exercise. I choose this option instead of one I had prepared on the Childhood Dream, because of the strong energy in our group that night—the frustration, the angst, and anger around illness that was being verbalized and happening in the moment. I thought that if this energy was channeled into movement it could be amplified more easily and allow all to participate. Each person was encouraged to move freely or vocalize in any way that they wished to follow themselves. I took part and modeled my own process.

On another occasion, we did an exercise called Using Fluidity to Work with a Stuck Situation. This exercise provided participants with a five frame blank paper, four frames on one side and a larger one on the back. Following guided directions and with meditative music in the background, participants worked with a personal situation by drawing the problem in the first box, then making a movie or story to move it forward by drawing three more frames. After stopping for several minutes to quietly meditate, the group then completed a larger picture on the back, and afterwards, everyone shared their experiences.

I chose this exercise because often when people are ill, they can become stuck in the role of a victim, making it difficult to be in touch with powerful resources within themselves. Through the use of drawing, color, and words, this exercise provided a way to tap into unknown parts, providing access to resources that were more secondary.

We also did mandala artwork with some meditative music playing in the background. Working with mandalas is said to be healing and calming, inspiring balance during times of change. Indeed, “in the mandala, Jung saw a uniting symbol or an archetype of wholeness” (Gronning, Sohl & Singer, 2007; Jung, 1973). In this exercise, an outline of a mandala was printed on a piece of paper and the colors were left blank for each to create their own image using their choice of coloring materials, paint, pastel, markers, or crayons. There were an assortment of different diagrams for people to choose from and also markers, crayons, and pastels. Participants worked silently and independently. At the end, members were free to share or not. They all gave their work a title and chose to share. They discussed why they had chosen the particular picture/shape they did and the meaning of their artwork. The purpose of this exercise

was to give a rest to participants who were reporting feeling a little overwhelmed by feelings after leaving the group. This gave some quiet reflective time to work alone, and then come together to share what they had noticed through doing this exercise, if they chose to do so.

Finding Participants

I advertised on the processwork local string and created a flyer to put online and in bookstores (see Appendix A). I also contacted some cardiac rehab programs, used word of mouth, and was led by my own dreaming to approach individuals if I felt they may be interested in this project. Friends and colleagues also posted my flyer on different community bulletin boards that were concerned with personal growth.

One participant approached me after I did my Final Project presentation last May. She had been in the audience and told me that she felt as if I had been speaking to her during my presentation. She expressed her strong interest and we set a time for an individual meeting. Another participant was someone I had known who had suffered from several life threatening diseases. She was eager to participate. I personally approached an individual that I met at a class where I heard her mention something about her illness. She, too, was excited to participate. Another woman heard about the group from one of the postings on a community bulletin board. The previously mentioned people, all of whom became a part of the group, were women. I was hoping to have a coed group and was pleased when a male friend of mine heard about the group and wanted to help me with my research and learn more about his own illness. He had received a diagnosis of cancer and gone through treatment for this.

There were a few other possible candidates who contacted me and did not participate due to the time commitment needed or personal interest. One person was referred by her therapist and wanted to attend. I, too, wanted to have her in the group. Unfortunately, she was hospitalized and had surgery shortly before the group began and was unable to attend.

Individual Interview and Informed Consent

I held a personal interview with prospective participants. Some were face-to-face and others were on the phone. The interview was to discuss prospective interest, whether this seemed like a good fit for both the individual and the goals of this project. In this interview, I explained the ideas, format, and intention of the group, and listened for feedback as individuals discussed their interest, illness, and their motivation.

In the end, we had four women and one man ranging in age from 40 to 70. All had suffered serious or life threatening diseases, some very recently and others 10 to 12 years earlier, leaving them with lasting impairments. All participants signed an informed consent to participate (see Appendix C).

Participant Questionnaire

I designed a very simple participant questionnaire (Appendix D: Questionnaires Pre and Post) for analysis and feedback to be completed before and after the project. The original questionnaires provided information about what the client was currently experiencing in terms of their support level, and their feelings about the situation. The second questionnaire asked the same questions and also inquired about feedback on the class, what they had liked and what they would have preferred to be different.

Format

I originally planned on starting this project with a 2-hour seminar where information would be presented as ideas and concepts followed by six weekly group sessions of 2-hours each. However, after interviewing prospective participants, I decided to make a change and begin with the group experience instead. My new plan was to merge the information planned for the seminar within the groups themselves, over the course of 6 weeks. This would mean bringing in one concept, for instance, The New Normal, as a focal point, and spending some time discussing this within the structure of the group. A main reason for this change was that one participant was unable to sit through a 2-hour presentation without experiencing a lot of pain. Another consideration was that through the individual interviews, I had learned that there was a great need for participants to talk about their losses and their pain. They were eager to begin the group. I was not sure if a seminar would be as valuable or hold their interest as much as a group experience would.

At this point, it became clear to me that this was a group, not a class. Most participants described feeling isolated with their feelings around illness and were experiencing a need to talk about and connect with others around this. I also believed that the conceptual information and the accompanying handouts that I created, would provide a good focus for some of our group discussions.

Ongoing Analysis Through Weekly Verbal Feedback and Questionnaires

Ongoing weekly feedback was encouraged and freely given during check-in time and sometimes at the end of each session. I encouraged participants to contact me in-between sessions if they wanted to, and I contacted individuals a few times when I felt a

need to do so. At the fourth group session, participants expressed their dismay at having only two more sessions, and they asked if we could continue longer? I considered this idea during the week, and let them know that I was able to extend the group to 10 sessions instead of 6. This was met with positive feedback. Final questionnaires provided valuable feedback on the whole experience from the participants' viewpoints. Due to the summer season and vacations and personal health considerations (one client was hospitalized briefly during the group), all participants missed at least one session and one missed 3 and one missed 4 of the 10 sessions.

Ethical Considerations

I had two purposes in mind for initiating this project. I was inspired to provide a meaningful and relevant group experience for people with illness to assist them in navigating psychological issues they may have encountered arising from illness. I also wanted to explore my theory about the usefulness of a Process-Oriented support group for people with illness as research for my Final Project in the Master's in Process Work Program. Due to my dual role in this situation, and to ensure transparency, I listed this as a research project on all of my flyers and explained the dual purpose to all participants in my individual interviews. All of the individuals who participated reported that they were comfortable with this. We also discussed this purpose in the group and participants independently offered to let me copy their artwork to include in my research. All names and identifying information about participants has been kept confidential. Participants' artwork is being shown with their personal consent.

Chapter 5: Findings

My original question was to find out if offering a Process-Oriented group for people who were ill, would ameliorate the psychological issues resulting from illness. In particular, I was looking at the problems of identity issues and alienation that often accompany illness as well as evaluating the impact of creating community through a shared group experience. In this chapter, I present my findings from feedback from the participants, and from my own observations and experience. The question, “Was it relevant to the development of the group?” guided my writing in this chapter.

Facilitative—Creating a Safe Space

I wanted to create a safe space for participants to feel comfortable sharing. I took into account the desirable materials needed for this: comfortable furniture, snacks, fresh air, lighting, and so forth. The space was ideal for our group experience. It was summer and the Institute was fairly quiet, allowing us to go overtime if needed, and even extend into other parts of the building that were unoccupied. One thing that I had not realized in advance was that individuals had very different needs for comfort and varying degrees of ability to manage the emotional and physical pain that came from processing feelings in a group. Some participants had less tolerance for this. Break time was something that was essential for the comfort of other participants. Apart from structured break time, I had also mentioned in the beginning of the group that people could feel free to go out into the lobby where it was quiet and cool and rest if needed at any time.

Even though these considerations were taken into account, it is important to realize that when participants have physical limitations, it can be difficult to plan for this.

One person was unable to tolerate the stimuli of the group and decided not to attend after 8 weeks. She expressed her deep caring for the group in a message to them:

I haven't been able to figure out how, during the 2 hours, to balance participating in the group with self-managing my overstimulation, in a way that leaves enough energy left over for me to also be able to function for the rest of the week. I care about you all, and I hope that we can stay in touch.

As a group we discussed this event and though we missed her presence, we respected her need for self-care and appreciated her heartfelt message. The following week a participant reported that they had communicated and would most likely stay in touch.

Individual Check-In

My plans called for a 2-hour group which would include a total of 1-hour check-in for five participants, leaving us another hour for an exercise and or presentation of material. I noticed at the first session that participants seemed to really appreciate check-in time and wanted and needed to talk. Some were grieving and deep feelings were present in the group. I was impressed by the vulnerability and personal information that was being shared from the first session. As facilitator, I decided to allow people more time to check-in than I had planned. A lot was being expressed: tears, anger, fears, angst, and also camaraderie and support. I also did work with people individually during check-in to deepen their experience. This was appreciated by participants and also added to the time. Some participants who had less support in their lives appreciated the opportunity to tell their story, and this seemed valuable. Participants were getting to know one another and finding relief in their shared perspective of illness.

This use of time probably would have worked well. However, one participant was unable to make the first night and another was confused and came on the wrong evening and missed the first 2 nights. So the check-in time went even longer on the

second and third session as individuals tried to catch up on getting to know each other, by asking questions and explaining about their illnesses and how they were coping. This set a precedent for a long check-in that was hard to break. It would have been better if I had framed this for the group. I can now see that I was at an edge to step into my rank and do so. As a result, a few sessions were concerned mostly with sharing and deepening the experience for one or two, leaving little or no time for an exercise. This gave me the impression that their stories needed to be told. There was also energy around discovering who each person was that was engaging the group. They were curious about each other. I also noticed some individuals who had an edge to asking for help were reaching out for support and this seemed significant. I wanted to encourage this. It appeared to be empowering for group members to engage with each other so honestly, so openly, and maybe even more important than what I had planned for that evening? This was a question that I would ask myself often in this group as I witnessed the deep feeling, the care, the grief and suffering that was being told. One person described his illness in this way: "It is like they strap you down in a car and they take you where they want to go." This statement really resonated with the group. He had described in a unique way a feeling that was known by all. Maybe they wanted to set the route. Was the space for sharing the more important part of the group experience? I think it was.

Coming Together as a Group

After the third group session, I noticed several things. The participants were generous in their support of each other. It was clear that individuals had different experiences with illness and different ideas about their own illness. Those who had been ill longer had developed coping strategies that they shared with the group. However,

some appeared to have unprocessed feelings that were newly arising as space was created for this. This seemed to make listening more difficult for them. Newly diagnosed individuals were less experienced with illness and their emotions were heightened due to being in the midst of an identity crisis. Other members who had transitioned through similar passages (e.g., finding the right doctor), were able to offer support, ideas, and hope. A participant who had a good personal support system in place was able to model this for the group in a way that was inspiring as she was a generous listener for others.

Participants were able to perceive the growing edges of their group members and offered ideas and suggestions they thought would be of service. This help was offered in a very supportive and nonthreatening manner. Help was also politely and directly refused at times. It was exciting to see these group dynamics take place. Power was being expressed as individuals related to each other, modeling different attitudes and strengths. All voices were welcomed. There was a feeling of inclusiveness among the group. It was a hot summer and two people had plans to be away for a week each. The group supported these planned absences, wishing the members well, eager to hear how their time went. These fond sentiments were warm and touching, reminding me of family members sending well wishes to one going on vacation.

Time Constraints and Individual Needs—World Work

Time became an issue in the group, something that was ever present and causing a problem. Six weeks did not feel like enough for participants so the group was extended to 10 weeks. With five people to check-in and a break that needed to happen, it was challenging at times to have a short presentation or an exercise each week. As facilitator, I found it difficult to keep the check-ins to 1 hour when people were reporting on strong

feelings they were having. I also worked with individuals as they brought up feelings during check-in time. This helped to follow their process and deepen their experience. The group responded positively to this.

I was in conflict around allowing people to process their feelings through discussion and bringing in more structure to create something experiential in nature. I had told participants and my study committee that this group would include exercises and discussion about concepts. I wondered if I would be able to get my needs met for this project if I followed the process of the group more. Would this be a well-founded project if I left out some of my exercises and plans? Or did I over plan to begin with? Should I be stepping into my rank more? These are the questions that were on my mind.

As I look back on this time, I realize that I was a little surprised by the great need to be heard that was in the group. I had planned to introduce new concepts and exercises that I thought would be helpful, but did not realize how grateful and excited participants would be just to be able to talk about their illness with people who would listen attentively. I had too much content planned for a 2-hour session and a total of 20 hours together. I was noticing an important piece, that the coming together was in itself a powerful force.

Taking time to do more inner work on my personal conflict, picking up my rank more, and framing my observations for the group would have helped with my own anxiety and that in the field. Framing would have also helped to open up the polarity in the group around conflicting needs. Now, when I ask myself why I hesitated to pick up my rank more and do more framing, when I felt what was happening, I find that I was stuck at an edge.

In my personal history, I mentioned how all of my life I have picked up the caregiver role. This created a habit of my trying to fix everything and everyone. During times of stress I often revert to this role of the caregiver. Instead of being with what is happening, I begin to feel over responsible and think it is my job to fix whatever is wrong. This is a lifelong pattern for me. In the beginning of this group, I was more fluid and able to facilitate more effectively. As personal preferences and conflicting needs began to surface, I became anxious and tried to satisfy everyone instead of making this part of the group's process. Two people reported that at times they had difficulties after leaving the group, due to their feelings being stirred up. There were conflicts of interest, some wanted to talk and listen more, some wanted to do more exercises. Members were encouraged in self-care to take a break as needed or get up and work with artwork at the other end of the room if they felt over-stimulated. This had always been an option to deal with fatigue.

During this time, I began to manage the group instead of following the process. It would have been more effective for me to bring out the conflict of needs, facilitate and deepen these roles, and process this openly within the group. This would have been relieving for the participants and also for me. I only understand this more clearly as I have been writing this paper. This was a very big learning for me.

Exercise Participation

Everyone participated fully in the exercises. In the first exercise, the Guided Visualization where members were taken on an imaginary walk on a beach to find two chairs, one being taken by a wise being or guide, there was sharing afterwards. Participants talked about their different experiences, who they met, and the messages that

they received. This was at the end of our first evening together and everyone appeared relaxed and at ease.

Before the movement exercise in our second session, the mood was elevated with anger and angst. The atmosphere was painful. When I followed the process of the group and everyone went into the Big Room and were encouraged to move or vocalize as they wished, following their own impulse, participants came back together and discussed the experience. The feedback was positive. The group reported feeling relief and the atmosphere in the group was lighter and more relaxed as people talked about their personal experience of movement and feeling. This exercise served to take the group out of their everyday mind and into an experience more unknown where they could explore freely without rules for behavior. It reminded me of a play time, a recess for a different kind of learning, something more personal and deeper. Following the group in this way required trust on my part as I stepped into my rank and intuitively led the group in this direction.

For the exercise Using Fluidity to Work with a Stuck Situation, participants created a five-frame drawing of a story (see Figures 1-3). One participant appreciated this exercise so much that she asked me for some blank pages to work with problems when she was alone at home. Some used color and created imaginative drawings. Each had an opportunity to share their story. This led to the group offering a lot of support to one particular individual who was asking for help. The dialogue between two of the participants was especially powerful and touching as one pointed out and encouraged the other in her power, strength, and courage that he had witnessed in her. I amplified and deepened this feeling and she became a self-described “Warrior.” Her posture showed

the change in her sense of self. She was standing tall and reaching up. Her shoulders were back. The next week, she shared how this identity of the “Warrior” within her, helped her as she went through her week. I share this example to illustrate how processwork tools can be so effective in facilitating an identity change. This woman was feeling so down and weak that she called to tell me that she thought she should stay home that night and not come to the group. With some encouragement from me, she decided to attend instead. Through exploring the stuck place inside herself with this processwork exercise, she was able to uncover a hidden part within, her “Warrior.” She received support as the group applauded her courage and her efforts and she took this into her world with her.

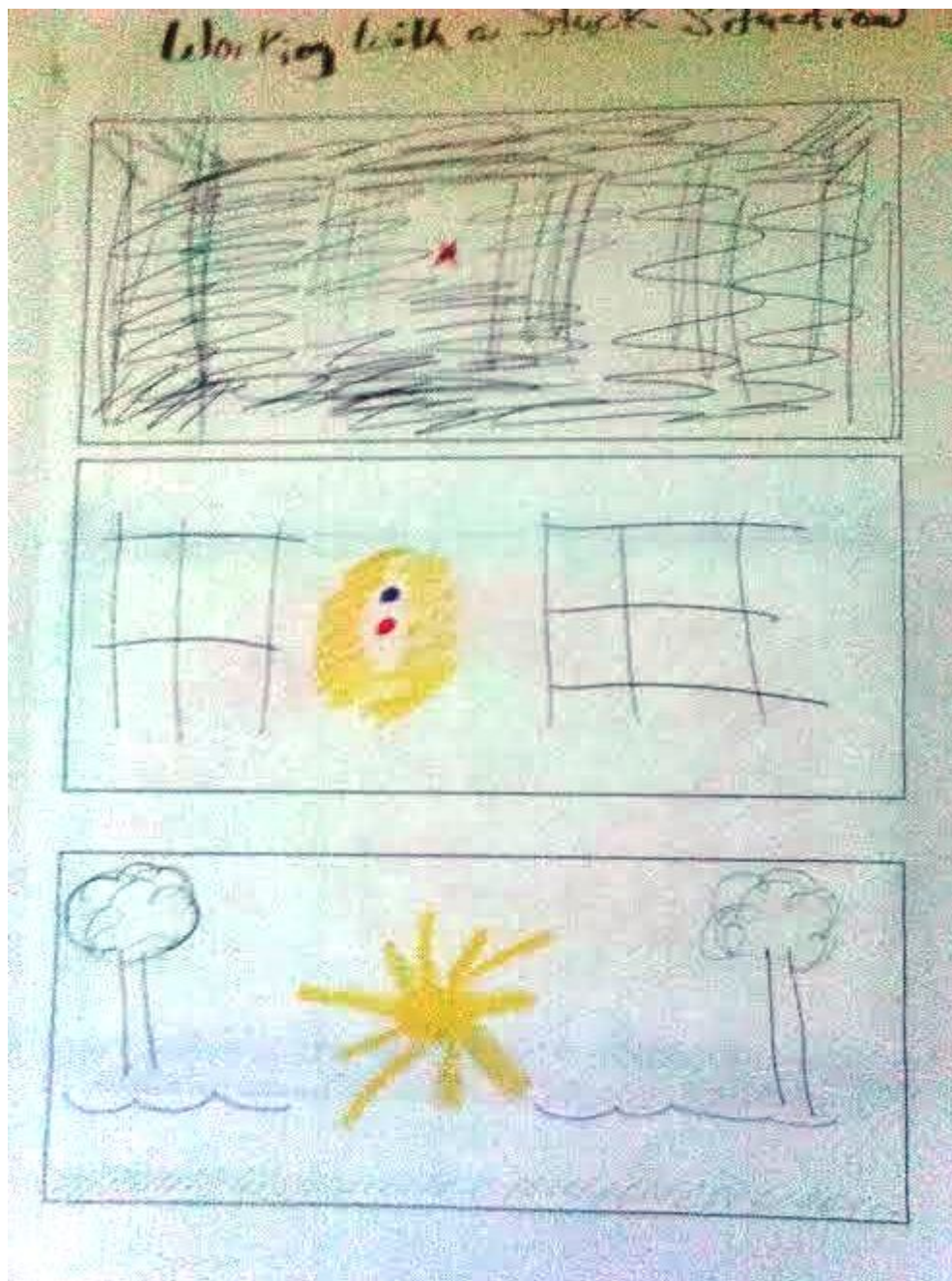


Figure 1. Stuck situation 1a.

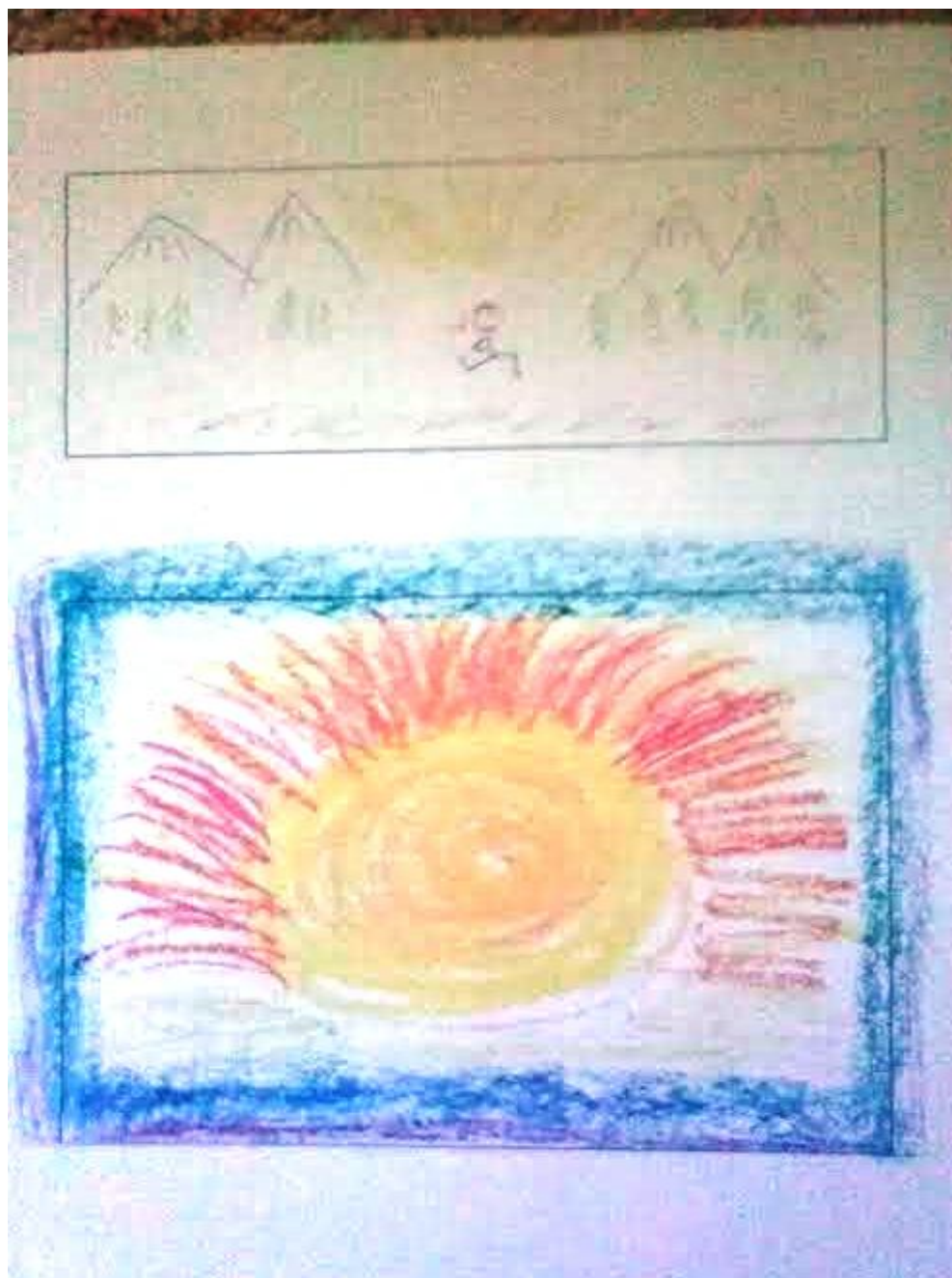


Figure 2. Stuck situation 1b.

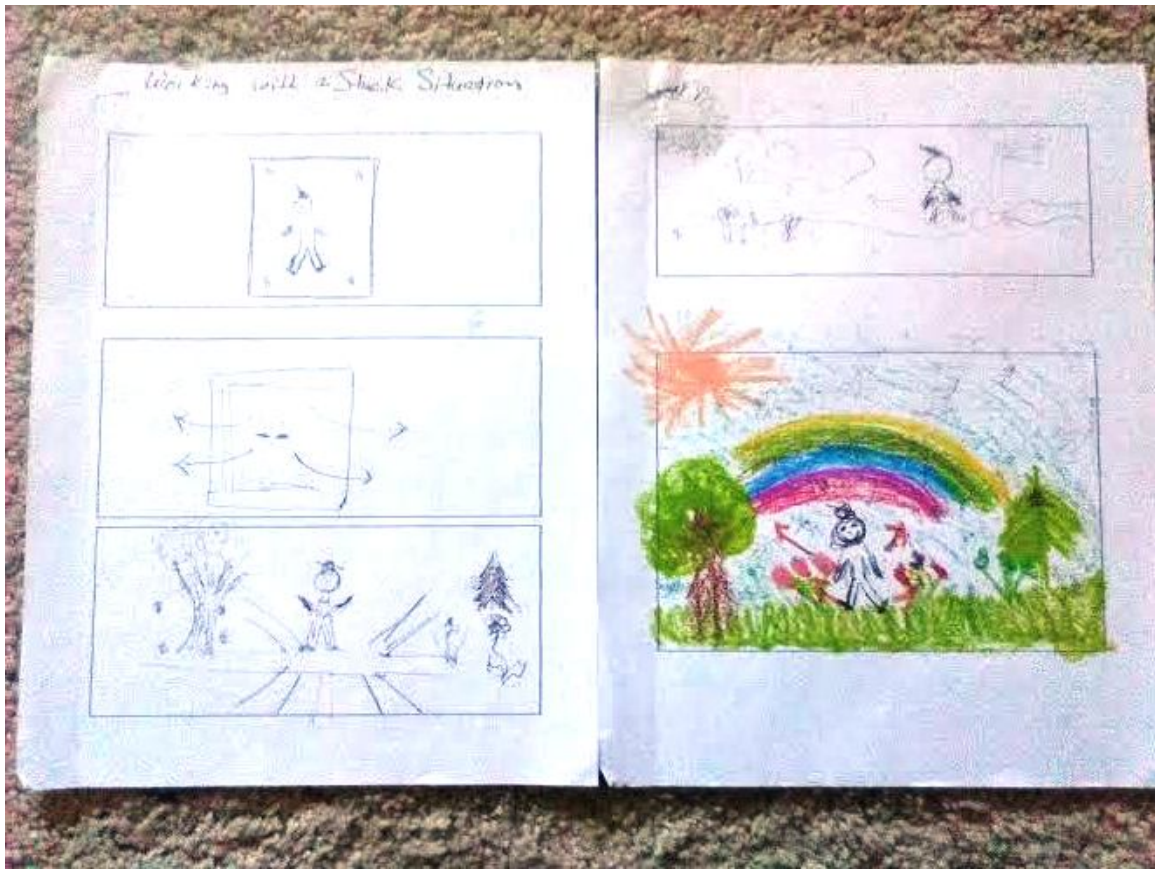


Figure 3. Stuck situation 2.

Another evening, I decided on a more meditative exercise of choosing and coloring mandalas (see Figures 4-7).

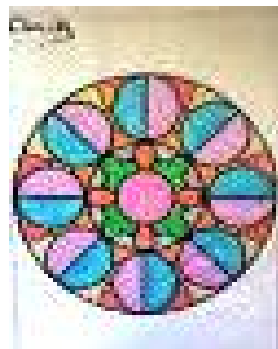


Figure 4. Mandala 1.



Figure 5. Mandala 2.



Figure 6. Mandala 3.



Figure 7. Mandala 4.

I decided on this exercise to address needs of two participants who were experiencing feelings of unrest sometimes after leaving the group. Though most enjoyed this experience, there were some mixed reviews. One person shared with me privately that she found it OK, but less satisfying than the other exercises of deeper sharing. She hoped that we would not do much more of this. A different person, one who had expressed feeling unrest sometimes after the group, told me that she loved this mandala

exercise and found it to be one of the best experiences and hoped we would do more like this and the movement work. As a result of some neurological issues, listening for very long was painful for this person. She enjoyed kinesics and visual work. I explained to everyone that mandalas were always available for one to go into the back of the room or keep by their side to work on during a group. We never did get around to doing the Childhood Dream exercise, although we did do two more exercises that I discuss next.

Exploring the Ghosts

In session nine, we did an exercise called Welcoming the Ghosts and Spirits. We had been talking about deep democracy during some previous groups, learning to make a home for whatever was arising in ourselves and in our world. A ghost is another term used in processwork. It refers to things that are embedded in the dreaming process and found in verbal and nonverbal signals. Ghosts are implied and can be noticed in signals, but are not spoken of directly (Diamond, 2004). In this exercise, I gave a definition of ghosts, and we discussed some examples of what could be called ghosts or “the elephant in the room.” Using a white board, together we made a list of ghosts that we experience in this group. We listed them. Death was something that came up as a real issue for the people present. They had all faced the possibility of death and knew that this would come at some point as it does for all.

Then we imagined that the group also has a different kind of spirit, a mythic spirit that is trying to wake us up. We took some time and imagined a story about what kind of spirit might do this? We delved further to see what message was coming from this spirit. The message went beyond life and death, revealing an eternal spirit which would continue on, expanding into greater wholeness.

A quiet and deep discussion ensued. Surprisingly, of those present, none had a fear of death. There was more of a sense of curiosity and wonder around this. Each person seemed to go deep inside to bring forward their own idea of what death meant to them. One person who had recovered from cancer three times was making plans to study to be a Death Doula, which is a very different career path from her former one. It seemed timely and important that a discussion of death would take place in a group of this kind, and that those who were present that night were interested in this topic. As I reflect on this now, I wished that I had gone into the experience of death in a deeper and more personal way. We might have experienced our own death in the moment, and allowed ourselves to notice what unfolded for us individually. This would have been a great doorway for personal learning and wisdom.

Group Myth

The exercise we did on the last evening was called Tapping into the Wisdom of Flirts. First, the group was instructed to write down a question or concern. Then, I led the group through this exercise where they were asked to soften their eyes, and relax, and then with soft eyes, to look around the room and notice something visual, auditory, or a feeling that caught their attention. I continued to help unfold this flirt by deepening the experience through amplification and encouragement. They were then led to shape shift into whatever held their attention and become this. Feeling into its power and its essence, they were asked to slowly notice what was happening until the experience completed itself. They then made a few notes and went back to their original question to see if there was some information connected to their experience of using a flirt.

Each person had some powerful message from their flirt. However, I focus on one particular flirt as I believe it is part of our group myth. One woman had noticed from far away on the other side of the room, a plant that was actually a broken stem sitting in a glass of water. From across the room, what flirted with her was a strong root in the water, growing from the green stem. The root stood out, whiteness, thick and strong against the green. As she became this green plant with its newly grown root, she thought, “It was a beginner, starting again. Maybe if this root can grow, maybe I can too.” These were her words. The participant said that she was not normally one who notices plants and does not know how to care for them. I asked her if she would like to take this one home and plant it in soil and learn to care for it. She thought this a good idea and said she will ask for guidance in doing this.

The reason this experience was powerful for me is that on the first evening of the group, I was adjusting the lighting to make the group more comfortable. In doing so, I accidentally broke off this stem from a large plant. I immediately regretted this action and spoke to the stem and apologized to the plant for my carelessness. I put the stem in water and continued to change the water each week, saying a few words of encouragement to the stem to grow. One evening I noticed that someone had this glass with the stem on her desk, and she remarked that it was such a friendly plant, and she liked looking at it. Each week I checked to see that the stem had enough water.

When this flirt was framed as an inspiration for growth, something seemed to come full circle for me. I had not yet noticed the new root. There seemed to be a deeper meaning in my breaking off the stem from this plant on the night of our first session. It appeared to be saying to me, though things break and hurt happens, with proper care, new

life and strong roots can emerge. I was excited and shared my experience with the group around this plant and how I had quietly cared for it over the 10-weeks of our group. I also explained to them about group myth. We were all inspired by the synchronicity of the plant that had been in the background of our group, and this flirt, this root that began to grow from the first day and was noticed during an exercise as new growth on the final day of our group. We discussed regeneration, enduring transformation and illness as a pathway for new growth and appreciated being on this path of New Growth, together.

Group Feedback

In the initial and final questionnaires, participants were asked about their pain level, their feelings about their illness, and their support system. There was a little change in those responses that is explained below, however, the personal comments of the participants offered substantial feedback. I would like to share some comments that participants included in their written feedback after the group ended. One of the goals of this project was to offer a sense of community to reduce the problems arising from identity issues and alienation associated with illness. The group camaraderie and support was clearly an essential part of this experience and valued by all participants.

Community Support

After the end of the sessions, participants were asked in a questionnaire about what they enjoyed best/least about the class. It is clear from their responses that they were not only offering support to one another, they were also modeling for each other strengths that were needed for navigating this time of illness. Their responses tended to address the sense of support and community that was in the group as shown by the comments below.

I like listening to everyone share their experiences in dealing with their health issues. I liked to hear them describe what it was like to deal with the way their body was functioning as well as their descriptions of how they were reacting emotionally and mentally to their bodies' health issues. I also enjoyed the emotional support provided by others in the class to those who were sharing.

I enjoyed the camaraderie and the knowledge that the others had about coming to acceptance and hope about their illnesses which gave me hope I could come to that for me and my illness.

I loved having a place to go where I could talk about my condition and people would listen to me. Friends don't want to hear about this anymore. They call me a victim. My family doesn't either. It is important to have somewhere where you can talk about your health. It can get scary being alone with these worries as you get older. I loved this class and will miss it. I hope that we can start up again. Maybe I can help find a place for us to meet.

I've so enjoyed meeting all of you, connecting with you, and hearing about your experiences. And I'm extremely grateful for the tremendous amount of support, feedback, and problem-solving you provided me when I shared mine. This experience has been a very meaningful and memorable one for me.

It was really helpful to be able to check-in with people who have health issues and are willing to talk about them, to be able to say, "Yes, this is going on." Sometimes I feel like I am a bad person because I have an illness. I felt better when I could talk with others who could understand.

Early on, a group member expressed to me privately that one of the things she found really surprising and enjoyed most was the transparency and openness of the participants. She was pleased by the feeling of comfort in the group. Another said that she felt like this was "home" for her, a "come as you are kind of place." One day a member called me to let me know she would miss the group that night as she was in a bad mood and did not want to bring this mood to the group. I encouraged her to come and said that tonight, we are going to work on stuck moods and she and her bad mood were very welcome! She later laughingly told the group about our exchange on the phone, and stated that she was very happy that she did come that night.

This was a needs driven group, where deep democracy created an atmosphere of safety and openness. Listening, being heard, giving and receiving support was the quintessence of this group. The need for education was far less important. I sensed this early on and this was the impulse behind my canceling the original seminar and going right into the group. This was truly a group and not a class.

Processwork Tools and Identity Issues

The exercises were meant to provide a doorway into more secondary parts of the self in order to gain greater awareness for dealing with psychological issues arising from illness. One participant addressed the value of these exercises as follows:

I also like the various activities that we did because it gave us a different way to interact with our health issues than our usual mode of talking about ourselves. I think when we talk, we hear what is rattling around in our brains laid out a linear fashion so we can get a clearer picture of what is in our minds. The activities provide a different way bring out of our minds information that may be hard to express verbally.

A different group member sent this feedback which indicates an appreciation for the deepness of the discussions and for going “below what was happening on the surface.”

I liked it when we could get into some deep discussions and go below what was happening on the surface of the everyday world. I love the class.

Along the same theme of wanting more depth, these two responses from different individuals also concerned the desire to explore more deeply, when they were asked, “How do you think this class might be improved in the future?”

Maybe some in-depth questions to lead off some of the discussions. It was good as it was but would have liked probing for our harder feelings.

Having a little more structure and going more into the deeper questions/areas more.

A different observation found in the feedback was a comment about how a participant related to her illness before and after the class. When asked the following

questions before the class, “How are you feeling about your illness at this time? What are you experiencing?” Her reply then was focused on her limitations.

I am feeling physically OK but my illness has caused other concerns, such as my limited activities and limited income due to my limited physical abilities.

When asked this same question after the class, there appeared to be a shift, a different focus to her response as indicated by her comment below.

I am OK with it [her illness]. I think it has been a learning experience that has given me knowledge and insight that I can share with others. (She is in training to be a Death Doula)

One final comment referenced community support and also mentioned the structure and flow. The group members were referred to as a “family of survivors” in a very touching way.

The class seems to be very effective as it is. There was structure as well as flexibility, so the flow of the class met the needs of the people who were attending it. I heard several people say that they felt that this class was the only place where they could verbalize how things were going for them in dealing with their illness. They said that they didn’t feel that they could talk to those people who were close to them in their lives because they felt that their family and friends didn’t want to hear them constantly talking about their illness. So your class provided them a safe place to unburden their thoughts, emotions, and fears about their illness. So don’t change a thing. The class seemed to give everybody exactly what they needed; a family of survivors who were dealing with their lives and living as best they can everyday with love and support from their friends in the class.

I think the term “family of survivors” uniquely captures the spirit of this group. It also serves as testimony to the success of my goal to create a sense of community for the participants.

Chapter 6: Discussion and Conclusion

Success, Struggles, and Learnings

It is apparent from participant feedback and my own observation, that this group was able to provide a sense of community and a welcoming atmosphere for the members. This promoted a feeling of belonging for the participants and encouraged relationship. It appeared that all of the participants had a need to talk about their experience of illness, sharing freely, without concern for being judged for being ill, with those who could truly hear them. Illness was a focus of the group, rather than something to remain hidden. Illness bought you membership into this group. This is significant for those who have been experiencing loss in many areas of their lives due to illness. Here, they were welcome even as different symptoms presented from week to week.

In reviewing the feedback, it is exciting to see a desire of the participants to delve even more deeply into their experience. I share in this desire. Having created a foundation of community support, this would be a solid and good next step in this process. I now believe that if I had trusted myself more and shown more leadership, I could have helped to deepen the experience for the group.

One of the compromises I made was in allowing the check-in time to extend much beyond the first hour a few times. I believe these were instances when I was swept along by the process and lost my focus. I went to a lot of effort to create a comfortable and convenient physical space for us. Upon reflection, I believe it would have been helpful if I had also paid attention to the emotional space by holding the boundaries on structure more than I did. At times, I did not intervene enough, so that some people had more opportunity to share than others. Using my rank wisely to direct the flow of events

would have provided greater safety for all involved. I could have also encouraged group members to who usually spoke less to start the check-in, so that they would have more time to speak. Another idea we used when I assisted at an Intensive Group was having an agreed upon time for check-in and a timekeeper to help keep us on track.

That being said, I am also of the mind that it was right at times to allow the group to talk and to express their feelings even if it was in conflict with my intended “lesson plan.” In fact, it became clear to me that I could bring my teaching and facilitation skills into the moments of the check-in. I did some work individually with people at times during check-in and used this time to teach about edges that came up. Some of these were shared edges, for instance, asking for help was one of these. I was following the process of the group and this was a group of people who were seeking empowerment. It was my personal challenge to facilitate the process of the group and to deal with my inner critic who was overly present in my own process.

While facilitating this group, I thought my personal struggle concerned the relationship between structure and process. It went more deeply than that. I wanted to bring in my exercises and didactic information that I had worked hard to develop for this group. I also wanted to follow the process of the group, and hear people’s stories, and work with people individually in front of the group as a different way of teaching. This was my personal conflict. There was not time to do it all each week. I needed to work on this struggle more internally within myself and as a leader.

However, the conflict that I struggled with also belonged to the group. I could have presented them that conflict by portraying the polarity. One side would have spoken for the importance of exercises and bringing my didactic information and the

other would have stood for the importance of giving time for check in and personal stories. Then the group itself could interact between those two positions. In addition, I could have named and valued both of those viewpoints in the group and use my own rank to make time for each of them. When I was caught up in the atmosphere of the group, and lost awareness, I left the group leaderless. In doing so, I missed opportunities to step into my rank and help the group move in a more valuable direction.

Role of Leadership

As I reflect on this project while putting these pages together, I am newly aware of the critical role of leadership in an endeavor such as this. This was my first experience of leading a Process-Oriented group on my own and there were some surprising challenges for me as mentioned above. There were also some very deep and touching moments as a strong feeling of relationship began to grow amongst the group. These were moments that I helped to foster.

I also want to reflect on my growing edge. The ability to step into one's rank, using eldership and holding the process as it happens calls for a strong leader, one who is clear and in touch with the process. This requires awareness, an ability to sense the atmosphere, tolerate strong feelings, work with edges, bring out the ghosts, and to realize when clarity is lost. Leadership also calls for an awareness of timing, being able to determine whether or not to go more deeply into something or wait for a more favorable moment, even though things may not yet be completed. Creating this group gave me an opportunity to really experience the challenges of leading a Process-Oriented group. I learned so much by doing this project, and also learned even more by writing about it. I

am excited to experience this again and want to be able to bring greater awareness and stronger leadership to the next processes.

Community and Connection as a Means of Healing Isolation and Alienation

Community is necessary to balance the isolation frequently associated with illness, and being part of a community is essential for wellbeing. From the feedback received, there seems to be a great need for groups of this kind to offer a life line of support and connection for those with serious illness. This kind of group is grounding for these individuals and ensures that they are not suffering in isolation. Through this project, I wanted to create a welcoming, compassionate community experience for the participants. It was my responsibility to set the stage, bring some tools, and facilitate the process. The members themselves provided their compassion and vulnerability along with their strengths and their truth. When one's identity is being challenged by illness and there is an urge to isolate, community can be grounding and replenishing, offering strength, guidance, and hope for the future. The members of this group had opportunities to both give and receive generously, through sharing in a common experience of illness. This sharing of wisdom, knowledge, and feeling allowed members to be empowered by giving, and also to ask for help in an atmosphere of safety and support.

Contributions to the Field of Processwork

I have been fortunate to have had the opportunity to study processwork approaches and attitudes to change and learn about processwork methods. Having found processwork so valuable in my own recovery from heart surgery, I had some idea of how processwork tools might be particularly suited for working with the psychological issues resulting from illness in a group setting. This unique group was designed to address the

identity crisis that usually results from illness as well as the potential problems of isolation and alienation that may coexist. At the same time, this group experience was intended to foster a sense of community for the participants, through allowing them to share in the healing process of their peers by giving and receiving compassion and support.

I created exercises and also some didactic materials that contained processwork concepts written in mainstream language that were specifically directed towards helping this population manage the multifaceted issues arising from illness. The exercises were designed to take the members out of their everyday mind and create a curiosity about what was happening to them, leading to greater understanding, and integration of the new identity and meaning. Their shared experience of illness set the stage for compassionate support and personal growth. We witnessed a woman who was feeling exhausted and decided to isolate one evening, cross an edge to attend the group instead. Her participation in an exercise led to the discovery of her inner “Warrior.” This gave inspiration to all who witnessed her change. Another member who initially described her illness in terms of limitations reframed her illness into a learning experience, one that has given her knowledge and insight that she can share with others. And for another member, hope and potential were found through the flirt of a newly grown root. Bringing processwork tools to this population in this context is my contribution to the field of processwork.

Limitations

One of the limitations of this approach was that the data are from only five participants. Some of the participants did not have the stamina for 2-hours and even with

breaks were weary while others were able to handle the full time without issue. Due to the summer season and the physical issues of participants, not everyone was able to attend all of the group sessions. Additionally, there were only 10 weeks with one 2-hour session per week within which to explore my ideas. Having a group that would meet for 5 months to a year would be a good next step for this project.

Next Steps—Future Steps

I would like to offer this group again within the next 6 months. As I consider my next steps, this raises several questions for me. I liked having a co-ed group and appreciated the inclusion of both male and female perspectives. I also wonder what it would be like to have an all-female or an all-male group. Another consideration I have concerns the screening of participants. I realize that I need to do a more comprehensive job of screening participants, to gain a better understanding of their physical and emotional needs/abilities. I want to provide a better description of what a group of this kind may be like for future participants; how unexpected emotions may arise, and others' pain may trigger their own. Additionally, people in different stages of healing present different needs and this can create some conflicts to be worked on in the group. I like the smaller size of 5- 6 participants, as this work requires awareness, energy, and personal attention.

I also wonder how a longer timeframe may affect the group experience. Would a group that would be scheduled to meet for 5 or 6 months, with the option to extend sessions prove to be beneficial? With the opportunity to meet for additional sessions, I look forward to going more deeply into the process of the group, reexamining and refining exercises, and developing an even stronger sense of community.

This group met in the evening. People who are ill often have times in the day when they feel stronger. In the future, I would like to offer two groups, one in the evening and one during the daytime hours, in order to reach a broader population and cultivate a deeper healing community.

I also want to incorporate greater strength of leadership, and will seek more consultation with senior processwork practitioners. This will help me with my learning curve around facilitation, so that I am better able to understand the process as well as hold down its edges more skillfully.

In Conclusion

This project was meant to examine how being part of a Process-Oriented group with others who share the experience of illness can promote a sense of community, thus, helping with identity issues that can lead to feelings of isolation and alienation. I wanted to create a feeling of community for participants as I believe that relationships are an essential part of healing. Life transitions can call for new relationships to support us in a unique way. Illness is one of these times. A group of this nature makes up a special kind of community, a “family of survivors,” who meet along the way to share a common journey.

This project challenged me in ways I did not expect. It also gave me permission to step into an unknown sacred space, a community created by this group. In this community, we were privileged to witness the vulnerability and the enduring spirit of those who have encountered serious illness, and found this to be a portal for deeper understanding of the self.

Bibliography

- Chidre, D., Martin, H., & Beech, D. (2000). *The HeartMath solution: The Institute of Heart Math's revolutionary program for engaging the power of the heart's intelligence*. San Francisco, CA: Harper One.
- Cousins, N. (1981). *Anatomy of an illness as perceived by the patient*. Boston, MA: Bantam.
- Diamond, J., & Jones, L. S. (2004). *A path made by walking: Process Work in practice*. Portland, OR: Lao Tse Press.
- Dossey, L. (1999). *Reinventing medicine: Beyond mind-body to a new era of healing*. San Francisco, CA: Harper One.
- Gronning, T., Sohl, P., & Singer, T. (2007, September). *ARAS: Archetypal Symbolism and Images*, *Visual Resources*, 23(3), 245-267. Retrieved from <http://aras.org/documents/aras-archetypal-symbolism-and-images-2>
- Guarneri, Mimi. (2006). *The heart speaks: A cardiologist reveals the secret language of healing*. New York, NY: Touchstone / Simon & Schuster.
- Highland Users Group. (2008, June). *Mental and physical health*. Retrieved from <http://www.rcpsych.ac.uk/healthadvice/viewpoint/mentalphysicalhealth.aspx>
- Jung, C.G. (1973). *Mandala symbolism* (trans. R. F. C. Hull). Princeton, NJ: Princeton University Press. (Original work published 1959)
- Kreinheder, Albert. (1991). *Body and soul: The other side of illness*. Toronto, Canada: Inner City Books.
- Mindell, Arnold. (1993). *The shaman's body: A new shamanism for transforming health, relationships, and the community*. San Francisco, CA: Harper Collins.
- Mindell, Arnold. (2000). *Quantum mind*. Portland, OR: Lao Tse Press.
- Mindell, Arnold. (2002). *Working with the dreaming body*. Portland, OR: Lao Tse Press.
- Mindell, Arnold. (2004). *The quantum mind and healing: How to listen and respond to your body's symptoms*. Charlottesville, VA: Hampton Roads.
- Mindell, Arnold. (2007). *Earth-Based psychology*. Chicago, IL: Independent Publishers Group.
- Mindell, Arnold. (2010). *ProcessMind: A user's guide to connecting with the mind of God*. Wheaton, IL: Theosophical Publishing House.

- Moorjani, A. (2012). *Dying to be me: My journey from cancer, to near death, to true healing*. Carlsbad, CA: Hay House.
- Morin, Pierre. (2014). *Health in sickness–Sickness in health: Towards a new Process-Oriented medicine*. Portland, OR: Deep Democracy Exchange.
- Oz, M. (1999). *Healing from the heart: How unconventional wisdom unleashes the power of modern medicine*. New York, NY: Plume Penguin.
- Pearsall, P. (1999). *The heart's code: Tapping the power and wisdom of our heart energy*. New York, NY: Broadway Books.
- Peck, M. Scott. (1987). *The different drum: Community making and peace*. New York, NY: Simon & Schuster.
- Peck, M. Scott. (1988). *The road less traveled: A new psychology of love, traditional values and spiritual growth*. New York, NY: Touchstone / Simon & Schuster.
- Pogrebin, C. L. (2013). *How to be a friend to a friend who's sick*. New York, NY: Public Affairs.
- Seifter, J., & Seifter, B. (2010). *After the diagnosis: Transcending chronic illness*. New York, NY: Simon & Schuster.
- Shirk, A. O. (2012). *Choosing to die, choosing to fly: A Process-Oriented inner-journey* (Unpublished master's thesis). Process Work Institute, Portland, OR.
- Sotile, W. (2003). *Thriving with heart disease*. New York, NY: Free Press Simon & Schuster.
- Stein, M. (2007). *The lonely patient: How we experience illness*. New York, NY: Harper Collins.

Appendix A: Chrysalis Flyer



finding your wings

Mary Joy

Mary Joy is a graduate student completing an MA in Process Work. She has worked in community Mental Health for 13 years and in Senior Housing for over 20 years. Mary trained in Hypnotherapy and is a licensed HeartMath provider for stress management. Mary had emergency open heart surgery in 2008

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MA Degree Project
 Class Location
 Process Work Institute
 2049 NW Hoyt
 Portland, OR

Chrysalis

A unique class designed for people with serious illness

Resources Compassion Empowerment

Are you dealing with a serious illness?

Chrysalis is about finding strength, meaning and community for people in distress from serious illness. This is a place where all feelings are welcome.

Join us for this class where we will

- Discover resources for empowerment
- Share stories and childhood dreams
- Find renewal with guided imagery
- Experience support and compassion
- Connect with others through a shared experience
- Explore illness as a doorway for life meaning

Class meets for two hours, once a week for six weeks
 No Charge for Participants

Class Starts July 7th



Appendix B: Handouts and Exercises

Handouts



The New Normal

Patients cannot put into words the extravagant difference between how they once imagined they would handle illness and how they actually do once it is upon them.

Michael Stein. *The Lonely Patient*

Serious physical illness can diminish or change a person's function or capability, affecting occupational, emotional, psychological, spiritual, and financial well-being.

Those suffering from serious illness may at times feel overwhelmed and isolated, estranged from their familiar world and daily routine, even from themselves. Often with reluctance and sadness, a person must abandon the path he or she used to follow. This can trigger a grieving process. Something is different. It may feel like one's future has been torn away as they find their world preoccupied by new routines. It can also be a time of "wait and see," waiting for appointments, labs, test results, complicated schedules—a period of time that causes swirling anxiety to surface and fears to arise unexpectedly. You may feel out of control or frozen in a daze, an altered state of mind.

You can get stuck in a moment and keep repeating it. In this time, life no longer seems to fit right. Make space for all of your feelings and be with whatever is happening. This is a time of change and grieving.

In the days following my heart surgery had no idea how I was going to live my life or if I would even survive a year. Physical recovery required my deliberate focus and attention how I was living my life. It meant that I had to really take care of myself. I wondered how to bring my life into balance with my heart and soul. I was struggling.

From all this change and uncertainty, a new normal begins to emerge. Things are happening within and without. As you can accept the changes in your life, releasing your hold on former patterns, you find more fluidity and move into a different current of life. Significant life changes can give rise to creative energies. Molds are broken and new pathways, relationships, and resources can enter your life. This may be also time of "not knowing." Something is waking up. Deep rooted patterns are dying and transformation is trying to happen, much like the chrysalis stage of the butterfly. Life is signaling it is time for a change.

In the first year following my heart surgery, I kept trying to find my old life. This created frustration and struggle for me. As I tried to make sense of things, sadly, I realized that the only way back to life was to feel, to grieve, and be open to the changes that were happening. I needed to find some meaning for recent events, the death of two family members and my own heart surgery all within fifteen months. I wanted to understand how I had ended up with a heart condition. Drifting so close to death changed my worldview. My curious nature and incessant need to understand sent me searching for answers about my own life myth.

It is by going down into the abyss that we recover the treasures of life. Where you stumble, there lies your treasure.

Joseph Campbell

Your Resource Community



*Reaching out to the world ~ no one should suffer in isolation
Illness can be a wakeup call to review your relationships and cultivate new ones.
This is also an opportunity to deepen relationships.
Doing too much may have contributed to your health issue.
You may feel vulnerable asking for help if this is something less familiar for you but it
can be a doorway for your own personal growth.*

It is important to know who is present in your life. Who loves you and is part of your community? If you become isolated from the world, the default result is loneliness. This leads to greater vulnerability and even possibly an increase in symptoms. When people experience a change in their health, often they cannot do all the things they did in the past. They may feel vulnerable and need someone to drive them to medical appointments, take down vital information, clean their house, cook, do the laundry, help with children, shop for groceries, carry things, get their medications, give them a hug, or even just spend time in conversation for support.

If you are new to asking for help, you may feel shy to do so. This then becomes part of your growing edge, a part of you that may yearn for recognition. If this is you, think about people who can ask for help more fluidly. These are your role models. How do they do this?

A Bonding Time for Relationships, a Time of Growth

Right after my heart surgery, I couldn't drive for a month. I had a friend who made it her job to get me out on a short "outing." every few days. She would call me and ask me if I wanted to go with her on her errands and talk while we did this. It was a great opportunity for both of us! She was getting things done I had a change of scene and friendship. My memory of this time was also how beautiful the fall colors were.

When I was able to drive again, another friend remarked that she would really miss our Sunday night grocery shopping . We were both busy; however we determined that we would keep getting together on a regular basis so we could spend time together.

Another dear friend said to me, "As long as you need these treatments, I want to be there to drive you to the clinic." Six years later, she is still doing this for me.

Who Is Currently in Your Community?

- ✚ Think about your present needs for help, connection and relationship. Are you happy with the way things are?
- ✚ If you are feeling overwhelmed, begin to wonder, "Who can help me?"
- ✚ At times, you may need people to manage a lot of things for you, as I did after surgery. Open your heart to this love, receiving is a good thing. You can always pay it forward in some way later.
- ✚ Your personal community will have some variety. There needs to be someplace where you can come as you are . . . where you can be as tired or worried or weak or frightened or upset as you really feel inside. We all need this experience. It connects us to ourselves and the world.
- ✚ Appreciate your community. Let them know how much you care and that they make a difference in your life. People don't always realize the profound influence of their giving.
- ✚ Lastly, on an even deeper level, welcome all parts of yourself. Appreciate everything about who you are, become your own inner nurturer, your greatest champion, your superhero. Get to know and love your inner community.

Mary Joy



Advocating for You

One size does not fit all, especially when we are considering medical treatment. How can you receive personal attention in our current medical system? This can be difficult at times and it is easy to be intimidated when appointments may feel rushed without adequate time for thoughtful questions and answers. However, it is important to find what works for you. I will share what I learned in my own process.

Paying attention to how you feel physically and emotionally is important. Sometimes your body will give you cues. A certain clinic may feel chaotic or more stressful, leaving you exhausted. It can be challenging at times to feel heard or to get the information you need, for instance about co-pays or questions concerning the best treatment from medical providers.

Studies show that it is the relationship between the patient and the medical provider that determines much of the outcome for the patient. If a physician does not feel right for you, perhaps he/she is not the one to treat you. Notice what attracts and what disturbs you in your treatment process. Each one of us needs to make decisions about our health care at some point in our life and to do this well, we may also need to do some research. Working together with your medical provider offers you the sense that they are

part of your resource community. You become collaborators in your healthcare. You ask for and receive help and information. You want to have a cooperative relationship and be treated with respect. All of this requires some effort on your part.

After a serious eye injury, I was being seen in an eye clinic that felt very chaotic. The staff were overworked and rushed. They had high turnover. The doctors were abrupt and did not provide much information. They had no sense of my fear level, which was very high, or time to respond to it. It was early my treatment, that one day a different doctor showed up. He was patient, kind and had a wonderful bedside manner. He answered my questions. I asked him if I could switch to him as my Retinol Specialist. He said I could but would need to change clinics as he was only helping them out that day. My next visit to this new clinic was a very different experience. The staff was calm and caring. The atmosphere was professional but light. I felt safe and cared for. Treatments that had not worked well in the past began working. I continue to see this wonderful physician. He recently remarked to me that if someone had told him five years ago that I would have the vision I have today; he would not have believed them. I sincerely believe that my positive outcome is directly related to my advocacy for myself and the relationship between me and this wonderful doctor whom I trust completely.

"... it wasn't until I was literally knocked off my feet that I was able to see what I couldn't discern when I was up on my physician's pedestal—that being ill challenged your whole sense of self. It was a chastening reminder that anyone could become a patient at any moment."

Mimi Guarneri, MD, founder and medical director of Scripps Center for Integrative Medicine, wrote about her experience with her patients in *The Heart Speaks*.

Exercises

Using Fluidity to Work with a Stuck Situation

- Think of a somewhere in your life or bring to mind a problem where you feel stuck.
- In the first box, draw a picture of the stuck situation.
- Now using your imagination, let's play and create a movie or story about this. Go forward from the first box and imagine the story, then draw the next two parts of the story in the boxes provided. You can even pretend it is someone else who has this problem instead of you. You are the director and you design the story.
- Put your drawing down and take a couple of minutes to breathe, close your eyes and go inside. Just hear the music and breathe or meditate.
- Now spontaneously draw frames four and five.
- Take a minute to talk about your experience with someone and then we will come together and share.

Childhood Dream

- Think about your first childhood dream, the first dream that you remember. If you cannot remember a dream, then a first strong impression would be good.
- Draw a representation of the dream showing the key elements.
- Notice what happens for you and discuss with partner or we can share when we come back as a group.

Sharing and discussion of Childhood Dream as a blueprint for life.

Welcoming the Ghosts and Spirits

Ghosts are aspects of people/groups that individuals are aware of but they are not represented directly. They may be things that are in your mind but unsaid or things that you may have shared with another person but not in the group. One example of this is what we commonly refer to as the "elephant in the room," things that are present but not talked about. These may include forbidden feelings or attributes such as: age, jealousy, anger, power, privilege, ancestors.

Let's make a list of some of the ghosts that we experience in this group (things we think but don't say).

Write these on the board

Now let's imagine that this group also has a different kind of spirit, a mythic spirit that is trying to wake us up. Can you make up a spirit that might do this? What could this spirit be trying to show/tell us?

Free expression

Using a piece of paper as a label, become one of these ghosts/spirits. Say who you are representing.

Let's see how these ghosts and spirits interact with each other . . . you can move, talk, sing or represent this in any way that you like.

Tapping Into the Wisdom of Flirts

- Write down on a piece of paper a question or a concern that you may have. Put this aside.
- Allow your mind and body to relax and let your eyes soften so that the world becomes a little blurry. Maybe half close your eyes.
- Using a sense of touch, hearing or vision notice that as you gazes around the room with soft eyes that something catches your attention. It may be a something visual, or it could be a sound, a body feeling inside your body or something touching your skin. Feel free to get up and move if you wish to.
- If you find that you are getting more than one thing, pick a single flirt to focus on.

- Keep your focus on this thing that is flirting with you and allow it to become amplified. If it is a sound let it get louder. If it is a visual, let it come vibrantly alive, and if it is a body symptom or movement, make it stronger or softer in some way. You can even play with this making it louder, brighter or softer more gently. It is fine to move, make sounds or do whatever you feel pulled to do.
- See if you can even become this thing, feeling into its nature, its power, its essence. What is it like to be this object, this sound this feeling?
- Take your time with this exploration. Really feel into this experience, become this thing that captured your attention. Just let it unfold.
- Notice if there is something that changes for you. Just notice what is happening. If you need some help, let me know.
- When you feel complete, make a few notes or draw a picture about your experience.
- Go back to your original question and see if there is some information that is connected to your experience of using a flirt.

The Body ~ Your First Life Partner and Friend

- Imagine that your body is a person with feelings, thoughts, words, and other human abilities. Introduce yourself to your body and let it know that you would like to get to know it more personally. Then listen to what it has to communicate in words, movement or by any other means.
- Now let yourself become the person who is your body. Feel into your body. Share your point of view as a body with your owner. What do you like? What do you not like?
- There is no right or wrong way to do this so trust and have fun with this.
- After your body has had adequate time to express all that is on its mind, ask if there are any words of wisdom or advice that your body has for you. Appreciate your body for its sharing with you.
- Make some notes for yourself about the interaction.

Appendix C: Informed Consent

Informed Consent for Participation in Chrysalis: A Class for People with Illness

I have chosen to participate in Chrysalis, a class for people with Illness, as part of Mary Joy's research for her MAPW Diploma in Process Work.

This class will take place on July 7th 2015 and will be held every Tuesday evening for six weeks in the Library of the Process Work Center.

This class is offered at no charge and is part of Mary Joy's Final Project for her Master's in Process Work from the Process Work Institute, in Portland, Oregon.

I give my consent for my evaluation of the class and observations of the class to be used as part of this research in an anonymous form.

Name_____

Signature_____

Appendix D: Questionnaires Pre and Post

Pre

Chrysalis

A unique class designed for people with serious illness

7/1/2015

Thank you for your interest in Chrysalis. In order to make this a more rewarding experience for you, would you please complete the following questionnaire and return it to me via email or bring it with you to class when you arrive on July 7th at 7:00 pm? You are welcome to write as much or as little as you choose. Please feel free to telephone or email me if you have any questions or concerns.

Name _____ Age _____ Gender _____

Illness of concern _____

1. How are you feeling about your illness at this time? What are you experiencing?

Would you please rate the following statements?

2. I have adequate support as I am going through this experience of illness.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | | | | |

3. I have good community resources, and health care available to assist me with my condition.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | | | | |

4. My current level of pain is well managed.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|-----------------------|--------------|----------------|-----------------|--------------------------|
| | | | | |

5. I know who to call if I need to talk about my illness and how it is affecting my life.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|-----------------------|--------------|----------------|-----------------|--------------------------|
| | | | | |

6. Do you hold any personal beliefs, spiritual ideas, or other truths you would like to share, concerning your experience of illness?

7. We will be meeting in the library at the Process Work Center. This is a light airy room. There are couches, chairs, tables, lamps, plants and pillows. Water, tea, and snacks will be available. Is there anything that would make you more comfortable?

Participants' Responses to Pre Questionnaire (N = 5)

No names were used, as I gave each participant a number from 1-5.

Chrysalis

A unique class designed for people with serious illness

1. How are you feeling about your illness at this time? What are you experiencing?

Would you please rate the following statements?

2. I have adequate support as I am going through this experience of illness.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| X | | | | |

3. I have good community resources, and health care available to assist me with my condition.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| X | | | | |

4. My current level of pain is well managed.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| X | | | | |

5. I know who to call if I need to talk about my illness and how it is affecting my life.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| X | | | | |

6. Do you hold any personal beliefs, spiritual ideas or other truths you would like to share, concerning your experience of illness?

I believe that if I focus on getting well that I will be led to ways of finding the right treatment.

7. We will be meeting in the library at the Process Work Center. This is a light airy room. There are couches, chairs, tables, lamps, plants and pillows. Water, tea and snacks will be available. Is there anything that would make you more comfortable?

It sounds like a very comfortable space just as it is.

Chrysalis

A unique class designed for people with serious illness

1. How are you feeling about your illness at this time? What are you experiencing?

I am feeling physically o.k., but my illness has caused other concerns, such my limited activities and limited income due to my limited physical abilities.

Would you please rate the following statements?

2. I have adequate support as I am going through this experience of illness.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| X | | | | |

3. I have good community resources, and health care available to assist me with my condition.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | X | | | |

4. My current level of pain is well managed.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| X | | | | |

5. I know who to call if I need to talk about my illness and how it is affecting my life.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| X | | | | |

6. Do you hold any personal beliefs, spiritual ideas or other truths you would like to share, concerning your experience of illness?

Not really, except maybe: We aren't given anything we can't handle.

7. We will be meeting in the library at the Process Work Center. This is a light airy room. There are couches, chairs, tables, lamps, plants and pillows. Water, tea and snacks will be available. Is there anything that would make you more comfortable?

Chrysalis

A unique class designed for people with serious illness

1. How are you feeling about your illness at this time? What are you experiencing?

I feel very insecure and nervous about it. I don't know what my health future is. I am working with a naturopath to try to.....but not sure can. I am tired a lot and when I run out of gas, I am done.

2. Would you please rate the following statements?

. I have adequate support as I am going through this experience of illness.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | | | X | |

Mostly have been dealing with it myself and haven't asked for a lot of help so not sure,

3. I have good community resources, and health care available to assist me with my condition.

| Strongly Agree | Agree X | Neutral | Disagree | Strongly Disagree |
|---|---|---|----------|-------------------|
| Have pretty good western doc who says there is nothing I can do | Have great naturopath who is trying different things. | Have insurance and mostly money for the meds that I have to buy | | |
| | | | | |

4. My current level of pain is well managed.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|--|----------|-------------------|
| | | When I overdo I have body pain and it is not managed but goes away when I rest | | |

5. I know who to call if I need to talk about my illness and how it is affecting my life.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | X | | | |

6. Do you hold any personal beliefs, spiritual ideas or other truths you would like to share, concerning your experience of illness?

I believe that one of the reasons I did get sick was to slow me down. I don't really like it but it has done that. I have a strong sense of personal higher guidance which helps me when I ask and listen.

Chrysalis

A unique class designed for people with serious illness

1. How are you feeling about your illness at this time? What are you experiencing?

I am getting more worried as I get older. I feel more vulnerable. I am also feeling some lower back pain and headaches at times. I can't handle making decisions due to an injury from my illness. I am doing some healing work with Reiki but am unable to retrieve memories at times. I don't know always know how I am coming across and have been told that I am rude at times. I am grieving.

Would you please rate the following statements?

2. I have adequate support as I am going through this experience of illness.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | | | X | |

3. I have good community resources, and health care available to assist me with my condition.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | | | X | |

4. My current level of pain is well managed.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | | X | | |

5. I know who to call if I need to talk about my illness and how it is affecting my life.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | | | X | |

6. Do you hold any personal beliefs, spiritual ideas or other truths you would like to share, concerning your experience of illness?

I use energy work and Reiki.

7. We will be meeting in the library at the Process Work Center. This is a light airy room. There are couches, chairs, tables, lamps, plants and pillows. Water, tea and snacks will be available. Is there anything that would make you more comfortable?

That sounds very good. I need to bring my Companion Animal with me.

Chrysalis

A unique class designed for people with serious illness

1. How are you feeling about your illness at this time? What are you experiencing?

I feel frustrated, depressed and exhausted. Life feels like a struggle to keep my head above water. I don't always feel this negative about my health problems but it is what I am feeling today and this week.

Would you please rate the following statements?

2. I have adequate support as I am going through this experience of illness.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | | | X | |

3. I have good community resources, and health care available to assist me with my condition.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | | X | | |

4. My current level of pain is well managed.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | X | | | |

5. I know who to call if I need to talk about my illness and how it is affecting my life.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | | | X | |

6. Do you hold any personal beliefs, spiritual ideas or other truths you would like to share, concerning your experience of illness?

I believe the universe presents us with opportunities to learn and grow. I believe that obstacles are opportunities to think creatively and be resourceful. I believe that a strong social support system is integral in creating and maintaining good health. I have experienced growth and insights from dealing with chronic illness but I have also experienced a lot of struggle.

I believe in energy medicine and I meditate every day.

7. We will be meeting in the library at the Process Work Center. This is a light airy room. There are couches, chairs, tables, lamps, plants and pillows. Water, tea and snacks will be available. Is there anything that would make you more comfortable?

1. Having 5 minutes break every 1/2 hour being able to lie down during these breaks.
2. Having a place where I can go lie down if I get over stimulated during class.
3. During the check-in time, have a moment (30-60 seconds) of silence after each person speaks before the next begins.

Post

Chrysalis

A unique class designed for people with serious illness

9/15/2015

I want to thank you for attending Chrysalis. The participation of each one of you made this class more meaningful. As I mentioned, I am asking you for some feedback about the class. Your experience and your impression are important for me and will help to improve future classes. You are welcome to write as much or as little as you choose. Please feel free to telephone or email me if you have any questions or concerns.

Name _____ Age _____ Gender _____

Illness of concern _____

1. How are you feeling about your illness at this time? What are you experiencing?

Would you please rate the following statements?

2. I have adequate support as I am going through this experience of illness.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | | | | |

3. I have good community resources, and health care available to assist me with my condition.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | | | | |

4. My current level of pain is well-managed.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|-----------------------|--------------|----------------|-----------------|--------------------------|
| | | | | |

5. I know who to call if I need to talk about my illness and how it is affecting my life.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|-----------------------|--------------|----------------|-----------------|--------------------------|
| | | | | |

6. What did you enjoy best/least about the class?

7. How do you think this class might be improved in the future?

8. Please feel free to add anything else you may wish to share.

Participants' Responses to Post Questionnaire (N = 4)

I gave each participant a number from 1-5. One person did not complete Post Questionnaire, so there are only nine responses in total.

Chrysalis

A unique class designed for people with serious illness

Questionnaire 2

How are you feeling about your illness at this time? What are you experiencing?

At the time of our class in the Fall of 2015 I had been cured of cancer. My cancer treatment took place from July 2012 to February 2013. The treatment included 2 rounds of chemo and 33 days of radiation. A few months later I had surgery to remove the lymph nodes on the left side of my neck. The side effects of the cancer treatments were impaired nerve function to muscles in my left shoulder and left arm. Numbness on the left side of my neck above my incision for neck surgery. Excessive secretions in my throat which I have to continuously have to cough up and spit. Dry mouth which has caused me more tooth decay which resulted in having a lower left molar being extracted. Weakened throat muscles which has affected my swallowing resulting in occasionally getting some liquid down my windpipe. Also, my left vocal cord is very weak which makes my voice weak. The excess secretions from my throat also gives my voice a frog like quality.

As a result of all these side affects I have tried a number of different types of therapies to get cured from the cure for cancer. Some of the treatments I have had are acupuncture, applied kinesiology, microcurrents, chiropractics, physical therapy, Chinese herbs, hypnosis, IMT (integrated manual therapy), deep infrared Laser therapy, graston, ultrasound, massage, and chi kong.

These different therapies didn't seem to have any dramatic effects in changing my physical symptoms.

However, people have told me that my voice seems to be getting stronger more recently. Over the last 3 plus years of living with these side effects I have learned to live with them and they aren't as annoying as they were initially.

To answer your question: I am feeling good about my life. I have wonderful people in my life, and I have some interesting projects I am working on. I am able to pursue all of my activities. Carol and I went to Boston for Christmas. I eat well and have gained weight. Life is good.

I have adequate support as I am going through this experience of illness.

I strongly agree. After I was diagnosed with throat cancer in July 2012 I stayed at Carol's house for 6 months as I went through my various treatments. Carol even had to take me to the emergency room when I got very sick on my first round of chemo and my kidneys shut down.

After I was cured of throat cancer I have regular follow ups with a PET scan every 6 months and have my throat visually inspected with an endoscope. This year I am transitioning to a once a year schedule.

I have good community resources, and health care available to assist me with my condition.

I strongly agree. See list (above) of follow up therapies I tried out after being cured of cancer. Also my oncologist does a blood check after I have my PET scan.

My current level of pain is well managed.

I strongly agree. I don't have any pain.

I know who to call if I need to talk about my illness and how it is affecting my life.

I share how I am feeling with Carol almost daily. I also keep my oncologist and ENT doctor informed of any changes that I might be experiencing.

What did you enjoy best/least about the class?

I like listening to everyone share their experiences in dealing with their health issues. I liked to hear them describe what it was like to deal with the way their body was functioning as well as their descriptions of how they were reacting emotionally and mentally to their bodies' health issues. I also enjoyed the emotional support provided by others in the class to those who were sharing. I also like the various activities that we did because it gave us a different way to interact with our health issues than our usual mode of talking about ourselves. I think when we talk we hear what is rattling around in our brains laid out in a linear fashion so we can get a clearer picture of what is in our minds. The activities provide a different way to bring out of our minds information that may be hard to express verbally.

How do you think this class might be improved in the future?

The class seems to be very effective as it is. There was structure as well as flexibility, so the flow of the class met the needs of the people who were attending it. I heard several people say that they felt that this class was the only place where they could verbalize how things were going for them in dealing with their illness.

They said that they didn't feel that they could talk to those people who were close to them in their lives. because they felt that their family and friends didn't want to hear them constantly talking about their illness. So your class provided them a safe place to unburden their thoughts, emotions, and fears about their illness. So don't change a thing. The class seemed to give every body exactly what they needed, a family of survivors who were dealing with their live and living as best they can everyday with love and support from their friends in the class.

Please feel free to add anything else you may wish to share.

I liked the one on one session we did with your advisor. You were able to get me to a place where my body was able to communicate with me as to what it was experiencing in dealing with my recovery from the treatments I received to cure my throat cancer. It seemed to me that my body was saying that is was frightened or scared by the chemo, radiation, and surgery. I was expecting my body to quickly recover and heal itself of all the side effects from the treatments I received, but as I mentioned above all of the those various therapies I went through didn't seem to have much affect. Which brings to the second thing my body seemed to be telling me in our session. My body seemed to be saying that it needs time to heal. Consequently, I am not doing all those therapies now. I am just doing mirocurrents once a month and getting a chiropractic adjustment once every 3 or 4 months. My voice seems to be getting a little strongly very slowly, and people tell me my color looks better. I am eating better, and my tongue isn't as sensitive as it used to be to spicy foods. So my body seems to be taking time to heal.

Thank you for inviting me to attend your class. It was wonderful.

Chrysalis

A unique class designed for people with serious illness

1. How are you feeling about your illness at this time? What are you experiencing?

I am o.k. with it. I think it has been a learning experience that has given knowledge and insight that I can share with others.

Would you please rate the following statements?

2. I have adequate support as I am going through this experience of illness.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| x | | | | |

3. I have good community resources, and health care available to assist me with my condition.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | | | x | |

4. My current level of pain is well managed.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| x | | | | |

5. I know who to call if I need to talk about my illness and how it is affecting my life.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| x | | | | |

6. What did you enjoy best/least about the class?

I liked it when we could get into some deep discussions and go below what was happening on the surface or the everyday world.

7. How do you think this class might be improved in the future?

Having a little more structure and going more into the deeper questions/areas more.

8. Please feel free to add anything else you may wish to share.

Loved it!

Chrysalis

A unique class designed for people with serious illness

1. *How are you feeling about your illness at this time? What are you experiencing?*

Discouraged and frightened. Very little stamina and very afraid

Would you please rate the following statements?

2. I have adequate support as I am going through this experience of illness.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | | | x | |

3. I have good community resources, and health care available to assist me with my condition.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | | | x | |

4. My current level of pain is well managed.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| x | | | | |

5. I know who to call if I need to talk about my illness and how it is affecting my life.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | x | | | |

6. What did you enjoy best/least about the class?

I enjoyed the camaraderie and the knowledge that the others about coming to acceptance and hope about their illnesses which gave me hope I could come to that for me and my illness.

7. How do you think this class might be improved in the future?

Maybe some in depth questions to lead off some of the discussions

It was good as it was but would have liked probing for our harder feelings.

8. Please feel free to add anything else you may wish to share.

THANK YOU FOR DOING THE CLASS- IT HELPED ME

Chrysalis

A unique class designed for people with serious illness

- How are you feeling about your illness at this time? What are you experiencing?
Good and Bad It depends on the day.

Things tend to get in my way a lot.

Would you please rate the following statements?

- I have adequate support as I am going through this experience of illness.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | | | x | |

- I have good community resources, and health care available to assist me with my condition.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | | X | | |

- My current level of pain is well managed.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | | | X | |

I am having problems sleeping due to pain at times.

- I know who to call if I need to talk about my illness and how it is affecting my life.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|
| | x | | | |

6. What did you enjoy best/least about the class? It was really helpful to be able to check-in with people who have health issues and are willing to talk about them, to be able to say, "Yes, this is going on." Sometimes I feel like I am a bad person because I have an illness. I felt better when I could talk with others who could understand. So many people do not want to hear about illness.

7. How do you think this class might be improved in the future?

I need to think about this some more.

8. Please feel free to add anything else you may wish to share.

I spend my life around people who are healthy. It is hard for me sometimes as I have had this condition all of my life.

I hope that everything goes well for you. Good Luck with your project, You did good work!