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**Bodydreaming: Illness, Coma and Death Processes  
At the Edge of Process Work**

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# Training Issues in Coma Work: edges and personal freedom

by Amy Mindell

Ever since I joined my husband, Army, in his work with people in comatose conditions, I have been confronted with many of my own feelings and growing edges about life, death and my ability to communicate with people in deeply altered states of consciousness. I have been teaching coma training classes in Portland as well as workshops with Army in different places around the world for a number of years. In these classes and seminars I have found that other people also discover central growing edges which arise as they train in this work. By edges, I mean those exciting moments when we come to the boundary of our known identities and are challenged to consider new thoughts and behaviors. Coma training, therefore, is intimately connected to the personal development of the caregiver. It has been important to expand my view of training to include focus on the personal work of the coma worker. In this article I address some of the main edges or problems that repeatedly arise in the course of training and suggest exercises for working on these developing aspects of ourselves as coma workers.

In Army's pioneering work on coma he says that "as long as the body lives, consciousness is possible."<sup>1</sup> This central belief in coma work, where we facilitate the person's inner process, calls for a new palette of skills for working with such states. In his book *Coma: Key to Awakening* he provides tools to join someone in an altered state of consciousness, help connect that person to her or his inner process and help this process to unfold. These skills make it possible for doctors, nurses, caregivers, hospice workers, friends and family to communicate with someone even if she or he is not talking, or is in a deep trance and not communicating in the "normal" ways we are accustomed to.

There are many skills which are helpful in working with people in comas. I will not expound on these skills or theory here.<sup>2</sup> Let me simply mention that anyone interested in working with people in comatose states needs some awareness training to follow and assist those in deeply internal and withdrawn states. Training in working with non-verbal signals, sounds, movements, visualization, body feelings,

<sup>1</sup> See Arnold Mindell, *Coma: Key To Awakening* (Boston: Shambhala, 1989) 97.

<sup>2</sup> The reader can find practical tools, theoretical background and case stories of coma work in *Coma: Key to Awakening*. Kay Ross' article in this journal is also a useful introduction to the medical view of comas and a comparison with the process-oriented approach. See also Stan Tomandl's manual, "Coma Work and Palliative Care: An Introductory Communication Skills Manual for Supporting People Living Near Death," for practical exercises in coma work. For an introduction to hospice work, see McLeroy et. al, "You Are Not Alone: A Handbook for Hospice Caregiving."

touch and work with the breath are important. In addition, some knowledge of dreamwork and imagery, childhood dreams, normal psychotherapy, family and relationship work are helpful. There are also particular methods and theoretical considerations which concern differences between metabolic and structural comas. Metaskills such as an openness to mysterious events, belief in what is happening, patience and compassion are central to coma work.<sup>3</sup>

### Training and personal edges

Amy and I have discovered that learning to work with people in comatose states often brings up personal growing edges in students and caregivers. Training in this area causes many of us to consider our own altered and introverted states. We are confronted with our feelings about life, humanity, and death. Excitement and fear appear in almost everyone approaching the topics of personal expression and freedom in working with people in comas. The sense of intimacy and contact brings up many personal issues for trainees. It has become apparent that coma training is inseparable from a deeper exploration into the caretaker's personal work.

Given this context, training becomes a fascinating journey into the psychology of the "coma worker." In the following pages, I address some of the most prevalent personal edges which emerge in coma training. These include: 1) Edges to altered and internal states. 2) Edges about death. 3) Edges about making sounds and using movement and touch with people.

I want to stress, however, that certain people are exceptionally gifted in coma work. They have an ease with and an uncanny knowledge of altered states.

These people often feel more at home with people in comas than they do with people in "normal" states of consciousness. You notice these individuals by their ability to get close to the comatose person, by their fluidity in non-verbal communication, and by their special compassion towards others.<sup>4</sup>

### Our altered states

A central ethical consideration of coma work is that if we are not able to relate to someone in an altered state of consciousness,<sup>5</sup> then we as coma workers must change, not the person in the coma. We need to develop and learn communication tools that help us join the comatose person in her or his altered state and particular communication system. Research has shown that people in comatose states are working on themselves and need time to process internal experiences without the distractions of normal life.<sup>6</sup>

I remember, for example, walking by the bed of a young man in a hospital. He had suffered from brain damage and at this point his eyes were open and he was sitting up in bed. He was singing and humming to himself. The nurses came in and asked him if he knew which day it was and where he was. The man did not seem to notice their questions but continued to sing and laugh. He was obviously in an altered state from the states we are accustomed to. His feedback system was altered in that he did not reply directly to their questions and he was operating in a very different time and space from the nurses' everyday reality.

Yet the fact that someone is not communicating in customary ways brings many of us unexpectedly to an edge. Some of us feel fearful, uncomfortable, or awkward. I think that this lack of comfort derives

<sup>3</sup> There is much research to be done in coma work. I encourage anyone who is working in this area or has the chance to work with someone in a coma to keep detailed notes so that statistics can be compiled.

<sup>4</sup> In Japan many students were very skillful in this work. They seemed at ease, in our training seminars, with the comatose person, were very intimate and followed each signal with utmost care. Perhaps it is the emphasis on inner life and meditation which made these Japanese people so sensitively attuned to this type of work.

<sup>5</sup> An altered state of consciousness is a state of consciousness which is different from the one we normally identify with. Amy says that "In altered states, such as those we encounter in dying processes, feedback to questions about everyday realities is diminished or absent. People cannot enter and leave these states easily. They seem absent, their memory may be disturbed, and they usually have poor space and time orientation." (Mindell, *Coma* 55).

<sup>6</sup> Mindell, *Coma* 102.