

**A Process Oriented Approach to Developing a Mental  
Health Service Organization: An Experiential Study**

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## Introduction

The purpose of this paper is to report on my experiences in applying process work in the field of human service organizations. Adam Zwig and I have been developing a therapy clinic for low income people, the "Portland Health Services." Throughout this paper, I will refer to "we" when I talk about the overall creation of the clinic, and I will speak about myself when I address my experiences and thoughts, though Adam might share them, too. After this introduction, I will outline some central concepts in the fields of process work and organizational psychology. Then, I will unravel the different problems we encountered developing the clinic and reflect on how we used a process orientation to deal with them. Finally, I will look at the long term dynamics of the clinic and point out which process work skills and metaskills have been most helpful to me.

The vision to create a therapy clinic for low-income people inspired Adam and me three years ago when we presented Arnold Mindell's dreambody work at an international conference. We felt that psychotherapeutic services which involve a process-oriented, humanistic and transpersonal approach should be available to everybody, regardless of their financial situation. We felt that everybody should have the right -- it should be a human right -- to get help dealing with difficult situations, to find meaning in such experiences and to become happy and vibrant. We felt that it was especially important that governments interested in practicing

democracy be concerned with the availability of psychotherapeutic services. Participation, a prerequisite of democracy, can only happen sufficiently when people are not silent or overcome by their personal problems, as is frequently the case with people who have been abused. Psychotherapy is one way to not only help the victims of domestic violence and social oppression, but also to help prevent anger, rage and revenge from turning into violence. In any case, psychotherapy also needs to support social action and change, otherwise it complies with the cultural, social, economic, and political repression of disenfranchised groups of people by acting as if the problems faced are caused by the people themselves instead of by the social conditions in which they live.

The Portland Health Services fills a need in our society. In the United States, millions of people can't get professional help with psychological, physical and social problems because they fall through the cracks of the current health care system. Even when they can afford health care insurance, it often refuses to pay for psychotherapeutic services. Many people are not eligible for medicare, live way below the poverty level, and thus can't afford any health insurance. There is too little money and staff to handle the number and kinds of people who actually need help, especially in the area of mental health. Oregonians even voted to cut back on the funds for social programs. To put it simply, the mental health system in Oregon is strongly under-funded and over-burdened. The Portland Health Services responds to this need, and

it is the only place in Portland where people can get really low-cost, long-term counseling.

Another issue which needs to be considered is, as Werner and Tyler (1993) summarize:

Research indicates that mental disorders can be treated less expensively and more effectively on an outpatient basis (Kiesler and Sibulkin, 1987). Community-based treatments have repeatedly shown to offer a higher level of positive outcomes, without the potential physical and psychological risks associated with inpatient services (Weithorn, 1988)... If all current funding dollar were re-allocated through a decrease in inpatient services and directed towards consultation and education efforts in the community, with a focus on the development of community-based intervention, a much greater percentage of those requiring services would have access to appropriate alternatives (p. 690).

Creating a clinic required me to step into a new field of learning, namely organizational development. Being in unknown territory, I noticed how I fell back into old ways of thinking and feeling. I tended to search for strategies which would lead to the goals I had in mind, and I hoped to program the course of events accordingly. To approach my personal life with a process-oriented attitude is one thing, but applying the same perspective to a larger, public organization has caused me many sleepless nights. Slowly, I learnt that it was impossible to know beforehand the inner and outer forces and environments we were going to encounter. Slowly, I began to relax while embracing the fact that our organization will always be in transition -- maybe the only way to survive today's quickly changing world. The biggest task is to not stand in the way of this process.

### **A. Process Work and Organizational Development**

The core question behind my research is how to develop a mental health service organization by using a process-oriented perspective. I want to find out which concepts and methods of process work are particularly useful, in which way they further the organization and the people, and what kinds of problems emerge. The process paradigm, with its recognition of the process-oriented nature of everything, proposes an original approach to life which has been made explicit by Arnold Mindell, the founder of process work. Moreover, the process paradigm furthers an understanding that different approaches are useful depending on the situation and the immediate process. This is why process work methods of working with groups and organizations can, in a given moment, resemble other approaches and can integrate or expand them. Thus, I will also allude to other schools of thought.

In this chapter, I will introduce the theoretical concepts offered by process work and other organizational studies. Research questions will be formulated throughout this chapter based on the theoretical issues I will point out and they will be discussed in the following chapter based on my experiences at the clinic. First, I will outline the main concepts in process work as applied to groups and organizations. Philosophical ideas, the concept of a force field, the occupation of roles, edges and the significance of awareness will be discussed. Second, I will show how process work interfaces with other schools of thought in the field of

organizational development. I will refer to ideas based in systems theory, chaos theory and gestalt theory and I will address several concerns in organizational development, namely problem solving and adaptation, leadership, and the creation and realization of missions and visions. Third, I will address the nature of my research and the various roles I assume in the project.

### Process Work Applied to Organizations

In a time where traditional approaches to global, social and environmental problems have reached their limitations and many innovative and creative approaches come forward, Mindell offers a unique way to bridge the gap between psychological, interpersonal, political, organizational and spiritual work. Over the last two decades he has developed a process-oriented approach to working with dreams, body symptoms, extreme states of consciousness, addictions, abuse, discrimination, and privilege. Thus, what process work contributes to organizational development is not only insights into organizational and group dynamics but also a holistic understanding of people and organizations. From a personal as well as organizational perspective, processes emerge and need to be worked with on all levels of human experience. The recognition of a creative connection between inner experiences, other people and outer events is important in process work. While it is frequently not possible and is less useful to discern what causes what, each experience can be considered a seed for personal and organizational change if people take up the challenge to use these experiences to



help themselves and the whole.

At the core of Mindell's work (Mindell, 1992) is the "belief in the inherent importance of all parts of ourselves and all viewpoints around us (p.5)." He calls this perspective deep democracy. Deep democracy requires that we not only follow the rulership of the ego but also allow the scary unknown inner feelings and experiences to come to awareness; it means not just following the majority rule but being open to diverse opinions and disavowed positions. Finally, it asks for sensitivity and awareness to the atmosphere in groups and organizations and the courage to represent all the dynamics in the background (pp. 154/155). Thus, community building and the transformation of problems and situations requires that all parts and voices have expressed themselves and have been heard.

Mindell found that all experiences, voices, and happenings, especially disturbing ones, are potentially meaningful for the growth and the development of individuals and their communities. Neglecting or repressing troublesome experiences is only a short term "solution" since disturbances tend to come back in one way or another. To access their inherent meaning they need to be listened to, unfolded, and interacted with carefully. Only by unfolding experiences without structuring the outcome can meaning be discovered. Thus, process work suggests that the methods, goals, and levels of processing issues can be derived from people's ongoing experiences and interactions rather than preconceived

concepts and ideologies. Carried by the notion that people and nature have inherent wisdom, process work shows how experiences can elicit meaning if they are unfolded and met with openness, compassion, and curiosity.

Belief in the interconnectedness of experiences, in diversity, and in the inherent wisdom of people and nature are most effective attitudes for working with people and events. But how do they help us understand organizational dynamics? Attitudes inspire particular working methods (Amy Mindell, 1991). In the following, I will outline particular approaches to working with organizations which are based on the attitudes outlined above. I will describe the means of addressing the field, eliciting roles and their interactions, working with edges to unknown and irrational experiences, and being aware of feedback.

The basis for working with groups and organization lays in the field perspective, which suggests that everything is part of a larger process or field which needs to be recognized and worked with directly. Mindell (1992) explains:

Organizations are characterized not only by their overt and identifiable structure, purpose, and goals but also by their emotional features such as relationship conflicts, jealousy, and envy as well as altruistic drives, spiritual needs, and interest in the meaning of life. Existential spiritual values, environmental problems, and battles in other parts of the world, though vaguely felt or rarely addressed, also structure inner and local events in an organization.... The organization, together with its dreams and undercurrents, constitutes a field that is manifest in physical structures, human feelings, a particular atmosphere, and specific jobs and roles (p. 14).

Question discussed in "Responsible Beyond Therapy":

An organization is not only characterized by different forces in people and the overall field but also by the different paradigms people are using to address them. How far should an organization go in trying to integrate diverse paradigms and when should people split up into different "camps" following their own course?

Mindell suggests that when an organization has a problem, it might be helpful to not just focus on the problem area and an isolated issue but to work with the overall field as well. One way of doing this is to let people speak about the different positions and roles they have in the group or organization, to listen carefully and to encourage the different positions to conflict and interact while supporting the role switches and mood changes that happen naturally. Throughout this process the facilitator follows the feedback of the group. In short, the presence and involvement of a group, strong emotional reactions, outbursts of laughter, and people holding their breath are all indications that the group has touched on something important.

Frequently, there is one position, a ghost role, which is present though nobody identifies with it or reacts to it. What this implies is that people tend to disavow certain experiences because of the culture of an organization and society and an aspect of their personal psychology which is against a certain experience or

behavior. They come to an edge of their identity. It is important to deal with the edge and to bring disavowed experiences forward not only to cope with limitations but to allow people and organizations find their wholeness and the innovative creativity which actually emerges from experiences outside their identities. To process edges and disavowed experiences not only relieves the atmosphere but also offers a new ground for working together.

Question discussed in "At the Core of Change":

Process work has outlined how edges can be recognized in groups. How do edges appear in organizations and how can a public service organization survive while making frequent radical changes inspired by going beyond its boundary conditions into unknown directions?

Disavowed experiences, edges and ghost roles can appear and be addressed on the group level. For example, at a staff meeting at our cooperatively run clinic, I was upset that nobody took responsibility to address the tensions among us and the lack of money. That inspired some people to express their struggles: They felt overwhelmed and wished that someone would explain things and take care of diverse needs. A couple of people spoke with irritation in their voice about the amount of administrative work they were doing without the appreciation and help of others. Then, Adam spoke about how he tried to step back from being a leader in order to advance a co-operative leadership but that he had

difficulties because nobody seemed to pick up their share. Listening to the discussion, we noticed that one of the ghost roles was something like a parent or an elder who could take care of people, their feelings and the overall work situation. On the other side, people had an edge to ask for help, to spell out their needs and thus to take leadership in changing things around. One of the reasons seemed to be that people tended to identify Adam and me as leaders. Also, some people felt that they already put a lot of effort into working with the clients and didn't feel they wanted to take more initiative. Finally, some people experienced it as difficult to speak out in a group which they experienced as somewhat competitive.

The most significant change happened when Adam spoke about his struggles with his leadership position. At this point, the atmosphere in the room turned compassionate towards people's feelings and needs. Having acknowledged an implicit hierarchy -- we identified ourselves as a more or less cooperatively run clinic -- and having seen the more or less identified leader talk about his deeper feelings created an opening for everybody to share a moment of emotional closeness. Afterwards, people arranged in a spirited way what needed to be done within five minutes. Mindell (1989) recommends that "when we feel the time has come, we must learn how to follow the group's escalations and de-escalations, both of which always seem to create a new center, a community, enriching and exciting for us all (pp. 136/137)." It is in the

irrationality of chaos and in the heat of emotion that the numinous core of community and organizational life can be rediscovered.

Question discussed in "Factes of Training":

At best, individual processes inspire the development of the whole group and vice versa. What is the importance and difficulty of individual or group based approaches in regard to process work training?

Because process work uses the methods implicit in immediate signals, states and interactions of people, a process-oriented approach to organizational development will reflect gestalt, systems, chaos, and organizational theories at certain moment in time. While Mindell (1989, 1992) has outlined the methods of group work in great detail, the following will be just a brief outline of how some of his ideas interface with other schools of thought.

#### Interface with Organizational Studies

Systems thinking is the basis of most modern approaches to organizations (Schein, 1988). The central idea is that an organization is an open-ended system which is interdependent with external and internal systems. Moreover, external problems are represented in internal dynamics, too. Many difficulties in organizations make actually sense; they appear functional, when viewed from a system's perspective. Thus, it is important to take the whole system into consideration. To apply systems thinking to

organizational development, relevant elements have to be determined. Because process work considers elements as roles in a field and not necessarily as fixed, structural elements, it has a great flexibility to follow the transformation of elements or roles in immediate interactions and diverse situations.

One of the limitations of systems theory is that it supports adaptation without focussing on the creative component implicit in problems. Chaos theory is the counterpart to focussing on systemic interdependence and strategic interventions. Chaos theory suggests that innovation, experimentation, diversity and change need to be valued above predictability and static patterns (Peters, 1989). To recognize irrational elements and chaotic systems and to use the new information and pattern as the basis for action can increase the responsiveness of a system. Process work sees irrational experiences as part of a highly interactive field and uses them to help people and organizations get in touch their wholeness, full potential and the creative energy within. A special kind of attention and love for the irrational is needed.

To help a system change and find meaning in chaotic behavior, awareness is required. People need to be aware not only of their experience of reality and the boundaries they have, but also of the unusual and innovative experiences which get ignored. Such an experience can be conceptualized as a figure if the experiential and behavioral pattern and the specific meaning and character are

recognized. To facilitate organizational change it is important to experience new figures as they appear in the environment, to process how they reconstruct people's experience and to notice their contribution to dealing with problems as proposed by the gestalt school of consultation (Nevis, 1987).

Process work recognizes the central significance of experiential and sensory-grounded information and awareness which is at the heart of any intervention. Increasing awareness is an implicit goal in process work. Furthermore, Mindell points out that awareness is connected with people's ability to have two kinds of attention. He distinguishes an attention which focusses on what people do and identify with and a second attention which notices which experiences are not considered. To have a second attention is a difficult task because it requires people to have something like a periscope which reaches outside the horizon of their attention and outside of what they might like to notice and deal with.

To help people increase their awareness is one of the most important tasks of facilitators, leaders and consultants. The task of today's managers has shifted from making decision to facilitating more or less autonomous work teams to acquire problem solving and coping skills and to generate their own solutions. Thus, a manager should not influence the organization in any direction (Schein, 1988). One step towards recognizing that



anybody's voice is potentially significant in helping an organization to grow is to see that leadership should be considered a role in the field, a function within the organization rather than the trait of an individual. According to Mindell whoever is aware of what's going on and helps the organization and the people with their awareness can be considered a leader.

Question discussed in "Cooperative Leadership":

Leadership is a role in the field while at the same time certain people are identified leaders. What is the interface between long-term roles people have in a group and the ability of others in this group to take over the same role in a momentary or longer lasting way?

The focus on problem solving and coping skills works well if there are no strong overt or covert emotions involved. If there are, any rational solution is limited. Process work has researched and come up with special ways to address the emotional background behind issues. However, to process strong emotions, a facilitator needs to have a certain amount of training and inner development to stay aware when she finds herself in the midst of heated debates and turbulent situations (Mindell, 1992). To process emotional issues only appears to be more chaotic and time consuming than following a specific method to cope with problems. Especially in the long run, working with emotional issues and creating a good atmosphere has an enormous influence not only on people's work but also on

their health and well-being. Furthermore, it creates an organization which is meaningful to its associates.

Question discussed in "Money and Human Resources":

Focussing on problem solving inspires continuous structural changes, while focussing on emotional processes inspires a long term change in people's deep-seated attitudes, which takes more time because it requires personal development. What is involved in the process of helping an organization which needs to establish existential business arrangements to devote its attention to the personal development of its members?

The focus on visions, missions and goals is one of the limitations of organizational development not only because it neglects the emotional level of problems but also because it is usually geared towards the advancement of success and profit of those who already have privilege. Though the idea of multiple goals (e.g. workers satisfaction, employment of minorities) has entered the business world, it remains to be seen how many organizations will actually work on issues of discrimination, have an agenda of social change and environmental protection, and support all their members to have a voice and process the conflicts between the different positions. This is an ideal yet one I would like all organizations to consider.

Question discussed in "Vision and Reality":

Compelling visions inspire action and change but can, for example, result in neglecting the hopelessness, the absence, and the lack of energy of other team members. When is it time to change a vision and when is it time to adjust the method of achieving it?

### Research Approach

Last but not least, the question arises as to how organizations can be studied. Pure research models involving control groups are not feasible and not desirable when dealing with human systems because the ethics of the research intervention should reflect the ethics of a consultant. This means that research which involves people has to benefit these people already by doing it. In this sense, to have a control group/organization implies that a researcher might withhold helpful insights from the control group/organization and this is not ethical, in my opinion. Action research seems to be most appropriate because it acknowledges any measurement as the next intervention and studies the system while trying to change it. In this way, the researcher is an identified part of the system. Schein (1993) goes even further and points out the advantages of clinical research in organizational studies. In clinical research, an organization has requested help and the researcher comes into the situation in response to a client. This institutes "that (a) the client wants help and is therefore more likely to reveal important data and (b) the clinician researcher is expected to

intervene, which allows new data about the client to surface (p. 705)."

My research report about the development of the Portland Health Services goes one step further. While studying the organizational dynamics, I have not only assumed the role of a consultant but also of a counselor, supervisor, program developer and visionary. As a result, I have experienced many dynamics from the inside while being identified as one of the leaders. This gives me a very special perspective on the clinic and my report is neither meant to be objective nor subjective. I attempt to discuss how I experienced the different processes that emerged and transformed the clinic and how my experiences were part of organizational change. I hope to communicate some of my learning experiences and the struggle with creating a sustainable culture which, according to Mindell, doesn't resolve something but sees everything as part of the enrichment and consciousness of everyone.

It has been a difficult process to outline the development of the clinic coherently and to address the different processes happening simultaneously while constructing different phases which circled around particular themes. Many times I felt like trying to turn an impressionistic painting into one pictorial story or a bed of weeds into an English garden. I observed that we focussed our efforts on particular concerns for about half a year and then new issues would require much of our attention. The table on the following page is

an overview of the six sections I discerned. However, all the different issues shaped the evolution of the clinic at any time and my discussion of the different topics will draw on my overall experience.

**Table: Developmental Phases**

STRUCTURES	IDEAS	DIFFICULTIES
<p><b>Fall 90 - Spring 91</b>            Founding of free therapy clinic. Small payment of staff.</p>	<p>Process-oriented, humanistic therapy should be a human right.</p>	<p>Uncertain financial plans. Dilemma with free services. Lack of support.</p>
<p><b>Spring 91 - Fall 91</b>            Introduction of low sliding scale fee which we raise twice.</p>	<p>Money payment can be beneficial for therapeutic work.</p>	<p>Staff is not into helping to take care of the place. Long waitlist. Exhaustion.</p>
<p><b>Fall 91 - Spring 92</b>            Attempt to create a community feeling.</p>	<p>Clinic meetings open to the public and possibilities for work - trade empowers clients.</p>	<p>Different paradigms lead to a lack of interest of some counselors to work together. Lack of money.</p>
<p><b>Spring 92 - Fall 92</b>            Development of a training clinic which is self-sufficient. Client fees pay expenses.</p>	<p>Focus on training revises the attempt to heal people and supports the notion of learning and working together.</p>	<p>No administrator. Finding process work students who are interested in working with some people for free.</p>
<p><b>Fall 92 - Spring 93</b>            Team leadership. No administrator.</p>	<p>Co-operative and shared leadership raises people's responsibility and involvement.</p>	<p>No larger problems. Responsibility of addressing issues is frequently left for us to pick up.</p>
<p><b>Spring 93 - Fall 93</b>            Processing issues in the team.</p>	<p>Organizational and personal needs and the feeling within the team will guide the clinic's path.</p>	<p>Not enough money for supervision. Thus, people need to work with four to five clients.</p>

## **B. Development of the Clinic**

### Between Vision and Reality

If we are guided by a vision we always face the question if we should propel the vision into reality or should adapt it to what reality offers. Do our visions create reality or are they, at best, inspired by reality? Because both are somehow true, the question arises as to when it is time to change a vision and to incorporate what we encounter and when it is time to find a better way of achieving what we set out to do. In this section, I will first describe how we started the project based on our original vision and how reality forced us to work with the fundamental discrepancy between vision and reality.

Following our vision that process-oriented therapy should be available to all people regardless of their financial situation, Adam and I began counselling people for free. We also began to set up the organizational and legal bases for a therapy clinic called "Portland Health Services." The ad which we had put in a free weekly newspaper offering our services was met with overwhelming response. The waiting list grew rapidly through word of mouth and later on through referrals from other agencies. We desperately needed help and began looking for other counselors who were interested in volunteering several hours a week and who would have a process-oriented attitude which focusses on how people carry inherent wisdom and are involved in a growth process and treats them not as victims of their condition, dysfunctional or in need of

healing.

However, after talking with and interviewing many people we realized that we could not find well trained process-oriented or humanistic therapists who would volunteer time and possibly have higher educational degrees (which would have increased public approval and our chances for fundraising). Thus, the question was: Should we wait for the right people to realize our vision or should we invite whoever has a more or less humanistic attitude and a certain experience in the field to meet the need of the many people on our waiting list? Following our concern to offer something for low-income people in need, we decided not to wait for perfect therapists to do our project with. We were really happy when, finally, an administrator and two nice counselors joined us, with several more counselors joining later.

If we would have had grants or could have profited from insurance benefits, it would have been rather easy to find qualified therapists, but we could offer people only a minimal financial reward based on some start-up money. Because we had no clear plans how to create a financially sustainable clinic within the next couple of years I struggled with the following questions: Shall we expand and pay more counselors to be on our team if we don't know where the money will come from? Shall we try to create a service program for a specific group of people in order to increase our chances for getting grants and funds or be open to everybody?



Shall we try to have licensed counselors on the team in order to get third party payment and funding even though that might restrain us in promoting the application of process work in therapy, supervision and program development? Finally, we decided to engage more staff members, to be open to anyone asking for our services and to choose staff members with a process-oriented attitude even though none of them had a license. An open, process-oriented atmosphere was most important to us and we made the concession that funding would be most difficult.

The questions about money also mirrored my fear of starting out a project without knowing what we might get into. My need for security was greatly increased because I carried a certain responsibility for the people who came to the clinic and was, after all, publicly accountable for the programs. Again and again, I hoped to come up with a strategy which would assure me of success. Yet, I never succeeded in conceptualizing such a plan, because it never could encompass unforeseen circumstances, resources and changes. There was always the same creative gap between my vision and reality, though I constantly worked on changing both. As I struggled with tolerating this emotional tension, I sometimes even disliked the clinic. Nevertheless, using all my efforts in helping this unusual project on its feet, I got the chance to discover the awesome creativity which laid at the heart of tensions.

Being constantly worried about the clinic inspired an important

change in my attitude. I had to become more open to following my heart which sometimes suggested to go ahead with certain ideas without knowing how to deal with future situations (e.g. dealing with the long waiting list or the limited financial resources which sometimes asked me to focus on my private life while knowing that certain issues at the clinic had not been taken care of sufficiently). I didn't know how to stay open to nature, including the nature of a project, instead of constantly trying to control and program everything. Yet, I found that after continually failing at creating the clinic I had in mind, something changed inside of me and I was reminded of the suggestion of Arny and Amy Mindell (1992):

You notice... how you try, but fail to understand it, how you want to be wise and interpret, how you want to change and master the world. And finally, or, rather, once again, when all else fails, realize that life itself teaches process-oriented thinking by wearing out all the other survival methods... In this singular, if temporary moment, a kind of awesome peace arises from the turbulence of life, even as the storm goes on (pp. 231-232).

In this process, it was invaluable for me to be challenged as well as supported by my friend Adam, who helped me to not turn my back on the clinic but to tolerate uncertainty, to take risks and to develop my ability to facilitate change.

Previously, I conceived of organizations as more or less inflexible and slow changing structures, only to experience how they can be subject to fast and unexpected change. I experienced that structures are not the backbones of an organization, but that it is

the groups's ability to sense and process issues which makes the organization hold up over time. Structures are stabilizing elements and thus are frequently the predicament of an organization. Similar to how the definition of an organization has changed over the past four decades from being looked at as a coordinated effort of people to achieve a certain goal to being perceived as a complex system with multiple functions (Schein, 1988), my goal has changed from focussing on the clinic as a structure to envisioning it as a forum to process individual, community and world issues. In this sense, I seemed to transcended the struggle between vision and reality and found that processing people's deepest dreams and the forces in the environment is not only crucial to create a sustainable clinic but can actually be considered one of the purposes of an organization.

Many modern researchers in the fields of organizational development (Senge, 1990; Bennis, 1966; Stacey, 1992), management (Kanter, 1986; Ainsworth-Land, 1986), organizational psychology (Schein, 1988) and consultation (Kurpius and Fuqua, 1993) appreciate the necessity of continuous change in organizations. Several researchers talk about the fact that the method of strategic planning and an exclusive focus on a vision is limited for two reasons. First, today's world is changing at a rapid speed and organizations are required to deal with constantly and fast changing environments. Secondly, by creating a strategy in an attempt to adapt to a new situation, ideas which are already

established are reinforced. Thus, past and current ideas are projected into the future, which potentially limits the openness for continuing innovation. Modern research supports the idea that difficulties and unintentional experiences can actually initiate most effective developments in organizations. In order to survive, modern organizations need above all to be flexible and innovative.

### Money and Human Resources

How can an organization which is in the middle of struggling for its survival spend time on processing issues within the organization? What are the prerequisites to dealing with any issues? I will elaborate on these questions based on the clinic's struggle with developing financial policies. To define how much clients need to pay and subsequently how much therapists are reimbursed for is a sensitive and emotional issue, especially when neither clients nor therapists nor the clinic have enough money to be on financially sound feet. Thus, the question arises whether financial policies should be negotiated between the project leaders and the staff members, between a therapist and each client individually, or between the staff and the clients in open meetings. In this section I will address how this process affects the therapeutic relationship, team work and organizational development; in the next section I will address the possibility of including clients in this discussion.

Our clinic started out offering services for free. However, after

a while, several counselors felt unhappy about working with people for free who seemed to have the resources to pay something especially because the clinic desperately needed more money. This brought us to convert our "Freehelp" program into a sliding scale therapy program. Also, we had noticed that initially many people were inspired by getting services for free because society had not provided much care for them. However, after several months we wondered if the therapeutic work might be valued higher if people needed to make a minimal financial contribution to the clinic. After major discussions with the staff -- we all loved the idea of free services -- we introduced a low sliding scale fee (\$1, \$2, and \$5 per session). The clients seem to be open to this policy. However, after several month, the counselor felt rather depreciated by the single dollar bills they received and within the next two years we raised the sliding scale twice to arrive at the lowest fee of ten dollars.

The interface between money and therapy had many sides to it. Some clients felt inspired and appreciated by getting something for free or for a small fee; some felt grateful and subsequently shy to ask for what they really needed; and some felt not committed to the work since it was free. Some counselors experienced it as a creative challenge to work deeply and to learn from every session as a means of receiving something; others stressed the importance of processing issues around money with the clients and maybe helping them to process their difficulties in getting a job; and

again others felt their work to be devalued by not asking the clients to pay something. I found that processing these dynamics personally and together with my clients was very fruitful and especially important because the clients coming to our clinic live on low incomes and often struggle with money issues but a further discussion in this regard is beyond the scope of this paper. In any case, discussing the fee with each client individually required an awareness on my side of the privilege and power differences between the clients and me.

While developing policies together with the staff I noticed that the staff members seemed to be reluctant to talk about their needs and feelings in terms of money, self-esteem, and other concerns. However, overworked and overwhelmed by the happenings at the clinic, I did not pay enough attention to the experiences of my co-workers -- something which is normally very important to me. More problematic was that I did not realize and address people's lack of freedom or lack of interest to communicate their concerns, which naturally enforced a covert hierarchical structure among the staff. Was this a reflection of Adam's and my leadership style? Were people too burnt out by the challenging, sometimes slow and difficult work with the clients? Did people not feel up to bringing forth conflicting ideas? Because I did not address this lack of participation, I had to take care of organizational matters alone, with Adam or our administrator and got burnt out myself. Even more disturbing, the team missed out on everybody's knowledge,

creative ideas and inspirations.

The discussions about money within the staff and with clients as well tended to circle around two components. On the one hand there were feelings of being taken care of and of valuing oneself and others, and on the other hand more awareness was required about privileges and power differences as they existed between counselors and clients and between us as program developers and supervisors and the other staff members. The core problem was that many staff members were shy to make their concerns heard. Thus, Adam and I seemed to have more influence on the discussions.

Our organization would have profited from a close look at free communication and expression, information exchange, consensus, teamwork and participation, which should have moved to the center stage of attention as it has been promoted in business management since the 1960s. As Bennis (1993) rightly stresses, democracy "becomes a functional necessity whenever a social system is competing for survival under conditions of chronic change (p. 22)" and "that given a desire to survive in this civilization, democracy is the most efficient means to achieve this end (p. 21)." Instead of facilitating deep democracy, the external pressures made me lose my awareness of what was happening within the team and with the organization as a whole.

If I would have looked at the organization from a systems

perspective, which has strongly influenced all modern approaches in organizational development, I would have noticed another dynamic, too. According to Senge (1990), we shifted the burden. We created short-term solutions without tackling the more fundamental change which was needed. For example, we responded to the long waiting list with hiring more therapists, hoping to get funding as soon as we had a respectable staff. One side effect was that we did not put enough of our financial and energetic resources into supporting the existing staff to develop its capacity for creative innovations. We should have invested more in ourselves as a team. We could have paid everybody to sit together, to enhance the team spirit and to develop creative responses to the clinic's problems. What was our purpose if not to appreciate ourselves, to help each other grow beyond our limitations and to help other people?

In summary, clients, staff and the clinic can profit enormously from seeing money as a process which inspires us to really use our own human resources. As I will show in the section "At the Core of Change," we could come up with a creative solution to making the clinic financially stable only when we incorporated therapist's training as a central purpose of our organization and, thus, made the development of human resources the center of our attention. Over time I also discovered that by continuously processing feeling issues within the staff we were less overwhelmed with the difficulties we encountered. Thus, processing feeling issues on an ongoing basis created a certain readiness to enjoy the continuing



creative interface with the environment.

### Responsibility Beyond Therapy

If the clinic is struggling with survival issues, therapists and clients alike are affected; they are in the same boat, so to speak. However, to include clients in the discussion is controversial because it violates the idea that therapists and clients shouldn't not have contact outside therapy. Such a conflict emerged among the therapists at our clinic who came from different schools of thought. Subsequently, I wondered how far should an organization go in trying to consider the different viewpoints and when is it time to split up in order to realize those diverging viewpoints. In this section, I will outline the need to create a communication link with the clients, how process work differs from traditional psychotherapy in this regard, and how the field concept utilized in process work empowers clients in the context of therapy as well as in their interface with society at large.

After having changed the payment policy at our clinic several times, we noticed some gossip. Adam and I were extremely excited that several clients talked to us about their ideas about running the clinic -- finally some people cared enough to join our efforts with their insights and opinions. Criticism appeared to us as the seed for learning and community building. This inspired us to give people a chance to say what they think and feel, to openly debate the policies, and to processes the emerging issues. The idea of

public clinic meetings was born and announced. The first meeting was attended by about fifteen clients and five staff members. People expressed their difficulties in coming up with the basic fee in a society which lacks jobs and childcare, doesn't promote a supportive environment to learn and to hold a job, and offers medicare and public assistance only to people with a medical, psychiatric, or psychological diagnosis. One person expressed her pain and anger in a heated and moving way while others expressed loneliness and the need for contact. The staff listened to all of it and responded by bringing in their thoughts and feelings. A subgroup of clients offered their help with fundraising. At the end, we enjoyed the more personal contact which had emerged and relaxed with snacks and drinks.

Whereas the first public clinic meeting had been a success, only a small group attended the following meeting a couple of months later. Possible reasons were that some therapists did not encourage the clients to participate in the clinic meetings, for reasons I will discuss below. I also imagined that many clients had enough difficulties to deal with and that the more privileged people needed to inspire each other to donate money and time for the cause. Nevertheless, the fundraising committee consisting of clients and the administrator proved to be helpful with generating ideas and information, but no other staff member had the energy to help pull something off and follow up on their ideas.

While I was enthusiastic about the public clinic meetings, I was disappointed that a couple of co-workers were not supportive of the clients expressing strong feelings towards us. They were rather opposed to processing the relationship between us as counselors and the clients and to working together with them because they were concerned about losing their professional identities and establishing dual relationships. However, in my personal view and the process work perspective, it is important for therapists to support people in expressing their experiences and criticisms, to listen carefully to their clients, to learn from them and to apologize for shortcomings. Moreover, in my experience, it can be very valuable for a client if the therapist models how to deal with criticisms, conflicts and feelings in a meaningful way by focussing on the tensions and the atmosphere between herself and the client. However, the diverse opinions within our staff about the client - counselor relationship exposed the gap between process work and other therapeutic approaches.

My disagreement with other counselors reflected what I consider the limitations and shortfalls of psychology, namely its lack of addressing social reality. I have been inspired by Mindell, who has put forth innovative methods addressing the interface between psychology and social change. A controversial question: If a counselor who is more or less part of the mainstream helps a person who is disenfranchised, who has a problem or needs to change? There is no simple answer to this question. But in short, I think

that if I as counselor don't consider the issues a disenfranchised person is working on as partially mine, then I actually contribute to the difficulties the client has. Then, I use my privileged position to put the person down insofar as I treat their difficulties as a psychological deficiency in adapting to the norms of our culture rather than as an indication that mainstream needs to change. In this sense, as a therapist and program developer I need to be interested in using clients' criticisms to create changes within myself, in the organization and the environment. However, I don't want to lessen the value of offering counseling to people in need. But such work needs to find its counterpart in social action.

One of the reasons why many psychotherapeutic theories don't focus on the social reality people live in is because they look at people as individuals. One of the main differences between process work and other psychotherapeutic approaches is, in my opinion, the fact that the latter stresses the boundary between people while the former acknowledges that the notion of separate individuals is, to a certain extent, an illusion. Mindell has found that people have a certain atmosphere or field around them which affects other people. Thus, the therapist may experience things which are part of another person's field. Goodbread (1985) explains:

The therapist is recruited by a larger process to play a role in it. Should she go along with it she has a chance of making the process useful to the client. Should she fight it, she will likely become part of just one more symptom. To go along with the process will often require her to share her feelings, thoughts, reactions in a way

which has been prohibited by her therapeutic training (p. 169).

If she decides to do so it is important that she uses her experiences for the benefit of the client.

What Goodbread says about the therapist client interaction is also true for the interaction between the staff and the clients at the clinic. The public clinic meetings exemplified how the staff's experiences were brought to the clients' attention in a way which could benefit them. If the counselors would have skipped over their concerns with the clients' reactions to the new policies, the clinic would have resembled the many institutions which won't relate to people but stick to their intended agenda. Instead of doing this, we talked about our struggles and offered people an opportunity to be heard and to process the feelings stirred up by our proposal. We couldn't avoid the power differences but we could relate with people about these issues.

However, it wasn't discernible at the time if our clinic would need to work deeply on the interface between the different paradigms of the practitioners or if it would be our task to create a mental health care organizations which focusses on applying process work to all levels of the organization and the work. At the time, I was challenged to facilitate two issues, namely the conflict between diverse paradigms of the counselors and the establishment of a communication link between the clients and the clinic. In retrospect, I realize that I could have dealt with the former issue

in a more useful way. I should have understood more clearly that I had an opinion which is disavowed in many Western psychotherapeutic traditions and I should have brought my point into the discussion as such. But I reached the limits of my passion for diversity and hence my neutrality faltered because I felt that not giving clients a chance to speak out was systemic abuse. The gap between the counselors remained but it wasn't right yet to split over this issue because the clients seemed to appreciate the therapeutic services they got. Thus, it was up to nature to offer hints and resources which could propagate a process-oriented spirit at the clinic.

Despite the basic controversy within the staff, two programs at the clinic, educational courses and work - trade agreements, were successful in going beyond the scope of therapeutic work, which can have a limited effect on the lives of people who live in very difficult environments and who lack good friends. When we offered educational support groups on various topics, such as relationships or body symptoms, a special community feeling developed unexpectedly. Many clients got to know each other and developed friendships. I enjoyed stepping through the door of the clinic and meeting people I knew. Many clients regularly dropped by to chat with our administrator and other people. It felt like being part of one big family. This wonderful experience lasted only during the time we held groups and it dispersed when we stopped this program due to lack of resources. Aside from these groups, the

clinic has yet to come up with a special program to address people's loneliness and lack of social network.

In an attempt to empower people, we offered several clients the possibility to help us out with different small jobs. This program was taken care of by our administrator and was successful in that it offered different things to different people. Some clients simply worked for the counseling sessions because they could not pay the basic fee; some enjoyed taking over some responsibility and felt valued by that; some profited from the regular interpersonal contact with the administrator; and some experienced their struggle with keeping a job in a safe and supportive environment which offered opportunities to process their experiences. While I recognized the benefit of this program, it lasted only as long as we could afford to pay the administrator.

#### At the Core of Change

How much leeway does an organization, especially in the public service sector, have to undergo ongoing change? In a fast changing world where people ask for new and ever more stimulating products public health service organizations seem to follow a different law. There seems to be a need to recognize someone or something who has authority, is embodied with powers over nature's force and can save lives. While the need to discern well-trained and experienced practitioners is unquestionable, some people even expect the organizational culture, including the communication style of

people, to reflect authority. I wonder if the seemingly unyielding hierarchical quality found within many medical and psychiatric institutions is held in place in part by people's wish to overcome the transitory nature of our existence. Regardless, in the footsteps of an overall trend towards humanization and diversity in health care approaches, we attempted to come up with a simple, effective, sustainable way to set up a mental health service organizations which imparts process work perspectives in its structure, in the nature of the work and in the team spirit. What this implies is that change on all levels is ideally welcomed. Yet what inspires a clinic to make really radical changes despite people's need for continuity and stability? How did the changes which resulted from processing the key edge of the clinic and from stepping outside old boundary conditions benefit the organization, the staff and the clients?

Organizational change and change in general comes about by following innovative ideas or by noticing that what we do doesn't work anymore. The need for radical change emerged at our clinic when our financial resources ran out and we learnt, after some inquiries, that funding was unlikely. We were at the end of our rope, convinced that if nobody would come along and turn fate around, we would fold the clinic. While it was somehow dramatic to realize our lack of funds, it also invited us to reflect on the clinic as a whole, including the lack of support we had from within the staff. We took the situation as clear feedback from the



environment telling us that the clinic was not meant to go on as it had been. Regardless of the difficulties, it was also relieving to have a renewed freedom to dream on about the kind of organization we really would have liked to be part of.

We first had the idea that process work students could take over the clinic and transform it into a student-run clinic, but our proposal was met with minimal interest. Then, we spoke about our situation at a large community meeting at the Process Work Center and this was a turning point. During the meeting we asked for help and expressed our needs. While the project started out more or less independent from the Process Work Center, we found how much we actually needed the support of the process work community we lived in. Many people wanted us to continue and the emotional support from my community gave me the energy I lacked to keep going.

Without facing the "death" of our organization we might not have been compelled to do something outside our normal ways of dealing with issues. Asking for help had been the shadow of our organization, whose mission it was to help others. It is noteworthy that our most momentous edge and the solution to our problems lay in an area which we had neglected to consider up to this point. Thus, to keep an eye on disavowed experiences, to discern the edges of the organizations and to see the clinic as a system which includes the larger environment and the context we live in tends to alleviate some of the strains an organization goes

through.

According to Mindell (class, 1990), fantasizing about the "death" of an organization can free people to dream about the changes which they would like to see happening, changes which not only aim at coping with the environment but rather at creating an organization which reflects people's deepest dreams, hopes and beliefs. Only in the face of death do people seem to reconsider who they could be and what they could do in their wildest imagination. Furthermore, perceiving that our organization was "dying" made us consider even radical changes if we were to keep the clinic going. The time had come to abolish established structures and old ideas, to start anew and to discover the direction the organization seemed to take naturally. As Ainsworth-Land puts it, at a certain point in organizational development, "the untried, rather than being rejected, now becomes the most important resource for continuing development (p. 148)." But more than that, my awareness expanded to the realization that the clinic followed its own dream and had its own process and mind which seemed to use us to realize itself. By going over the central edge of the organization and following its nature, we got in touch with the multiple task and purpose of the clinic which we had not cultivated or even anticipated before.

Following the signs of the time as well as we could, we reduced the clinic to its bare minimum in an attempt to become self sufficient. After several discussion with trainers and students in the process

work community the development of an internship program for process work candidates became an interesting solution to keep the services going. The paid staff members and the administrator quit, and we developed the plan that advanced students could volunteer therapeutic services and would get free supervision. The minimal payment of the clients would cover rent and, if possible, supervision and training sessions. The students committed themselves for a year to assure continuity needed by most clients - - none of the students has left up to today, thus staying even longer periods of time. I was really excited about the possibility of creating a learning atmosphere which I had been yearning for. The focus on process work training gave the clinic a new vision, task, and context in which the feeling of giving was balanced with the training people could get.

The mutual benefits of having a clinic offer counseling services and process work training is a unique research project in the field of mental health service organizations. It explores how the conventional idea of supervision as a correction of professional shortcomings can be expanded to reflect everybody's need of continuous learning. What I had in mind was also quite different from the theory and practice of mental health consultation put forth by Caplan (1970). He proposes that a non-evaluative, supportive person offers the counselors and the organization either professional expertise or assistance in overcoming emotional and cognitive obstacles by using an indirect or rational approach which

assures the staff's privacy in regard to terms of personal issues. My idea of supervision differs insofar as I hope to include the emotional level of issues, to discover new learning in everything and for each person, and to address the interface between the processes of a client, his counselor, the program and the administration. All these levels are interwoven and need not and cannot always be approached separately.

For example, how can people openly talk about their difficulties if competition is in the room? How can counselors apply new learning if they don't feel good about themselves, if they have an inclination against somebody's life style or if they have the same difficulties as their clients? How can an organization implement change if the staff is not fullheartedly behind it? Thus, the attention in staff meetings needs to fluctuate between different levels of experience, between personal, therapeutic and organizational processes. Process work has proven very helpful in noticing on which level and how exactly a process surfaces in people's experiences and it proposes ways to hold the issues involved in focus in order to process them.

One advantage of process work is that the focus is put on the experience which catches a person's attention. A disadvantage, if we take it as that, is that the process of dealing with an issues is not linear insofar as it involves personal, relationship and group work superseding each other and insofar as it asks for the

readiness of some of the people to be aware and process issues emotionally. Senge (1990) addresses the need to focus on people's experiences from a somewhat different angle when he points out that "many of the best intended efforts to foster new learning disciplines founder because those leading the charge forget the first rule of learning: people learn what they need to learn, not what someone else thinks they need to learn (p. 345)."

I found that focussing on people's learning creates closeness among the staff and transcends hierarchy because everybody teaches everybody through their personal experiences and everybody is involved in the same thing, namely learning to deal with human experiences and growing personally by doing so. Also, a clinic needs to embody its interest in personal growth in flexible structures yielding to people's experiences and needs. In a clinic where such an attitude towards life prevails, clients benefit insofar as they can sense that struggles are not treated as problems but as invitations to learn and grow. I agree with Mindell (1993), who says:

I'd like to go way beyond getting better and help people enjoy themselves... Do you think your life is really weird and exciting, awesome and strange? Are you filled with thrill when you wake up in the morning with your or without your symptoms? I want people to be totally alive in life and death.

Going beyond the healing paradigm and helping people get in touch with the exhilarating nature of their existence has become one of my goals for personal as well as organizational development. The same is true for organizations. Going through a radical change at

our clinic has opened me up to the possibility of continuously furthering its creative nature, which is what makes me stay involved.

### Cooperative Leadership

The team spirit among the staff increased because everybody shared the responsibility to make the clinic run. That was true even considering the fact that the counselors took over all administrative jobs due to lack of money and, thus, increased their hours of volunteer work. Nevertheless, we were still far away from realizing my dream of a collective enterprise where Adam and I would feel obsolete in our role as an ostensible leaders. While I had hoped that the team members would manifest their leadership over time and care for the project as a whole, I found how this would never quite happen. Why did people identify us as leaders while they themselves had great insights and important ideas? One of the reasons was that we had facilitated the development of the clinic since the beginning and were accustomed to carrying this function. But even after a year of trying to move away from our leadership function we noticed that we were kept in place. Subsequently, my concern has been how a group in which certain people have long-term positions as leaders can further everyone's leadership. How far can a group go with sharing the responsibility for leadership?

I promoted that the clinic could be sustainable only if everybody

takes some responsibility to be aware of what issues needed to be addressed and to make the team focus on them. That would be close to what Schon (1986) describes as organizational deutero-learning, which requires that "individuals within the organization develop the competence for continuing shared inquiry into the effectiveness of experience-based theories of organizational action and develop it in the face of unplanned ecological changes in the organization's inner and outer environment (p. 282)," and as I would add, in the face of the conflicts and problems our society is struggling with. That would mean that everybody becomes an awareness facilitator, sensing the atmosphere, serving the organization by representing different experiences and by facilitating the interaction between the different voices.

I was mistaken that the team members would easily pick up on the idea of collective leadership. In the foreground two processes needed to be supported: Many people needed special encouragement to come forward with critical and leaderful thoughts. At the same time Adam and I stalled in letting go of leadership because nobody came forward strongly to pick it up. While we worked on both issues at the same time, it dawned on me that in the background there were two other issues waiting to be addressed, namely the power differences and people's lack of energy and time. Adam was a formal teacher at the process work center while the rest of the staff were formal students there. Adam and I had put a lot of effort and resources into this project and it seemed as if, based

on our experiences, our voices had more weight in discussions -- a notion which I will take further in the second part of this section. Energy and time wise, nobody in the team had quite the same drive to help the clinic come along. Some people hardly could afford to invest more time than they already did because they needed to make ends meet outside of their engagement at the clinic -- an issue which I will elaborate on next.

The change from hierarchical to a team-based leadership brought about an awareness "of what happens to the old parts during change (p. 146)." For example, as we extend the training at the clinic, inspire people to work with more clients, and hope people take more responsibility, what will happen with those people who already have not quite enough energy in the face of having to make a living? It became clear to me that advancing team-based leadership needs to take into considerations the different capacities of people. In the spirit of making it together, the clinic also needed to show interest and care in regard to people's lives outside of it. Processing this issue at our clinic has inspired team members to pick up the share of someone who wasn't up for it for any reason -- and not many things have touched as much. While caring about the "city shadow," caring about the team members has become just as important.

Despite increasing teamwork and despite working on some of the power differences, I felt that the responsibility for the whole



project was referred to us. It was up to Adam and me to notice problems early on and to push the agenda in order to deal with them. Was there another factor which we hadn't considered consciously so far? Somewhere along the way, I began to understand why the students didn't want to take over the clinic as we had proposed to them earlier on and didn't fully share in doing it with us now. I realized that it takes an inner strength, a lot of detachment and trust in one's own abilities to take responsibility for a larger project which involves many people. Initially, it had not been easy for me to stand the uncertainty, certain losses, and unsolvable conflicts and at the same time to have compassion for every aspect of the whole project. But slowly I had been growing into holding the pot, helping diverse, pleasant or unpleasant experiences to surface, and becoming transparent for the nature of life shining through our activities and experiences.

My experiences taught me that an organization needs not only visionaries, facilitators, students, consultants, priests and teachers, but is also needs elders. Mindell (seminar, 1993) describes one aspect of eldership as a feeling of responsibility for solving larger issues and for transforming conflicts into social action. This requires first of all that I tolerate and enjoy spending my time and awareness to work on the tensions and irrational occurrences in the field. It also means that I see how what is happening at the clinic is part of a larger process which manifests as well in the community, the society and the world.

To come back to the initial question, I see the limits of shared leadership in the fact that it is not right for everybody to pick up awareness and care for the whole in a given moment. Moreover, not everybody has developed an eldership which emerges from having died many times and lived many lives, so to speak. For me, the presence of an elder makes me sink deeper into the experience of what life is all about. It seems that eldership is somewhat different from process-oriented leadership. Elders connect people through exposing the affinity with a larger dream and with the essence of what people deal with while process-oriented leaders aim at furthering diversity and at processing the issues at hand with awareness. They are the same, however, insofar as neither of them inspire hierarchical orders which only happen if group members or the identified leaders pursue it. In terms of the clinic, my interest has shifted from establishing an egalitarian leadership which puts a non-hierarchical concept on people to developing a team spirit where people help each other and are moved to think about larger issues.

### Facets of Learning

Cultivating a learning community at the clinic which focusses on process work training was been a difficult task not only because process work is sophisticated in its application but also because jealousy, competition, criticism and experiences of failure, inferiority and stagnation can linger in the air. Thus, I wonder what the advantages of group learning actually are and how

disadvantages can be worked with. More general, my question is what kind of learning difficulties do therapists new to the field of social services struggle with and what seems to be helpful in dealing with them? In this section I will address the challenge of working with the kind of clients who seek help at a social service agency, the values of mentorship and peer groups, the need for group and person centered training and the process of feeling inadequate.

People who come to the clinic for help frequently experience themselves in strong emotional turmoil and grappling with their outer life circumstances. In my experience, certain people are interested in reflecting on their internal experiences and others are interested only in focussing on the outer reality of their experiences; and both kinds of people can be interested in psychology. The difference is that in the former a person tends to be interested in developing a neutral metacommunicator to process the experiences while in the latter a person tends to be interested in working with developing new responses to outer situations. It would be easy to think that it is not everybody's process to focus on personal development. While this is true for people in certain periods in time, I haven't met anybody who is not interested in getting more in touch with who they are.

Training needs to inspire students to explore the diversity of human experience and creative ways of dealing with them. This

includes, in part, a special awareness of those experiences, inclinations and responses which are not embraced by the paradigm a therapist uses. To examine people's different ways of using therapeutic assistance has inspired me not only to learn more about the subtleties involved in tailoring my skills to each person individually, but has made me expand my ideas and feelings about the nature and goals of therapeutic work. This is a very personal process because each therapist builds on their own unique attitudes and experiences with troublesome, creative, and irrational forces in life even if they have had the same training experiences.

Despite individual differences, for a truly advanced process worker working with people is always the same, as Mindell (1993) puts, "trying to find out what the Tao is and bringing it down to earth." For a learning process worker life and therapeutic work seem more complicated and reminds me of the Chinese Zen master's story recalled by Thien-An (1975):

Before a man studies Zen, to him mountains are mountains, and rivers are rivers; after a man gets an insight into the truth of Zen through the instructions of a good master, mountains to him are not mountains, and rivers are not rivers; but after this, when he really attains to the abode of the rest, mountains are once more mountains, and rivers are rivers (p. 90).

In regard to learning process work, there is a need to differentiate the many aspects involved in following a person's processes, to take experiences apart and understand how different factors relate with each other. I found it challenging that people who do not have personal growth as their primary goal embrace only

those interventions which support the right direction and at the same time are communicated in a way which reflects the momentary state, the different parts, and the communication style of the person. At the same time, the therapist needs, at best, to relate with a person in a natural, human way and make use of her or his unique personality and qualities such as humor, compassion and detachment. To consider all these aspects simultaneously is a complicated task for a learning process worker.

An important questions is, what do I do if I lack skills? Will I be able to embrace the fact that I don't know what to do? Will a part of me get lost in feeling inadequate or will I wait patiently for the client to show me his way to approach the issue? Will I be detached enough to consider that my experience could be part of the client's process? In such moments a therapist falls back onto her metaskills, the basic feeling attitudes she has towards life, as examined by Amy Mindell (1991). The central question, is will she be able to make her personal feelings useful to the overall process of a client or will she push a client to follow standard methods or preconceived ideas? How will she learn to develop the detachment, compassion or humor which allow her and the client to work the emerging process?

Skills and metaskills are closely intertwined and develop in relation to each other. For example, if a therapist doesn't have perfect metaskills, an intelligent intervention will at least

partially work and can inspire her to have more trust in nature's course, or if a therapist doesn't have perfect skills her metaskills will at least be partially helpful and thus give her the foundation to explore the application of new skills. In terms of group learning this implies that people need to develop sensitivity to the specific needs of each individual because to offer someone skills who struggles with feeling overly responsible, inadequate, impatient or pushy increases the problem.

Being part of peer group at the clinic made me feel that my struggles are normal, something others deal with too. Common concerns were discussed in a way which is neither too general nor too advanced but manageable. Moreover, especially in the beginning, it was important for me to be seen and appreciated for my still limited capacities as a therapist and facilitator by peers, trainers, and clients. Based on such ground, my learning was greatly enhanced by the possibility to talk with a supervisor and mentor any time and feel that he would watch out for me to a certain extent. However, despite the emotional support offered by the team and despite weekly case consultation meetings, many counselors, including me, experienced themselves failing over and over again. Learning seemed to stall.

We noticed that people didn't ask a lot of questions about their work with clients and were reluctant to discuss their difficulties with the team. One reason might have been, as one of my teachers

recently pointed out, that learning is a difficult process because we have to constantly deal with a part of ourselves that doesn't know enough. It is not easy to talk about such a part if competition wears down self-esteem. It strikes me how the feeling of being less than others can hamper a basic interest and passion for learning. Also, it impacts the feeling of having enough and sharing whatever skills, awareness and metaskills you have with others. Thus, processing these issues and the establishment of a good learning environment must be a priority.

Several group processes disclosed the need to create individual learning plans which would encourage people to focus on one element of process work for several months and to get proficient in this one area. My vision is that the discoveries and questions people come up with would be shared with other peers who would profit from the insights and also add their thoughts. Together, central research questions could be formulated in each area. Some might be investigated further either by the whole team or by individuals. Besides research, another big advantage of individual learning plans is that people's learning styles can be validated, e.g., listening and observing precisely, discussing experiences with a peer, studying videotapes, reflecting on one's experiences as a therapist. Competition is especially destructive if it results in appreciating only one way of being and learning and doesn't allow for a diversity of experience.

The counselors' hopelessness, inadequacy and lack of energy was not only a reflection of the need to learn more but also of the enormous challenge they faced working with people on deep-seated experiences of violence, abuse, anger, depression, attempted suicide, addiction, unemployment, and discrimination. Feelings of depression mirrored what some clients experienced in the face their problems. Moreover, we realized how a therapist's expectations can overshadow people's inherent ability to pace people's inherent creativity in dealing with their experiences. The inherent wisdom of people can only be supported if a therapist joins the client in appreciating subtle transformations and noticing how creative pathways and answers to problems are already present in people's fantasies, movements, voices and feelings. This requires a therapist to drop outer standards and to be as open as possible to whatever the process offers.

The therapist's feeling of failing might also indicate that both the therapist and the client need to let go and change the way they approach a problem; it might be time to stop being a counselor and to ask what nature wants either of them to do in a given moment. Mindell and Mindell (1992) recognize that "therapy must remain an important part of our work, because many people need it... But therapy is outmoded because few therapists care to be helpful all the time (p. 226)!" In this sense, Amy Mindell (1991) describes how it can be important for a therapist to model how to follow his or her dreaming process:



He/she does not just sit back and watch life go by, but gets in and enjoys him or herself, too. He/she can truly be an artist, riding the energy of the river, cresting with it, free to jump out and explore, dance, sing and play. He/she then is a living model of the creative life (p. 159).

Working as a therapist, I had moments of feeling isolated and insipid in my attempt to help somebody. Especially then, my friends, peers, and teachers have helped me to restore the inspiration to explore anew the awesome or troublesome experience of being alive. More than that, living and learning in a community is part of what my nature seeks out to be fulfilled. Yet, group life can be isolating, too, if individuals are not supportive to the unique learning paths and artistic expressions of people. To assist people in living all aspects of themselves and in exploring the diversity of human experience is one goal I have for therapy and organizational life which has motivated me throughout my involvement at the clinic.

## **Conclusion**

While I have addressed many things and all of them need to be researched in greater depth, my study has focussed less on one particular issue and more on how each emerging issue contributed to the development of the whole clinic. In my concluding statements, I will highlight some general observations as well as some metaskills and skills which I found particularly helpful in terms of developing a clinic. Before doing so I would like to summarize some of the valuable realizations I had as discussed in previous chapters; they are not general truths but inspire me for further explorations in theory and practice:

1. Structures are not the backbones of an organization; people's ability to sense and process issues create sustainability.
2. The prerequisite to dealing with feeling or business matters is a scrutinizing look at communication; only if people are free to speak out can their creative potential become a resource.
3. A social service agency needs to invite clients to voice critical and creative ideas; this can empower them, cease systemic abuse, create community and benefit the clinic.
4. Stepping beyond the boundary conditions of an organization into untried, unfamiliar directions solves old problems and discloses multiple purposes encouraged by a larger community and by nature.
5. The concept of egalitarian leadership is impractical because not everybody has the eldership to consider the larger process; a clinic benefits from adjusting to staff members' life situations.

6. Learning in a group or community can make people feel inadequate if they are not supported to follow their individual learning paths and styles.

The metaskill which I have meditated most on, besides compassion, detachment, and love for turbulence, is to follow a process as if it were a river needing to fill out all the different indentations before flowing further. Though many times I knew where the overall process was headed I frequently needed to wait until experiences and edges were processed on many levels and the stream supported us to move on. Sometimes I waited for over a year (e.g., with my wish to create a team of process workers) until the time was ripe for something to happen. Sometimes I wondered why we couldn't start out with the set up we have now, a training clinic for process workers. But the spirits of the time were different at the beginning. On the one hand we didn't have the kind of support we had later and on the other hand, the spirit of the times asked us to follow our individual dreams while being part of a community. Thus, to be open to all experiences and the natural course of things makes me deeply aware, as Mindell says (1992), "that the world can only partially be understood. Its inexplicable nature leads us to interact with the mysterious powers of the field we live in (p. 155)."

A skill which should get a lot of emphasis is the ability to be aware of and to accurately sense the atmosphere. It seemed to

require a special effort and love on my part to not understand the atmosphere at the clinic through my personal agenda, to not avoid addressing it and to take responsibility for it myself instead of putting it onto others. Moreover, I learnt how important it is to address issues in the atmosphere before they turn into difficulties which, in an organization, frequently have far reaching consequences on individuals' lives. In the beginning, I did not focus on the atmosphere as much. Adam and I were busy responding to outer circumstances hoping and expecting that the staff would support us in making the changes needed to realize our vision. In the middle, we changed the purpose of our organization, established training as an additional goal, and focussed on improving people's skills. In the end, we cultivated a co-operative leadership where people are empowered, communicate freely and are interested in keeping the project going. While in the first phase we were caught up with reacting to outer problems, in the last phase, we used the issues emerging in the team to support the evolution of the organization. It feels as if we changed from catching up with reality to co-creating it.

Another central skill is the ability to recognize edges. It became obvious to me that edges needed to be worked with on all levels before real change could happen. The levels of our organization were: individuals, including dreams; subgroups such as clients, administrators, counselors, and responsible leaders; relationships such as between individuals and between project facilitators;

larger groups such as the whole staff; the environment including other health clinics, the public assistance office, the public defenders office, Oregon's population which cut back the funding of social programs; and, most important, the process work community. If edges can't be dealt with on a certain level, they tend to come up at other levels. For example, if team members don't appreciate each other, then it is likely, as I observed, that some struggle more than usual with self-esteem issues which in turn have an effect on their interactions with clients. Thus, the issue of appreciation might get processed on other levels first.

This relates to another interesting observation, namely that most problems at the clinic got resolved when our focus had already shifted to new concerns. For example, the money struggle within the clinic resolved itself after we picked up the task of processing our relationship with the process work community; or, the staff support we had tried to establish for a long time emerged naturally when we refocussed our attention on creating a training opportunity. I see two reasons for this dynamic. First, when dealing with a problem it is important to address the boundary conditions of the whole system and deal with central edges which lay in more unconscious areas. Lacking such a focus in the beginning, our bodies and dreams have usually pushed us to leave ongoing, well-known struggles and to focus on new concerns what lead to the transformation of old stuck patterns. Second, the implementation of creative insights and solutions comes after

having wrestled with an issue on many levels at a point where people's attention is already attracted by a new task. There is a lag between people's creative involvement and the application of emerging insights which follows very naturally and easily in my experience. Thus, I learnt to let myself relax in the middle of chaos and to engage in the process of dreaming and finding out what nature asks me to do -- the only way to create a sustainable organization.

Finally, for a facilitator it is important to notice the emotional ground on which her work rests. For example, I didn't always have a neutral awareness to understand the dynamics at the clinic because I sometimes found myself rather upset with the happenings and hopeless about changing them. Over time, I learnt about all the different phases which Mindell pointed out to be part of the development of a world worker (class, 1992). I went through the phases of being an idealist, being torn apart by unhappiness, trying it again and again, feeling revenge and burnt out, and understanding where the pain is coming from by understanding myself. I take the last phase to mean three things, namely to recognize how the conflicts are happening within me, to see the experience of failing as an invitation to find the direction suggested by nature, and to learn about detachment. While I have become more aware of the phase I am in as a facilitator, the issues I face have not necessarily changed, only the way I work with them. However, how I approach an issue has an effect on the outcome.

It has been an incredibly rich process to discover the enormous value of a process-oriented approach to organizational development from the inside out. But, most significant for me has been to experience how useful and meaningful process work has been to people, to therapists and clients. However, many people's life situations are so difficult that I have fluctuated between hopelessness and creativity which has expressed itself through my engagement at the clinic and in other forms:

Cutting through the sky  
I hear a woman cry  
thrown back into her skin  
with no way out just in  
the crazy making pain  
is dripping from her vein

it's a slippery world  
anybody home?

clinics and laws give no choice  
for people to have voice  
the world is in denial  
while people are on trial  
you're living off her breath  
consider it it's your death

It's a slippery world  
anybody home?

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