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|  | **New Perspectives on**  **Mental Health**  **An Interview with counsellor and heretic**  **ANDREW Paul**  **By**  **Marianne Broug**  **http://meaningofdepression.com/images/green%20stripe.gif**  **MB:** **What was your motivation in becoming a counsellor?**  AP: I have always enjoyed talking with people. Enjoyed talking deeply. Even when I was quite young, I realised that I could sense where people were coming from, and I found that very exciting. Because I never really wanted to work for a living, I was determined that if I *had* to earn some money, I would definitely try to get a job doing something I found it very natural to do. I just wanted to work purely as a counsellor: personal, interpersonal, existential, and spiritual problems.  **MB: Did people naturally gravitate towards you when they had problems or crises?**  AP: Not necessarily …. to put it into context, it was the late ‘60’s and early 70’s. They were quite revolutionary times. People were trying different things, experimenting with consciousness, and experimenting with their lives. It was a time of hope. People thought that they could change the world. People were challenging themselves, questioning themselves, sorting out personal problems, and wanting to find a way to be free and liberated. It was an atmosphere in which people were often talking with one another and exchanging ideas. It was this dialogue that really stimulated me. I felt in touch with something so alive.  **MB: What did you really know about the field when you first started working?**  AP: Growing up I was good at science. My first degree was in Organic Chemistry. It just seemed to be the thing to do at the time. But I got very disillusioned with Science at Uni. It was the time of the Vietnam War and everyone was going mad. My own personal life was fairly unhappy and I gravitated to reading RD Laing. This was 1969-70 and RD Laing and anti-psychiatry was very popular. It was only from the perspective of anti-psychiatry that I really became interested in what psychiatry actually was. When I realised that RD Laing had based a lot of his ideas on Sartre’s existentialism, I then devoured as much of that as possible, trying to understand his worldview.  Sartre’s existentialism was all about consciousness or awareness. I knew that personal problems, pain and agony, were actually about consciousness, and not about the thoughts and feelings, body and behaviours that everyone seemed to focus on. Consciousness or awareness was the field within which all our thoughts, feelings, emotions and actions emerged.  **MB: How did you know that consciousness or awareness was behind everything?**  AP: I just knew. It was a knowledge I had.  **MB: An intuition?**  AP: A body knowledge. I just knew it inside me. I could sense it. I was aware of the fact that when I had a thought, I was aware of that thought. There was always something behind my flesh and my behaviour, my feelings and my thoughts. There was this ‘field of presence’, this field of awareness within which the universe emerged. But at the time I had no words for it. I had no verbal understanding of it whatsoever. I read Sartre, RD Laing and these other existentialists in order to try to get a sense of it.  **MB: In your quest to understand what psychiatry actually was, what did you find out? What was psychiatry?**  AP: Psychiatry was the medicine of the brain. Physical medicine believes that if you have a physical problem like diabetes for instance, it is the result of something going wrong in an organ, in this case your pancreas. Similarly, if something goes wrong in your body chemistry, it also produces a physical disease. And in psychiatry, this thesis was applied to the brain: that if something goes wrong in our brain, we have things that are called mental illnesses. But I knew that idea was drivel. It was theoretically absurd.  **MB: In what way?**  AP: The idea that something going wrong with our brain actually causes us to think and feel in certain ways is an absurd construction. I knew that it had to be the other way around - that if we think, feel and act in supposedly ‘bizarre’ ways, or in fact in any way at all, our brain chemistry *reflects* this.  **MB: Is that what RD Laing and the anti-psychiatrists were saying?**  AP: They were saying that treating people with medication is extremely limited and in some ways a crime. They were saying that a mental illness based in biology is ludicrous. I agreed with all those things. But although they helped me to crystallise my thinking, I wasn’t sure that they were actually describing the reality that I felt, that is, that there is something like a field of consciousness of which we are all a part. It was only when I started reading and studying independently that I found ‘my path with heart’.  Firstly I discovered an American named Mike Kosok who wrote about a field theory of consciousness and through him I met the British philosopher and psychologist Peter Wilberg. Not only did he introduce me to the writings of Jane Roberts and Seth, he has, over these many years shared much of his own writing and work with me. On the day I first met Peter, I knew we had a common way of looking at reality. The opening sentences from a very early self-publication of Peter’s are, "Imagine a screen. Imagine that on this screen a movie is being projected. Imagine that this movie is a film of your life. You are the projectionist. You are also the projector…" Peter was exploring the idea that waking reality was a ‘dream’ within a larger field of reality and this meshed with and fleshed out my sense that there was a field of consciousness ‘behind’ everything. Although the metaphor has changed since then, the basic underlying intuition is the same — that primordial reality is an inner universe and the universe of matter and energy exists *within* inner reality.  **MB: But at that time, as far as psychiatry was concerned, you were united with the anti-psychiatrists in thinking that its basic premise was somehow unsound.**  AP: Yes. A metaphor I like to use is to imagine that you are walking down a flight of stairs. If you think you are going to trip, your body will be flooded with adrenaline. Even if you don’t actually trip, you will still get that body rush. It is quite obvious to me that the fact that my body is flooded with adrenaline has absolutely nothing to do with something goingon in my brain. It has everything to do with having a sense that I am going to fall. It is this sense that is translated into chemicals flooding through my body. But the idea that my brain caused that adrenaline to flow around my body with absolutely no agency on my part is ludicrous.My brain doesn’t pump adrenaline, *I* do. Current scientific thinking simply does not address the issue or question of *why* it happened. I just knew that. Anyone who can’t see that is thinking in an incredibly limiting way.  **MB: Are you saying that you feel modern psychiatry and the medical model are incredibly limited in their focus?**  AP: Yes, and I’ve said that in many workshops. It has been such an enormous con job for so many years that the words they use just seem to flow. They are accepted unquestioningly as the whole truth.  **MB: You were reading RD Laing and anti-psychiatry some 34 odd years ago. Has the stance of psychiatry changed at all since then?**  AP: Yes. It is worse. It has hardened. It has become even more rigidified.  **MB: Throughout the whole system?**  AP: Yes. In some ways it may be more enlightened. For instance, electric shock treatment is not as prevalent. But that has only come about because people think it is an inhumane practice, not because the theory on which it is based has actually changed. That theory believes that people are basically machines and anything that changes the structure of that machine is useful to psychiatry, including shock treatment. Similarly, we may have better drugs than we used to, drugs with fewer disabling and inhumane side effects, but the theory which sees drug treatment as valuable, remains the same. That theory confuses treatment and management with cure. Drug companies have absolutely no genuine interest in health. To rely on drugs as the principle approach to "mental illness" is utter stupidity.  **MB: Even if people are profoundly disabled by their "mental illness"? Or a danger to themselves or to others?**  AP: No of course not. If I have a terrific headache I will take a dispirin, because I want the pain to go away. So I am not criticising the use of drugs in psychiatry. However, I *am* criticising the ideas as to why they work. For example, if I have acute anxiety and I hit myself really hard on the head, and almost knock myself out, chances are I’ll probably forget all about my anxiety for a while. So in some way this could then be regarded as a cure, simply because the anxiety is no longer there. But it is certainly not a cure that one should be satisfied with. Modern science and psychiatry don’t actually have a clue what schizophrenia is, or for that matter what any other mental illness is. All psychiatry knows is a set of symptoms that it can in some way allay by interfering in our brain with chemicals. I wouldn’t be proud of that fact.  **MB: You paint quite a grim picture.**  AP: I don’t believe for one minute that anyone within the mental health system is doing what they’re doing because they’re mad, bad, sick, or stupid people who are conspiring to hurt others. This is what you might often gather through the ideas of anti-psychiatry. I feel that people genuinely want to help but are misguided by the ideas in which they believe.  **MB: And how would you describe your work?**  AP: My idea is that individuals have an intuitive and implicit understanding of what they want to achieve. It is a knowingness. And when they are put in touch with their own knowingness, they will always go in the direction that is best for them. And whatever direction they go in, it is a cure. Some people might simply stop going in and out of mental hospitals. Some might manage to successfully live in accommodation without being thrown out after a month. Some might manage to hold down a job without self-destructing, swearing at the boss and getting fired. Some might sustain a personal relationship for some length of time. If in some way they are connected with an inner process then that's all I'm interested in. And that’s all anyone should be interested in. Once they’re connected with their inner process, they’ll find whatever is right for them.  I measure success in therapy by the feeling tone that I pick up from the client about their sense of relationship with themselves. I’m always trying to tune into how that person is relating with themselves first and foremost. When I initially meet them, that relationship is usually very fractured, non-existent or fragmented. I’m always trying to get people in touch with this inner relationship. And as soon as it happens, to me it is over. It may be another 5 years before that person stops seeing me, but basically once a person gets in touch with that inner process, they’re home.  **MB: It is the relationship the people have with themselves that is paramount?**  AP: Yes. I see this as the cause of their problems, this fragmentation or fracture in their relationship with themselves. I focus on this cause rather than the symptoms. Traditional therapies and modern science believe that we are merely a body-mind complex – that we are just a body that feels and a mind that thinks. Any good therapist coming from that point of view will do anything they can to analyse a person’s thoughts, help them to work through their feelings and so change their behaviour. They are covering the whole gamut of what they think a human being is. So within that picture they believe that past traumatic events somehow caused the person’s thoughts and feelings to go all wrong, and that this results in pain in the person’s life. But that is a very limited picture. I can’t accept those boundaries. We are first and foremost beings of soul and spirit, that which I referred to earlier as a field of consciousness or awareness – non-physical entities existing in their own right in an inner universe. It is this which manifests as a physical body operating in this everyday world. Our relationship with that inner self is therefore fundamental.  **MB: I have always wondered why in traditional therapies, although some changes can be made, the benefits never seem to be truly lasting. A person might learn to deal with one life crisis, but the next one will send them back to square one. Is this because nothing has really changed in this most fundamental relationship with their inner self?**  AP: Yes. When I have a headache and I take a dispirin, the dispirin will get rid of the pain. But I know that it does nothing to touch the cause of the headache. However, usually I’m not particularly interested in the cause, I just want the pain to go away. When a client comes to me with a behaviour that they have been repeating for thirty five years, I’m sure that I could find a medication or a gimmick, a trick or a technique to stop them doing it for the next week or so. But I also know that that’s completely ridiculous and meaningless, because in a month the old behaviour will be back again. I am interested in the causes of it, so that this person can change their behaviour forever.  **MB: And once a person’s relationship with their inner self changes, does their relationship to people and the world around them also change?**  AP: Once a person starts to form a connection with their inner self, their relationship with everything and everyone in the world changes. Their whole orientation shifts. This shift will not necessarily be that noticeable to anyone else, but it will be to them. They will feel empowered from the inside out. If their life was oppressive, it will now seem freer and lighter. They have a sense of hope. They sense that they are the creators behind their lives, and therefore can create solutions to their problems.  **MB: How does that initial fracture or fragmentation come about?**  AP: I take it as a general principle that most human beings have an almost non-existent relationship with themselves or with their inner being – what I referred to earlier as that field of consciousness behind everything. But in using the word non-existent, I mean that most people are completely blind to the relationship. But regardless of this, the relationship is *always* there. It is our very being. It is this which animates us. But it is in the nature of our society not to even acknowledge an inner being. Even religions and so-called spiritual philosophies only pay lip service to it. Our materialist society over the past 500 years has created this enormous split in our lives. We believe we are only a body and that’s it. We’re born with it and then at the end, lights out, kaput, it’s all over! Consciousness is seen as a sort of monitoring system that is somehow created when the brain comes alive. And that’s the extent of our relationship with ourselves. The idea that we have an inner being that we can look to for guidance and relate to as an inner mentor just doesn’t exist. Most people or books naively think that it is childhood abuse or trauma that causes the initial fracture, but these only make what is already there, worse.  **MB: Are you saying that everyone is inherently in pain because they are separated from their inner being, but that the people you see for counselling are in *more* pain?**  AP: Yes. Even more. Because on top of the natural separation from their inner spiritual being they are also incredibly traumatised people. They can’t even take part in the normal life that fractured people take for granted. They’re doubly fragmented or doubly fractured. But even so, the past is not the cause of present problems. The cause is the alienation from an inner core self.  **MB: An example?**  AP: If a woman was raped as a child, this traumatic event may trigger a belief in herself as a victim. The self she is left with cannot believe in a bigger picture than the one of a victim. Her relationship with herself may be almost non-existent, paper thin, and anyone can just make her forget her own thoughts, her own feelings, her own impulses, her own intuitions, and her own sense of self. She will always be trying to adopt other people’s reality as her own. Her way of being will always be to defer to others. If a man calls her an idiot, she would never tell him to get lost like you or I would. Because she cannot even conceive of a reality in which she could listen to her inner self, she would just assume he is probably right. But the past does not cause her behaviour. Her fragmented relationship with herself right now in the present does. She might work on being more assertive, she might work on the past event that triggered this fragmentation, but if nothing changes in her basic relationship with herself no lasting changes can be made – she will never be able to speak, both literally and figuratively, her own reality.  **MB: How do you help people to get in touch with themselves, in touch with their inner being?**  AP: I essentially resonate with the client, resonate with their field of consciousness. I get on the same wavelength as them. It is as if I am experiencing what they are experiencing, but from the inside out.  **MB: Resonate?**  AP: Yes. It literally means to re-sound. It is hard to put into words but let me give you an example. If you hear someone’s voice on TV and it is very familiar but you can’t place it, in order to remember whose voice it is, you will go through the same resonation process that I am talking about. That is, you will ‘replay’ the voice, listen to an ‘after echo’ of it that you will sound inside yourself, and you will ‘shape’ yourself to this voice until the name of the person comes to you. And when a name does come to you, you can check that name with the voice again until you know you have got it right. That is resonation and it’s actually utterly simple.  **MB: And it’s not a substitute for the usual interactions of counselling?**  AP: No, it’s not a substitute at all. Rather it is the very nature of an authentic relationship. And it can be used within any theoretical framework whatsoever.  **MB: Anyone can do it?**  AP: Well yes, we all do it quite naturally with the people we love. We attune quite naturally to our partner’s walk or the way they wash the dishes. We can tell from how they do these tasks, their feeling tone, whether they are in a good mood or bad mood or… . We automatically get a felt understanding of how they are looking at the world. Through resonation each person can directly reveal the *meaning* of reality.  **MB: And in counselling …**  AP: When I do that in counselling it is as if the tone of a client’s voice or the look on their face becomes a manifestation of *my* consciousness. I allow my own inner being or soul to sound with it, re-sound with it. Like a silent sound. I begin to know from the inside out where their thoughts and feelings are coming from. Over time, as I resonate with that look, I begin to amplify the field state of consciousness that it is expressing. And as it becomes amplified, it builds up in intensity inside that person until they get to a point at which they can begin to sense for themselves what it is that I am sensing. Clients may leave a session and then suddenly become aware of something that they had only vaguely recognised or admitted to in themselves. In a moment of clarity they will see themselves in a bigger picture, or in a new light. They will feel more fully or completely themselves, more in touch with who they essentially are.  **MB: It is with your inner being that you resonate…**  AP: Yes. I find myself always in touch with and able to listen to - for want of a better word - the core of my being. I feel it in my guts. It is as if I go very silent and feel around inside myself, in my stomach, for that very sense of myself. It is difficult to put into words. But at the same time I am also operating from my ego. My ego is like the skin that I present to the world. Everyone relates on these two levels simultaneously but they’re not always aware of the inner one and therefore don’t take advantage of it.  **MB: Is it important to your relationship with a client that you are modelling this active relationship with your inner being?**  AP: I suppose ‘model’ is the right term, but I don’t actually like it very much. It carries the sense that I am relating to my inner being in order to show others a better way to live their lives. But the fact is that this is very much just my way of being. I don’t have a choice as to how I am. But as is the case with everyone, my particular way of being will always communicate to others, whether I am aware of it or not, or whether I want it to or not.  **MB: How is resonation different to empathy?**  AP: Empathy is when you *intellectually/emotionally* understand what the other person is going through - when you *intellectually/emotionally* understand their emotions. Resonation is deeper than that. It is like a deep listening with the whole body, not a listening just with the ears. It is a listening to the tones, textures, and gradations you can sense about the other person through your body. It is like establishing a conscious and deep rapport. When you resonate with someone you attune to the particular ‘tone’ or ‘colour’ of their emotions. For example, there is a difference between empathizing with a person’s sadness at having no contact with their parents, and attuning to the particular ‘tone’ of this sadness (a ‘rejected’ tone, say). These tones are the all-pervasive colouration that our background field of awareness lends to our foreground consciousness, our thoughts, emotions, language, bodily expressions and behaviours. If a person looks at the world through a pair of blue glasses, everything they see will be blue. If the woman who was raped sees the world through the glasses of a victim, everything in the world will support that view. If she doesn’t know that she is wearing these glasses then the problem is in fact completely invisible.  **MB: The glasses are our background field of awareness.**  AP: Yes. People look at the world *through* a certain mood or tone. *Through* a way of being. *Through* the background field of awareness. Someone might come to me and say that she is angry because all men are bastards and treat her badly. But she is getting it around the wrong way. If she believes that all men are evil she will see everything in her world as proving that. Her ego has already decided that on the basis of her experience, all men are bastards – that this is simply an attribute of reality and that therefore she will always have to be prepared to defend herself against them. She casts out this net and everyone in her field is coloured by it.  **MB: And these tones are unique for each person?**  AP: Yes. The tone belongs to *this* person alone; it has meaning for *this* person alone. I am relating to a client in their very uniqueness. What makes them, *them,* and nobody else. They are heard as the very person who they are, not just an ‘any-body’. Not just an angry person, or a sad person. Their anger or sadness is actually carrying something - the state of being of that person.  **MB: And a client will sense this?**  AP: Yes. They will say things like, "I think you are on my wave length", " For the first time I think I’m being heard", "It sounds as though you know what I am going through". But they mean more than simply being understood. If a person feels as though they have been completely heard by another human being and accepted at that very deep level, the most fundamental level, then the contact they have is in and of itself completely therapeutic and that person will change. Human contact between two people, when it is therapeutic must involve, whether the two people know it or not, resonance or deep listening. Our awareness has a substantiality of its own, its own ‘feel’, tone and texture. Reality also has qualities that we sense in terms of tone and texture and ‘feel’ – like a person’s look or voice. When the qualities of my awareness resonate with the qualities in the client’s speech or face for example, meaningful resonance occurs and each person experiences that as a ‘shift’ inside them. There are many counsellors who will put down their success to their technique, not to their ability as a human being to resonate with and deeply listen to another human being. All human beings resonate. We all have the capacity to listen deeply to another human being. But all too often we confuse this listening with ‘hearing’. Or we only listen to others through the lens of a technique or a theory or a science, a lens which only serves to distort, reduce or colour what we hear or sense. So I can believe that a housewife who is skilled in palm reading can genuinely help someone who is in a great deal of pain. But it won’t have anything to do with the palm reading. Or reading tealeaves, tarot cards, doing narrative therapy or psychoanalysis. It has absolutely nothing to do with the tricks or techniques. It is the depth of connection between the two human beings. It is that which works the magic.  **MB: It would be difficult for most people to accept that it isn’t their particular technique or brand of therapy that actually heals people. There is such a strong sense that someone must *do* something in order to help people.**  AP: Resonating is doing, but it is an inner doing, not an outer doing. In any case, if it were the techniques that healed people there would be certain psychotherapies and certain ways of counselling that would never work. But obviously that’s ridiculous. All counsellors have some success some of the time, so surely the only common factor is the human contact – the invisible dynamics of what goes on between human beings when they truly contact each other. "There are no techniques for letting go, except the letting go of techniques" – an early quote of Peter Wilberg’s that I particularly like.  **MB: That reminds me of Neuro Linguistic Programming. Didn’t that grow out of an attempt to work out what the common factors in successful therapy actually were?**  AP: Yes. American psychologists Bandler and Grinder wanted to make explicit the dynamics of what goes on in successful therapy, so they watched tapes of famous therapists at work and tried to then abstract from this, what it is that produces the magic in therapy - the insights and the progress. They found that all successful therapists had certain things in common that had absolutely nothing to do with their theoretical orientation. For instance, they realised that if a client used visual metaphors like "I see what you are saying", the successful therapist would also respond visually. If the client used feeling words the therapist would correspondingly use feeling words. To me this is a powerful indicator of resonation at work, of what people automatically do when they are truly connecting and listening. They had their answer right in front of them. But what they then ended up making out of this was really quite silly. They reduced the magic and connection, something that can’t be put into words, into the external manifestations of it. And then they made it into a technique.  **MB: The techniques of traditional therapies are something that can be learnt, but if resonation is not a technique as such, how can it be taught or passed on?**  AP: Basically it is a way of being with clients that can only be suggested to people. In essence, a person has to know what it is that you are talking about. It can’t be taught as a technique per se, because it is not a technique. It is an inner way of holding ourselves, completely still and silent, while listening and focussing intently. An inner stance. You could never find a technique to teach someone how to remember a voice that they hear on TV. You could only ever try to put people in touch with their own intuitive knowledge as to how to do that. In the same way, you can only ever invite people to join you at this different level of awareness and communication, and so invite people to become more aware of who they essentially are.  **MB: Could you go into more detail? Who are we essentially?**  AP: We are a field of awareness that can stretch out beyond our skins or contract to a point. It is inwardly infinite and unbounded. As I’ve said, we are not just a body with emotions and pains and upsets. Like their clients, most therapists are completely cut off from the true nature of reality. They simply regard people as body objects, physical ‘things’ with thoughts, feelings, emotions and physical problems. Science and common sense take for granted that we are an any-body or a some-thing, that we are a localised object, a ‘thing’ that has boundaries in space. But with twentieth century physics came the concepts of quantum mechanics. It seemed that ‘particles’ (matter, bodies) are at the same time also ‘waves’ (delocalised fields of energy) that are spread out in space with no boundaries. Being delocalised, these waves are everywhere, yet nowhere in particular. But despite this fact they still remain individualised, they still retain an identity, they are still quantised – still act as if they are also an individual particle. For most scientists it is still very difficult to accept that ‘things’ (bodies) aren’t what we assume they are. At the most fundamental level quanta exist as both particles and waves. At an essential level all particles (including our bodies as different people) are not separate. "Everything is connected with everything else" – a quote of aboriginal origin…  **MB: Human beings are actually first and foremost delocalised fields of awareness and not just localised bodies in space. Consciousness or awareness then precedes the body ……….**  AP: Yes. Our everyday consciousness (our thoughts, emotions, and imaginings, everything that we think of as ‘mind’ or ‘inner reality’) emerges from an even deeper and inward background field of awareness. We have always taken for granted that consciousness is a function of our brain – that somehow it is a point of awareness, or emptiness, that lies within our heads and looks out at the world "through the five peepholes of perception". And we think that when the body dies that awareness simply switches off. I don’t see it that way at all. For me the background field of awareness comes first. It exists as a delocalised field of consciousness that is everywhere and everywhen. Yet it is always individualised, it has a substantiality of its own; it isn’t an empty nothingness. It is made of qualia or units of awareness. When we say that people are warm, cold, distant, dreamy, heavy, light etc we aren’t just talking metaphorically. We are talking about these qualia. These ‘atoms’ of awareness are materialised or manifested in certain tones of voice, certain looks on a face or a certain cast of posture. That is, this background field lends a certain ‘colour’ to our foreground consciousness that we are usually unaware of. As I said earlier, it is these colours or tones of our very being can be attuned to and this is what resonance is all about.  **MB: This would have enormous ramifications for the way people relate to one another, not just those in a therapeutic situation.**  AP: Well an analogy I find useful is of the computer. It is currently the fashion to think of human beings as sophisticated computers, sophisticated machines. But there is always one essential ingredient missing in this theory - a computer is completely useless without a human being sitting at it, operating it. It is simply metal and glass and plastic until *we* switch on the power. It might be able to go through some automatic routines by itself, but it still won’t be able to write one word of your next article or paper without you sitting there. Therefore, a more appropriate model for the complete understanding of a human being would have to include a person sitting at the computer. The everyday person we generally think we are may be analogous to the computer, but the fact remains that all of us also have a being ‘operating’ us. And that being who ‘operates’ us is this delocalised background field of awareness, our core or deep self, a soul or spirit. It is the author of our lives. Following this analogy, the person, like the computer, may have no awareness whatsoever of the reality of the core self, the being ‘operating’ it, but this doesn’t mean that it doesn’t exist. So when two human beings communicate, at the surface level we have the two ‘computers’ or everyday personalities, talking to each other. They are networked via the five senses and have a serial conversation. One talks, the other listens, then the other talks etc. This level of communication is what most dialogue, counselling and interviewing is about. One person outlines the problem and the other person tries to solve it. But there is another level of communication going on if our new model has any light to throw on this subject. We have the two core selves also communicating ‘underneath’ the surface communication. This deeper level communication is on the level at which we are not separate from one another, at the level of reality where our souls, or bubbles of awareness, overlap, and it happens through resonance and felt sense. This communication is more about ‘feel what I am feeling’ rather than hear the words I am saying and solve my problem.  **MB: Are you saying that words could actually reduce the depth of contact people have?**  AP: It reduces the contact if the words aren’t amplifying a sense of connectedness with that which we already know and feel. People often use words in a way that is completely disconnected from their inner reality. They use the words themselves to try to work out what they are feeling or what they actually want to say. That’s the wrong way around. That only puts distance between people. Most conversations are just words and it can be very frustrating if this is all the dialogue is. Words should flow out of our inner reality. One should feel the reality of what one wants to say before one expresses it in words. If you are using a technique and just function within the words of that technique then you aren’t connected with this inner reality or connected with others. You are merely connected with a prior set or system of rules and beliefs.  **MB: We are so used to the idea that we can represent our whole world in words, and indeed that we confuse the words we use with our experience of that world. But you are saying that at the deeper level, the things that people want to communicate are actually wordless.**  AP: Before we speak, each of us has a felt sense or inner feeling of what we want to say, but this feeling or felt sense is nameless and wordless. It is this sense that a person is trying to convey when you see them stop in mid-sentence and listen inside, waiting for the right word to come to them. The words they eventually use will basically convey the meaning of this felt sense, but they are not what it is that they actually want to say. What people actually want to communicate is that particular sense that is prior to thoughts and prior to the words these thoughts may give rise to. It is something that is not physical. Something that belongs to the inner universe. And completely analogous to the way we speak words, is the `way in which our body is a living language that is spoken by our greater being. The whole of a person’s physical self gives expression to their state of being through their thoughts, emotions, feelings, movements, illnesses, colours, tones. You can try to put these states of being into words, but you must not confuse the words you use, with the states of being themselves. When the ancient Greeks spoke of the universe and everything in it as the ‘word of God’, this is what they meant. The human being is like a language being spoken.  **MB: A difficult client is like a language being spoken – punching walls or cutting oneself can be read and understood just like a language?**  AP: Yes. At one level they may be trying to express something in words to you, but at another level, they are, without even knowing it, expressing a state of being. Their very behaviour, everybody’s behaviour for that matter, is a communication, something that demands to be ‘listened’ to just as much as their words. Emotions, thoughts, bodily illnesses and behaviours are like the words of a book. They have meaning. They allow you to enter the world of soul and spirit. But most therapies merely look at emotions, thoughts and behaviours as though they are reading individual words of a book, without realising that these words also have a bigger meaning which can be entered into.  **MB: So in the case of say a mentally ill homeless person, people in the helping professions may only see individual problems which they then try to solve.**  AP: Yes. They may try to find the person accommodation, they may try to get them into some sort of counselling or they may have them hospitalised. But then what so often happens is that this person never turns up for their counselling sessions, or repeatedly disrupts any attempts at finding them accommodation. The homeless person is waiting for someone to truly ‘read’ them, truly listen to their behaviours. These behaviours, as difficult as they may be, are always meaningful. As an analogy, if we are talking to a friend and they misunderstand the meaning of our words, we will try to repeat those words. If we are still misunderstood, we may feel a growing exasperation, and we might try to use different words or stronger words. If we continue to be misunderstood we might start to feel angry because we know that the person listening to us, is only listening to our words, and not the meaning we are trying to convey through them. They are not listening to *us.* In the end we may well just throw up our hands in the air and walk away. But if we are finally understood, if we are truly heard, something changes in us. We feel relief. We feel acknowledged. We feel we can now move forward in the conversation and in the friendship, or in the case of the homeless person, in their life.  **MB: And illness is also meaningful?**  AP: Yes. Illness, whether it be social, mental, or physical is generally seen as an aberration. Something that has taken us away from this thing we term ‘health’. Our systems of healing, whether it be social work, psychiatry or allopathic and alternative medicine, all take as their starting point, the assumption that when we are in pain or discomfort, there is something wrong with us that we need to fix as soon as possible. We implement schemes to solve unemployment, we give people pills, vitamins or flower essences so they don’t feel depressed, and we hope that cutting out a cancer will cure the disease. But as spiritual beings we live in worlds of meaning. Just as we never speak words, without meaning something through them, so we never ‘speak’ illness without also meaning something through it. We are constantly and always expressing ourselves physically, emotionally and psychically in a meaningful and understandable way. It just takes someone to stop and actually listen.  **MB: This could easily be misconstrued as ‘blaming the victim’ for their illness or the bad things that happen in their lives.**  AP: Do we blame someone for the words they use? We only blame them if we think that their words are somehow malign. The assumption in these postmodern theories of victimology is that illness and pain are a bad thing.  **MB: Pain is not a bad thing?**  AP: Pain, in and of itself, is neither a good nor a bad thing. It is simply pain. For a woman going through labour, pain is neither good nor bad. It is pain. And that pain has meaning. Obviously if we have a choice we want to feel as little pain as possible, but that’s not a comment about pain itself. I am interested in what the meaning of pain, illness, or certain behaviours is. I am interested in what they actually are. "So what is depression?" or "What is this stifling pain I feel around my heart?" are more the questions for me. And I think that this is what clients actually want to know. "Why am I depressed? What is the meaning of it? Surely it has a purpose?" The first thing a person says when they get cancer is "Why me?" not "This hurts, make the pain go away." That will come a lot later. Finding that meaning is in and of itself, therapeutic.  **MB: A philosophical standpoint rather than a psychological one?**  AP: I have a deep philosophical interest in the nature of reality. Not a dry academic philosophy but rather a philosophy as lived in our everyday lives. This is how the ancient philosophers saw philosophy – it was about living their lives in a meaningful way. So I search for the meaning behind events, not how to get rid of them or change them into something else. A psychological approach automatically locates problems in a person’s mind and the treatment will focus on changing that person’s mind by psychological techniques. A psychologist will only work within that very narrow framework, and will take for granted that when we talk of depression or therapy or listening, we all understand exactly what those terms apply to and mean. Philosophy, in the first place, explores the concepts we are dealing with and goes beyond the common assumptions as to what things essentially are. It asks, "What actually is a human being?" "What actually is health?" "What is pain?" "What actually is illness?" "What is spirit?" People with mental illness, with any illness, are living their philosophical questions.  **MB: And what of your own philosophical questions? You mentioned earlier that you found these answered in the work of Peter Wilberg, Seth and others.**  AP: Yes. Peter Wilberg introduced me to the Seth/Jane Roberts material in 1975. At the time it presented me with the only credible alternative worldview to the current materialist ideology. Without a fundamentally new view of life, I did not and still do not believe that there is any hope for human beings as a whole to achieve their potential, or for that matter, of the planet surviving. I felt that Seth’s ideas were that alternative for Western society: a set of philosophical and spiritual ideas which, although they shared much of the wisdom of all religious and philosophical thought, as well as experience of the mystical traditions, had a particularly contemporary relevance and application. But frustratingly, I could only grasp his ideas in an intuitive way – being of philosophical bent, I needed something different, and I got that from Peter Wilberg  **MB: You mentioned early in this interview that he has been an influence in your life and your work.**  AP: Yes. Peter has spent his life explicating the simple but profound notion that just as we speak words, so does our inner being speak our flesh. This situates him in a long line of sages and philosophers, from Heraclitus, the Gnostics, through Meister Eckhart, Rudolf Steiner, to Martin Heidegger, Martin Buber and finally Seth/Jane Roberts. From that simple idea of the ‘Word’ being made flesh, Peter developed an entire philosophy, expressed through many powerful metaphors and concepts like feeling tone, bodily knowing, qualia, resonation, field states of awareness, inward listening, the metaphor of pregnancy and labour, the meaning of illness and Soma-sensitivity. His philosophy provides a framework for therapists – and anyone really – to practice an authentic way of ‘being’. He asks the difficult but utterly simple questions  – those basic philosophical questions that I mentioned earlier: "What does it mean to be a self?" "What is illness?" "What is health?"…  **MB: So what indeed is health?**  AP: Well health is usually defined by what is observable in a person’s behaviour – and it is defined by someone who is supposedly qualified to observe. But it is rarely defined by inner qualities – the inner sense of what it feels like to be in one’s body. And yet that is what health is – when you are at home in your body, not just with your feelings and thoughts, but with your very sense of who you are, and able to relate from this stance to the world and people about you. It is something that can’t be taught by exterior methods or techniques, and it doesn’t come in a pill or prescription.  **MB: And pain?**  AP: Well, our ego likes to think that we are a static entity. That we are ‘John’ and that’s the end of the story. But this inner sort of health is not some static entity. When we interact with the world and the people in it, we are constantly being confronted by things which leave us feeling discomfort or pain, because they do not match our ego’s picture of who ‘John’ or ‘John’s life’ should be. We feel pain when we deny that these things belong in our field of awareness or consciousness – when we believe that they are ‘not us’. But the fact is that as our bigger selves, as that larger field of awareness, these things DO belong, and they are asking us to expand our sense of identity. They are asking us to become more whole. For instance, John may see himself as someone who is always right, someone whose opinion must never be questioned, and someone who is utterly rigid in his beliefs. When someone confronts him who questions his opinion he will feel enormous discomfort. He may be angry. He may accuse the person who is questioning him of being insensitive or self-righteous. He will do everything in his power to protect his idea of who he is. But health is an ability to take on more and more of our whole identity – to understand that life is an unending process of becoming more whole, of taking on more of the qualities of our core self and truly embodying them. We can’t do that in a vacuum. A healthy John would still feel that pain, but would then understand that pain in the same way that a pregnant woman would understand the pain of childbirth. He would understand the pain as an invitation to give birth to more of who he is, to give birth to a new sense of self – to see that he can also be a John who tolerates and even enjoys people’s different points of view. We will all feel pain or dis-ease as we expand our sense of identity, but it has meaning. It has a purpose.  **MB: But what of illness? How does this sense of dis-ease become an actual disease?**  AP: Because it is accepted in our society that pain is a bad thing, we have no language or understanding of how to *bear* it in a meaningful way. We *suffer* it, and for many this suffering becomes unbearable. Psychic pain becomes intolerable and so for many it finds its expression through our bodies and minds. We convert dis-ease into disease. A woman whose husband of 50 years has just died may feel justifiably heartbroken. If she cannot bear that her heart is broken, she may well develop physical symptoms of a broken heart. She may develop arrhythmia or angina. She may go to the doctor, and the doctor gives her medications to make the symptoms go away, but it does not ensure that her ‘broken heart’ will not express itself in a different way. She is waiting for someone to read her – to understand and resonate with the depth of her grief, and to bear with her as she gives birth to a new sense of self.  **MB: And what of mental illness? Anxiety, depression, schizophrenia, suicidal thinking etc.**  AP: Well in the case of this same woman, if her angina was medicated, that broken heart may well find another way to express itself. She may become depressed, and she may think that suicide is the only option. But like the pain of a broken heart, the depression is not a bad thing. It has a meaning. It is possible to resonate with the tone or quality of the depression, and understand that the depression is actually asking her to become more whole, and take on more of who she is. And the interesting thing about depression is that it is doing exactly that. If we actually have the courage to *bear* depression, it actually takes us down into ourselves, and allows us to reconnect with our inner being at a deeper level. And this is exactly the healing process that this woman may well need. From that place within herself, withdrawn from the everyday world she can begin to find new bearings, begin to establish a new relationship with herself, and so find a new way to respond to the stresses that her life situation is confronting her with. It is only when we *suffer* depression, see it as a bad thing, that it never really finds resolution. And if she also thinks a lot of suicide, this also has meaning, because the old self, her old identity must literally die for the new one to be born.  **MB: You make a distinction between bearing pain and suffering it.**  AP: Yes, and it is a profoundly important distinction. A woman who is pregnant accepts that a certain amount of discomfort and pain will be involved. It is taken as a natural part of the process, and not as a sign that something is wrong. She would not think of taking pills for every bout of nausea, every little ache and pain. In fact she would probably try to avoid taking too many pills just in case it in some way damages the developing foetus. She bears this discomfort because she knows it has meaning. In the same way we can *bear* a growing sense of a new self within us. The woman who is heartbroken might come to feel that her pain is a way for her to grow into a new self who can be in the world without her husband. Medicating that pain while necessary at times, would be like medicating a pregnancy. The new self may well not be able to grow as it should.  **MB: Change is as natural a process as pregnancy.**  AP: Yes, and it is as mysterious and awesome. Change is uncomfortable and painful at times, but it takes the time that it takes, and not the time we wish it to take. Change changes us from the inside out. We cannot control it, manage it, bend it to our will, make it go away or make it feel good. We let it change us or we terminate it. But as distinct from physical pregnancy, nothing will prevent us from getting inwardly pregnant again. Our inner being will never give up on us.  **MB: But we can learn to listen….**  AP: When we realise that illness in all its forms is completely and utterly meaningful, when we realise that we have an inner being that is always and forever expressing itself in meaningful ways, when we realise that we can learn to relate to and listen to that inner being, life becomes something quite remarkable. Spirituality is not some far off, difficult-to-define relationship that we have with some ethereal divine being. It is that interior life that we live everyday, the very stuff that is between us that we rarely pay heed to. It is the meaning that our souls seek to express through us. It is in the connection we feel and long for, with other human beings. It is the essence of true healing.  **BIBLIOGRAPHY**  Bohm, D. 1984, Wholeness and The Implicate Order**,** Routledge & Kegan Paul, London.  Buber, M. 1974, I and Thou, Touchstone Books, New York.  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