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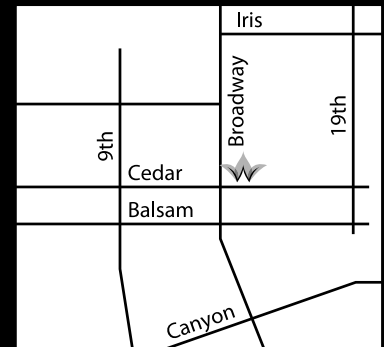
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"In Body Mind Continuum I represent my internal landscape as the people in my life float together, blend, drift apart—then reinitiate as our minds and emotions meet in the invisible realm of thought. This painting is part of a developing series inspired by social networking and technology. Society is in the earliest years of learning to adapt social networking to computer technology. We reconnect with people after many years of distance; we touch briefly or sometimes profoundly. We enormously expand the number of people we can integrate into our lives—deepening and expanding our inner and outer worlds."

Cheryl Renée Long creates art using watercolors and oils from her studio in Kent, Washington. Her inspiration comes from her contacts with people, birds, sacred landscapes, and indigenous cultures. She maintains a lifelong daily spiritual practice using a form of healing energy called Attunement—the primary inspiration for her art. Cheryl accepts commissions and custom art work. You can see more of her work at CherylRLong.com. 253-277-2807; cherylrlong@comcast.

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LETTERS

Thanks for Elders Issue

I very much appreciated the current edition dedicated to seniors. Seniors get so much out of community and give so much back—as I am well aware (our community in Nevada City has 20 seniors among our 57 adults). Recently we had a get-together among the seniors in our community precipitated by the attached letter to my fellow seniors. It led to a very valuable conversation, and more importantly to a shift in behavior among the seniors: some started helping young people more again, and started being respected more.

Thanks again,

Chuck Durrett

Nevada City, California

Here's an edited version of Chuck's letter:

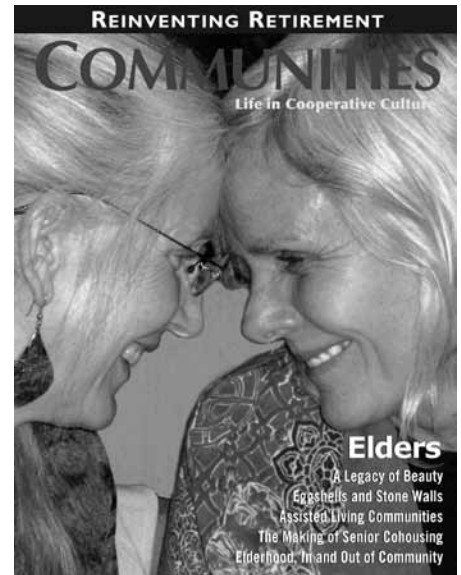
Dear seniors in our community (anyone over 50),

An acquaintance of mine, Chris Zimmerman, has some astute theories about seniors and elders.

He makes a strong case that seniors today get very, very little respect, but he also adds vehemently that they should earn the respect that they'd like to demand. He argues that seniors have abdicated respect because while being an elder once meant earning respect by playing an active role in teaching later generations, today that doesn't happen. He argues that seniors earn elderhood by helping younger generations be accountable. With pressure from spouses, kids, jobs, clients, bosses, there are so many things that people forget: important things that help stitch a society together, but are forgotten or aren't immediate—the kind of immediacy found when a three-year-old cries. Seniors remind us how to behave. That's where elders play a critical role in society—and in our case, our little society/community.

For example, when we lived in Emeryville Cohousing there were two very capable elders (actually three, but one died) who not only reminded people but actually signed you up to cook dinner if you forgot to sign up. "Oh, you can't cook that day? Then sign up for a day you can, OK?" I know, I was one of those people always running to solve the needs of wife, clients, kid—and I wanted to do my duties, but I felt more accountable to the above three. The elders didn't care if you looked at them funny when they reminded you. They were past the popularity contests part of their lives. They helped people be responsible, whether they were used to accountability or not.

But those two elders also made me know that I was also responsible to those to whom I agreed that yes, I will cook. Consequently, I never missed a cooking rotation. Unless you live in a community with true elders (not just seniors) it's impossible to imagine a young person (unless they are born with an old soul) making other young people accountable (much less seniors). Young people are too worried about being unpopular, about hurting someone's feelings, or being perceived as being disrespectful to the seniors. Consequently, the wonderful young person in our community whose job it is to get everyone signed up to cook dinner is in a completely untenable position.



LETTERS

When I was a kid in Downieville, you wouldn't imagine honking your car horn after dark (unless it was an emergency) without seeing an elder slam the hood of your car with the palm of his hand the size of a baseball mitt and shout "Hey, kid, we don't do that around here" no matter how long they've known you. That's what elders do that garners so much respect, the thing that they can do best and that which young people can't do: they enforce the mores and norms of a society and spoken and unspoken agreements. They enforce the social contract. Consequently, we still talk about the elders of our youth when we get together and discuss old Downieville days. The same dozen names of elders come up over and over again; the people that we really, really respect. Sure, there were many more seniors than that dozen, but they were just old people who didn't contribute—and were definitely not "elders."

In community,
Chuck

Editor's note: Other emailed responses to issue #149 included "I love this issue," "What a great magazine!," and similar messages. Even if you have something more critical to say, please keep the feedback coming! Also please check out and add to the comments section below each article at communities.ic.org.

We welcome reader feedback on the articles in each issue, as well as letters of more general interest. Please send your comments to editor@ic.org or COMMUNITIES, 16 Dancing Rabbit Ln, Rutledge MO 63563. Your letters may be edited or shortened. Thank you!

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COMMUNITIES Editorial Policy

COMMUNITIES is a forum for exploring intentional communities, cooperative living, and ways our readers can bring a sense of community into their daily lives. Contributors include people who live or have lived in community, and anyone with insights relevant to cooperative living or shared projects.

Through fact, fiction, and opinion, we offer fresh ideas about how to live and work cooperatively, how to solve problems peacefully, and how individual lives can be enhanced by living purposefully with others. We seek contributions that profile community living and why people choose it, descriptions of what's difficult and what works well, news about existing and forming communities, or articles that illuminate community experiences—past and present—offering insights into mainstream cultural issues. We also seek articles about cooperative ventures of all sorts—in workplaces, in neighborhoods, among people sharing common interests—and about “creating community where you are.”

We do not intend to promote one kind of group over another, and take no official position on a community's economic structure, political agenda, spiritual beliefs, environmental issues, or decision-making style. As long as submitted articles are related thematically to community living and/or cooperation, we will consider them for publication. However, we do not publish articles that 1) advocate violent practices, or 2) advocate that a community interfere with its members' right to leave.

Our aim is to be as balanced in our reporting as possible, and whenever we print an article critical of a particular community, we invite that community to respond with its own perspective.

Submissions Policy

To submit an article, please first request Writers' Guidelines: COMMUNITIES, RR 1 Box 156, Rutledge MO 63563-9720; 660-883-5545; editor@ic.org. To obtain Photo Guidelines, email: layout@ic.org. Both are also available online at communities.ic.org.

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What is an “Intentional Community”?

An “intentional community” is a group of people who have chosen to live or work together in pursuit of a common ideal or vision. Most, though not all, share land or housing. Intentional communities come in all shapes and sizes, and display amazing diversity in their common values, which may be social, economic, spiritual, political, and/or ecological. Some are rural; some urban. Some live all in a single residence; some in separate households. Some raise children; some don't. Some are secular, some are spiritually based; others are both. For all their variety, though, the communities featured in our magazine hold a common commitment to living cooperatively, to solving problems nonviolently, and to sharing their experiences with others.

PUBLISHER'S NOTE BY LAIRD SCHAUB

Being Vigilant about Vigilante Dynamics

One of the most telling aspects of groups is how they handle controversy. When you're driving down the road and suddenly hit a pothole, is your dominant response compassion, despair, or assignment of fault?

While cooperative groups never start out intending to struggle, all eventually do. To be sure, the frequency and severity of encounters with road hazards can vary widely: some just get into the soft mud long enough to spray the fenders, requiring only a quick trip to the car wash to get cleaned up; others come to a full stop buried past the axles, and it takes a tow truck to get back on the road. Nonetheless, *all* groups stray off course now and then.

When bad things happen, does your group tend to: 1) blame the driver; 2) blame the road; or 3) see if anyone is hurt, dust yourselves off, and get the car back into service?

Before exploring these options, I want to hit the pause button long enough to explain my motivation for this essay. The theme for this issue of COMMUNITIES is Mental Health, and I am writing to describe a disturbing tendency that I want to place into the context of everyday wear and tear on group function. As a process professional I've seen groups misuse “mental health” as a pejorative label when they're unhappy with the behavior of a challenging member. While this doesn't happen often (thank goodness), it's common enough to warrant a description of how it can surface as part of the blame-the-driver syndrome.

OK, now let's walk through the choices, paying particular attention to Door #1.

Blame the Driver

If somebody was perceived to be behind the wheel when you hit the bump (I say it that way because there are plenty of accidents where it doesn't appear that *anyone* was in the front seat), it's relatively common for there to surface a knee-jerk upset with the driver, expecting them to take the full hit for what happened to the car. Could the driver have gone more slowly? Sure. Yet that doesn't necessarily mean they were being reckless (or that they wouldn't have been chided for proceeding too cautiously if there *hadn't* been an accident).

The interesting case is when there's clear evidence of imprudent driving (going too fast, not keeping one's eyes on the road, having a couple drinks before firing up the old engine) and the person(s) in charge undoubtedly does have some degree of responsibility for what occurred. If the group is habituated to looking for a fall guy, then the driver is the obvious candidate.

The key here is understanding that having *some* culpability is not the same as having *sole* responsibility. When a member is difficult, or has some patterned behaviors that the group struggles with, it's easy to slide into groupthink that labels that person

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as *the* problem. There are a lot of ways to get there. Maybe the person comes from a different class background; maybe they have an unusual style of communicating or unfamiliar ways of processing information; maybe they have a strong accent; perhaps they have an abrasive or confrontational personality. Maybe they suffer from ADD (attention deficit disorder) and rely on emotional intensity as a coping mechanism; perhaps they have Tourette Syndrome and express themselves using unprovoked swearing; possibly they have Asperger Syndrome and don't recognize normal social cues. Once multiple people start labeling the "odd" person as "other," it's only a few easy steps to seeing them as "the problem."

While it may be true that a person has difficult behaviors, that doesn't necessarily mean they don't have valuable viewpoints or can't be worked with constructively. There is, to be sure, delicacy around how much diversity a group can handle and whether the group has the resources and resilience to make it work with every member. (Regardless of how good the value alignment is, not all combinations of people can effectively communicate with one another or successfully manifest healthy internal dynamics. Some configurations are just not meant to be.) It has been my experience though, that rather than addressing the difficult dynamics directly, some groups have a nasty tendency to vilify and ostracize the odd person, isolating them in the group. The odd person gets pigeonholed as a troublemaker, the group stops seriously considering that person's input, and the group gets lazy about looking at the ways *it* has inadvertently contributed to creating and maintaining the dysfunctional dynamic. It can get ugly.

One of the more insidious ways this plays out is when groups label the odd person as having a mental health problem, and indulge in amateur diagnosis to make an assessment that is not recognized by the individual or corroborated by professional observation. Mental health is a serious and not well-defined field. While there's no doubt that the mental health of members impacts community living—sometimes profoundly—it can be chilling to observe groups engaging in pack behavior to stigmatize a challenging member, all the while washing their hands of responsibility for such labeling.

Among other things, the tendency to blame the driver leads to *all* members being reluctant to drive (take responsibility) and cautious about disclosing fender benders. (After witnessing how the odd person has gotten crucified, who wants that to hap-

pen to *them*?) Worse, this response reinforces the habit to both assign blame and to make sure that it falls on others. It leads to a culture of finger pointing instead of problem solving, and debilitates the group's energy.

Blame the Road

Why wasn't that pothole fixed? Why don't "they" maintain the road better? Why aren't the brakes on cars more responsive? Why are we so unlucky? This is essentially a disempowered response. The group is at the mercy of outside forces over which it has no control. Buffeted around by the winds of Fate, you just try to hang in there and escape the attention of capricious gods. Life is dangerous and it's best to do what you can to minimize risk and stay below the radar. Yuck!

Shit Happens

In this response, the focus first is on whether anyone was hurt, and then shifts to fixing the problem. This includes making any necessary repairs to the vehicle and it may also call for a review of what the driver could have done differently, and what might be done to repair the pothole.

This doesn't pretend that people aren't damaged or upset, yet it prioritizes problem solving over punishment.

It's crucial, in my view, that the upset be attended to first. Pretending that upset doesn't exist never works, yet groups are often reluctant to

While there's no doubt that the mental health of members impacts community living, it can be chilling to observe groups engaging in pack behavior to stigmatize a challenging member.

go there because of fears that the strong energy associated with distress will get out of control and cause even greater damage to relationships than the accident did. The key here is welcoming the expression of the feelings (hurt, anger, fear, disappointment) while objecting to blaming and attacking.

Once you get the air cleared, you're well poised to get practical about auto repairs, driver training, and highway maintenance. The thing you *don't* want to do is sit around the bar with your upset friends and rail about bad drivers. The world already has plenty of road rage; what we need is more road grace (and fewer vigilantes). 🐼

Laird Schaub is Executive Secretary of the Fellowship for Intentional Community (FIC), publisher of this magazine, and cofounder of Sandhill Farm, an FEC community in Missouri, where he lives. He is also a facilitation trainer and process consultant, and he authors a blog that can be read at communityandconsensus.blogspot.com.

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Crazy About Community

The articles in this issue are among the most candid and personal we've ever published. Rich with lessons learned (sometimes painfully) through experience, and with insights about healing and wholeness, they say almost everything this editor's note could have said, and much more. They also got me thinking about my own relationship to the theme. At the risk of getting myself committed (or at least judged), here's some of what I thought about:

I used to take mental health for granted, both in myself and in those around me. Mental illness was what the crazy mother of those two girls at church had—there was something “off” about her. The rest of us were normal.

The veil gradually fell away as I noticed that more adults didn't exactly fit the model of mental wellness. How else to explain the paranoia and incessant negativity of one of my father's employers or, later, the suicide of a family friend? Certainly by the time one of my high school classmates took his own life, I'd started to realize that all was not well in Normalville.

Love is sometimes described as a form of insanity. Certainly, my most serious adolescent encounter with it brought on feelings and insights that made much of my previous “status quo” and routines seem comparatively meaningless, emotionally and spiritually. And when the object of my head-over-heelsness encountered her own mental health challenges (eventually

landing in a psychiatric ward, then becoming a permanent part of the mental health system), I had to face the fact that the way I, too, saw the world was “different,” and the people I related most closely to were different, from what was deemed normal in our society. Self-styled seekers of what was “real” and “true” in ourselves and on the earth, we felt maladapted to a frenetic consumer culture (and its associated work world) that provided many superficial distractions but no deep answers. I came to see us as islands of sanity in a world gone mad, but I also knew that revealing one's thought-dreams in the wrong circumstance could easily get one classified as “mad” oneself, and in need of treatment.

I did go through a period of feeling as if something major must be wrong with me mentally (beyond the personality challenges that we all encounter in ourselves). I've also had a few brief recurrences of feeling “crazy” (or at least genuinely depressed/anxious), almost always at moments of significant change in my life. At those times, not only has modern civilization seemed off-kilter (not a stretch, to anyone paying attention), but I myself have felt equally off-kilter. Looking at the circumstances that have precipitated this feeling can help me understand some of the vital ingredients of mental health.

My most profound sense of emotional/psychological dis-ease has come when I've uprooted myself from a place with which I'm very familiar, and put myself in a place that has not yet



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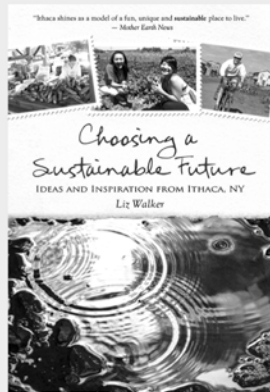
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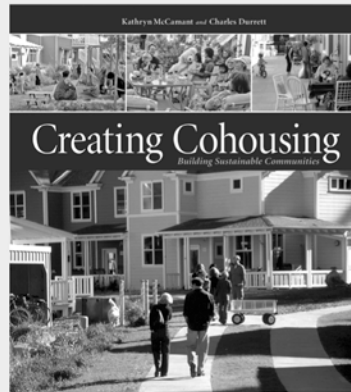
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become “home.” Even when many other ingredients for wellness are present, this loss of an intimate connection to a piece of land or bioregion has deeply unsettled me. And because close connection to the land is not built into the dominant society, I have needed to discover myself how best to achieve that in each new place. So I’ve learned to ask now: “Am I actually crazy, or has my larger ecological self, my self in relation to the land, just not established itself here yet?”

Other elements playing major roles in generating distress: separation from family; separation from friends; disruption or shift in my work life; loss of roles or projects that were meaningful to me; loss of a community or a sense of community. Even in community, an absence of loving relationships among those around me can profoundly impact my own sense of well-being.

By contrast, these ingredients always seem to boost mental health: genuine affection among community mates; the presence of children; elders; music-making; meaningful group work; people committed to inner and outer exploration and communication; a mission of service to the larger world; creative homegrown culture; abundant opportunities to be outdoors; and the sharing of food grown and prepared consciously.

But being in a favorable environment is not enough; wellness also requires our own initiative. Only I can tap into my own creativity, ability to relate to others and the earth, and desire

for community and connection. If life is not a spectator sport, mental health isn’t either. Nor is it a solo sport: mutual support, encouragement, and recommended-ingredient-sharing are essential.

Intentional community, however, is not a one-size-fits-all recipe for happiness and sanity. I’ve seen various mental health

issues play themselves out, without full resolution, in community, just as they do in the wider world. Sometimes, instead of

soothing the distresses of isolation and cultural alienation, community can seem to make life even crazier. Obsession, fear, paranoia, and/or hostility (whether inner- or outer-directed) can take root and spread, and members may forget to balance the wisdom they can gain only on their own with the wisdom to be found in the group.

At these times, rather than being an obvious model of something saner than a “world gone mad,” community instead becomes a powerful learning laboratory and mirror that, through adversity, may lead us to both understand that ill-at-ease world and get clues as to how it could become better.

Likewise, we hope this issue provides both models that inspire and lessons that teach. Please enjoy! 🐰

Chris Roth (editor@ic.org) lives at Dancing Rabbit Ecovillage, Rutledge, Missouri.

If life is not a spectator sport, mental health isn't either. Nor is it a solo sport: mutual support and recommended-ingredient-sharing are essential.





Gifted, Mad, and Out of Control

By Alexis Zeigler

“I have a heart, remember to tell them that.”

—Delancey, the evening she took her life, July 1993

What if there were a serious disease affecting millions of Americans, sometimes with deadly consequences? What if it had no clear cause or cure, but some treatments existed that had been scientifically and systematically shown to be the most effective? What if these treatments were so effectively ignored and disregarded by doctors that they had become all but completely unknown inside and outside of the medical establishment?

All of these things are true, and I am not talking about some half-baked “cure” for cancer. All of these things are true about serious mental illness. It impacts millions of Americans, though we are forced to hide it because it bears such strong social stigma. We have spent incomprehensible sums of money to build hospitals, research drugs, and develop all manner of invasive techniques with horrifying side-effects. And repeated studies in third world villages where people live in very meager circumstances show that they, with no “technology” at all, have a higher rate of recovery from serious mental illness. Yet you will never hear that most extraordinary fact from a psychiatrist.

(Warner, Richard, *Recovery from Schizophrenia: Psychiatry and Political Economy*, New York, Harper and Row, 1985)

Modern intentional communities fall somewhere in between mainstream America and a traditional village. Intentional communities generally lack the intensive kinship systems that make up the basic social fabric of villages. But modern communities do reclaim some of the intensive social support of traditional villages. It is perhaps because of this increased support and a sense of safety that one sees mental illness more openly in community. And while I would not want to make disparaging comments about my fellow communitarians, I think it is also true that misfits are attracted to community. That is nothing to be ashamed of.

Activist groups are likewise full of crazy people. Most of history’s famous people, especially those who took upon themselves to be agents of change, were misfits who by today’s standards would have been called mentally ill. Sigmund Freud, the granddaddy mind-doctor of them all, had “disorders” and addictions that would have been labeled obsessive-compulsive in modern



times. Abraham Lincoln and Winston Churchill both suffered bouts of deep depression. Isaac Newton, Beethoven, Vincent Van Gogh, and a long list of other famous and highly accomplished individuals suffered from what would now be called “bipolar disorder.” If each of them had been hospitalized at a young age, stigmatized with that most horrific of labels of being “mentally ill,” how many of them might have failed to continue with their life’s work? One can only wonder.

The difficulty in community is that we can take the lid off of the can, but we don’t have a clue what do do next. Mental illness can be terrifying and extremely fatiguing. I live in a small community that has been referred to as “the Asylum” because we did support work for mentally ill people for a number of years. I have spent many sleepless nights, and I have dug too many graves. Sometimes the demons play for keeps. The terrified family and friends often run to the psychiatrists. I try to explain to them that the doctors may help or harm in the short term, but the support that community can offer is far more important. After a year or two of brutal disappointment, they see what I mean.

In the early days of the Asylum, one of my friends whom I will call James came to live with us. He experienced extreme states of unrelenting anxiety, racing thoughts, sleeplessness, sometimes also struggling with sudden visual and auditory hallucinations. Had we taken him to the hospital, he probably would have been labeled, medicated, and shamed. Instead, we kept people with him as much as we could. Someone often slept in the same room with him, as he found that comforting. Aside from any grandstanding about the superiority of community support over drugs for treating mental illness, it’s clear enough why the medical establishment can’t offer that kind

of treatment. It is a lot of work. It can be extremely fatiguing, physically and emotionally. With James we traded off between friends. It took about seven months, but he got better. For years now he has run a state-wide and now nationally recognized social service agency that offers support for self-help organizations comprised of mentally ill people.

If I take all the crazy people I have known and draw a circle around the ones who are alive, some amazingly productive and happy to boot, they are the ones who maintained their social networks. In spite of periods of extreme pain or stress, broken hearts, broken promises, and damaged goods, they put their energy into maintaining their relationships. If I draw a circle around the crazy people I have known who are now dead, they failed to maintain their social networks. The lesson is clear enough.

One learns from the losses as well. When I lived at Twin Oaks, I befriended and fell very much in love with Delancey, a young woman who had come there from a troubled past. We were never sexually or romantically involved. That for me is the meaning of community, to fall deeply in love with people, many people, whether or not they are romantic partners. She told me things that were so shocking as to be incomprehensible. That was the first lesson—believe the unbelievable.

Without wanting to divide the world into petty dichotomies, I see people having different coping mechanisms for their pain. Some people dig into their memories and express their emotions with great vigor. Some people develop a strong discipline to keep a lid on their bad memories and are more stoic. At the Asylum, our shorthand for this dichotomy was “diggers and pavers.” One of the greatest problems with helping crazy people is that diggers and pavers often do not get along. Each

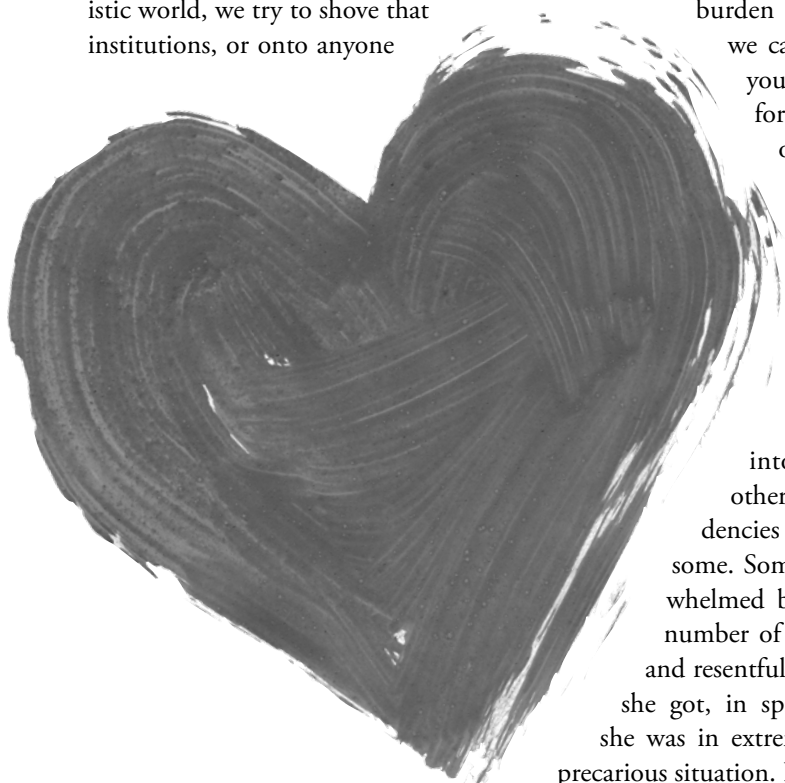
Crazy people test our boundaries and force the dirt and filth of bitterness right out into the light of day. Crazyness can be an opening, a healing for all of the community, but it's not easy.

feels deeply threatened by the other. The pavers have the greater social sanction of mainstream America, which is a paver-oriented culture to a rather extreme degree. (One hears a constant refrain from anthropologists about how much more expressive are people in non-western cultures.) Abuse survivors can be infinitely compassionate with other abuse survivors, or seemingly cruel, depending on the adaptive techniques each person is using and the chemistry between them.

I have found, quite consistently and much to my chagrin, that when I try to help someone in crisis, almost all of the work goes into dealing with and helping the people around the person in crisis who are triggered and agitated by the person in crisis. Crazy people test our boundaries and force the dirt and filth of bitterness in community right out into the light of day. I have a belief that many traditional cultures understood this painful and necessary process, and made use of it. Crazy people often held a revered place. (That assertion is based on ethnographic information, not romanticized visions. Richard Katz's *Boiling Energy* is one amazing book on the subject.) We struggle to understand. Crazyness can be an opening, a healing for all of the community, but it's not easy.

Taking care of crazy people is often very hard work. In our hyper-individualistic world, we try to shove that

burden onto the medical we can find. In the end, you get what you pay for. Crazy people test our compassion, and can re-enforce or destroy it.



Delancey was a digger to the extreme. She was deeply compassionate and poured herself into trying to help others. Her digger tendencies were too much for some. Some people were overwhelmed by her. A surprising number of people were jealous and resentful for all the attention she got, in spite of the fact that she was in extreme pain, in a most precarious situation. Her death was nothing short of a bomb in her community. We open the lid, and then we do not know what to do with what jumps out. We can try to put the lid back on, which is what America says is right. It's not right for me.

I believe we are all crazy. As soon as you get over that, it starts to get a little easier. You can't run from it, whether it is manifest in yourself or your loved ones. You can bury it or deal with it; there aren't any other options. The impact of crazy people in community is different because the social fabric is different. We all feel it when someone is having a hard time.

Crazy people are not a rare species. In the mainstream, people hide it. In community, you see it up close. A lot of people suffer manic and psychotic episodes if they are subject to extreme stress. Beware the labels. The term "schizophrenic" is simply a trash bin into which the doctors sweep everything that they do not understand. The manner in which labels are assigned by psychiatry is cursory and often extremely damaging. Most people, when they are dealing with bad memories or other highly stressful circumstances, will display symptoms that could be labeled mental illness. Some crazy people want to be labeled because it makes them feel a little safer that they have a specific illness with a specific treatment. I have heard the refrain from the docs too many times, "treatable condition." To them, "treatable condition" equals "profitable pills." There is a real treatment, and it's called community.

In the meantime, if you are young and have one episode of mental disruption caused by extreme stress, you may be told, based on a three-minute interview with a psychiatrist, that you have a serious lifelong mental illness and told you will need to take powerful, expensive psychoactive "medication" for the rest of your life. The carelessness with which such drugs are prescribed, sometimes in contradiction to the instructions provided by the manufacturer, is stunning to people not familiar with the system.

An activist friend of mine had a classic manic-psychotic break a few years ago. She is young, and fits well into the category of people who are most likely to get better with support. She was hospitalized, told she had a "treatable condition," and medicated. She was taking the drug she was given for about a year before some-

one in the family bothered to look on the manufacturer's website and discovered that the drug was intended only for very short-term use. (This particular drug has also since been the subject of thousands of lawsuits.) Based on one three-minute interview with a psychiatrist, she was given the drug and forgotten. Her health improved considerably once she stopped taking that drug, or "medication." (In the end, poor people sell "drugs," rich people sell "medication." Such is the nature of things.)

The heart of the issue is that doctors can't sell love. They can't sell a social network. So they have constructed a fairy-tale land where madness is all biology and they sell pills. A friend of mine who worked on the "psych ward" for years made the comment that the psychiatrists have become nothing more than sales reps for the pharmaceutical industry. Be careful. They can kill your friends. The stigma of being labeled "mentally ill" hits people when they are most vulnerable. Some of them never get over it.

The psychiatric establishment created a myth that most crazy people do not get better. This is a lie with potentially deadly consequences. Most crazy people get better. Particularly for young people who are not habituated to psychoactive "medications," chances are that they will get through a mental crisis and return to full function, though changed by the experience. Your job to help them will mean, in the beginning, dealing with their freaked-out friends and family. You do not need to figure out what is broken, try to fix it, or doubt your credentials. Your job is to try, as best you can, to provide a safe and supportive shell. You, or someone in the support group, will have to provide limits as well as support. Consistently, those closest to a crazy person think they need support and those further away will say they need limits. In the end, they need both. But the bottom line is that they need to stay integrated, woven into the human fabric of community. That is their best hope.

Beware psychoactive substances, legal and illegal. Many people under extreme

stress "self medicate." Such behavior introduces powerful and unpredictable variables. I would suggest avoiding drugs of all kinds if possible. There are a small group of people with biological disorders who can benefit from modern chemistry, but that group is very small. In the end each crazy person has to make their own choices.

Chemical addiction to legal or illegal drugs, whether psychoactive "medication" or cheap beer, is likely to do more harm than good. One definition of addiction is the use of chemicals to avoid pain. Crazy people, and indeed all of us, are much better off if we can find ways to manage and integrate pain, not perpetually run from it. Marijuana is not the harmless substance that some of its proponents would claim, at least not in this context. It is a powerful stimulant for people with manic tendencies. That generally does not help.

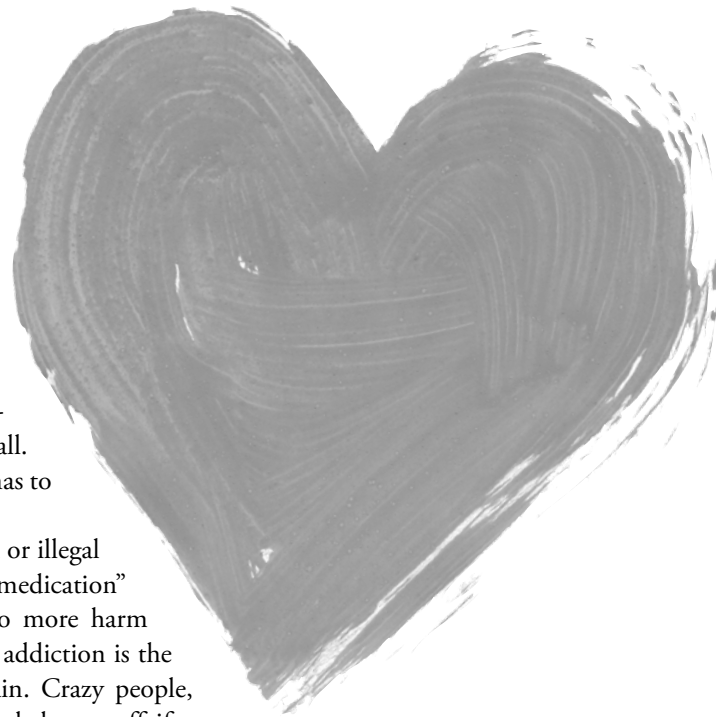
The people who came together to help Delancey called themselves "the tribe." Helen was among the tribe, and we found a kindred cause in trying to help people in crisis. Helen and I were partners for a couple of years. In time she drifted thousands of miles away. Over time, her situation deteriorated. I tried to stay in touch with her. I went and visited. I got in touch with her friends and tried to get them to stay in touch. Helen's adult identity was radical, strong, and powerfully contradictory to the paver culture in which we live. But it was at great contradiction to all the pressures of family and the society around her. In the end, her adult identity succumbed to the pressure, and nearly disappeared under an accommodationist facade. It wasn't her, and it didn't work. She isolated herself. She too took her life, a few years ago now.

For me, Helen's death was a turning point. I am not looking for new crazy friends at this point. I have no regrets. I hope I have learned some things, and I do not fear loss. I have come to cherish the victories. We brought people to the Asylum who had attempted suicide, or made other dramatic gestures looking for help. Many of them now have families, and are actively involved in social change. Coming to terms with your own pain is often a long and arduous process with no specific ending. Most people get better, often through a long and difficult process of learning what does not work.

Neither the diggers nor the pavers have the final answer. The people who can make use of the energy and insight in the deepest recesses of their minds, hold onto their true identity and bind it to a community around them, are the people we call leaders. This often comes at the price of many mistakes, many hard lessons about what not to do. For me the choices are clear enough. I will live and I will die among my people. I will not turn my back on them when the demons come to call. 🐦



Alexis Zeigler has lived in intentional communities all of his adult life. He is also an activist, writer, and orchardist, currently living at Woodfolk House in central Virginia and helping start a sustainability-focused education center and community nearby called Living Energy Farm (www.livingenergyfarm.org). His website is conev.org.



Walking Wounded

By Gigi Wahba



Circle before mealtime for tri-community potluck.

Even in the so-called “normal” families where all members talked and did fun things together, it is rare to find someone unscathed in their emotional responses, unchallenged in their self-esteem, unaware of some skeleton in their personal history.

And this is just childhood trauma! Most of us as adults have been in compromised, disempowering, even dangerous situations. We weren’t given the tools for healthful sexual relations, conflict resolution, introspection, or even basic nutrition.

We are all the walking wounded, in community as in the greater society. The difference is that in the intimacy of community a person is compelled to face how their words and behavior impact others. When the impact is understood and compassion and support are offered, some genuine healing happens. All too often, however, isolation results. Either the distressed person self-isolates until the mood lifts or shifts, or the person experiencing mental stress is avoided because he/she feels like an energy sink to the others.

Yet even when deep healing is not available to the individual, I still believe the overall atmosphere of communal living is a great container for anyone in distress. In the communities I have lived in, a person pretty much makes

First off, my personal bent: I feel that our whole society is suffering from mental stress/illness so, of course, we see it in intentional community.

How do we define mental illness or mental health? In American society it’s about functionality and temperament. If you can keep your calm and do your work, you will likely be considered normal, healthy, and stable. The same is true in the communities I have lived in.

Most people coming into community have had some kind of trauma in their life that has put a part of their emotional system into disarray. They may have grown up without one parent, so that the remaining parent was often stressed emotionally and financially. They may have grown up with a parent who couldn’t handle their own emotions and turned to alcohol, work-ahol or church-ahol—leaving, again, the other parent to handle the normal ups and downs of daily life. Still others suffered from verbal or physical abuse.

their own schedule, takes part in dignified work activities, is able to participate in communal meals, meetings, rituals, and other gatherings. So the isolation is gently challenged and a draw toward healthful pursuits is always there.

For myself, I come from a lineage of bipolar, depressed, obsessive compulsive, and schizophrenic—and their partners who typically were highly functional, highly intelligent, extremely calm and compassionate, but...conflict avoiders. So on the one hand, I feel blessed that I have drawn my sensitivity from a wide range of perspectives on what we call reality. On the other hand, couldn't we have just been a normal American family eating at McDonalds three times a week and going to church on Sunday?

No way! My parents were immigrants to this country and their extended families were scattered all over the globe. We rarely visited with cousins and there was no such thing as a family reunion. We were three kids, born on three different continents, and my parents living on a corner lot in the suburbs of New York. We weren't connected with other families in any significant way.

My mother was adoring and wacky while I was young and then her illness progressed to obsessive and verbally abusive as I got older. She was later diagnosed as bipolar and always refused care either in the form of psychotherapy (that was for crazies) or medicines (she intuitively distrusted allopathic ways). By high school I was ready to catapult out of the family home and take whatever risks I needed to find my own identity.

Needless to say I did a lot of experimenting with life, relationships, attitudes. For most of my young adult life, I didn't know if I had mental illness or if I was just suffering from a normal dose of angst, rage, and uncertainty. I had strong emotional swings in the context of being highly attuned to the needs and moods of others. Mostly I knew I wanted independence and did not want to end up at my mother's doorstep.

I emerged as a civil engineer at a time



Homeschooling 2004: Gigi and her daughter, Renay.

Photos courtesy of Gigi Wahba



Annual Party to celebrate fertility of land and of friendships.

when the field was mostly men. I felt powerful if also a bit ridiculous (since I had never picked up a drill or hammer in my life). My career was short lived, since I felt I was missing the real work of life—learning about myself, my surroundings, and my calling. I stumbled into a rural community setting while living abroad and it immediately felt like a homecoming. Since then I have had a total of 20 years of intentional communal living.

So how have I seen mental health handled? My first community was a spiritual group in the Netherlands with a clearly defined leader figure. As far as the social security office was concerned, we were all crazies that together took care of each other and were minimally subsidized with the “dole.” I lived there for two years before I understood this amusing dynamic, but it did explain the wide range of emotions, and especially intimacy difficulties, that were talked about in our group. I learned that several members had attempted suicide, many had been raped or otherwise abused, and a few had diagnosed psychological illnesses. Within this mix, I felt safe to share my own confusions, despair, inadequacies, and fears.

We worked very hard on our rural farm and we mostly isolated ourselves from the

Sorghum seedlings being transplanted into field with tobacco transplanter. Stan driving, Thea, Apple, Renay, Kevin riding.



At any moment of a day, someone's emotional needs would become the focus of either a small group or, at mealtime, the whole group of 40.

greater society. However, we were 100 percent dedicated to each other. At any moment of a day, someone's emotional needs would become the focus of either a small group or, at mealtime, the whole group of 40. Over and over we practiced how to hold each other emotionally, how to open our own hearts, how to work with the fiercest emotions that came up. Often our dinner conversations would go for three to four hours interrupted only by the animal chores we needed to accomplish.

Our work involved natural healing of horses and dogs, primarily. We cared for about 15 dogs and 100 horses at any given time. We both showed and bred the horses as a way to prove and display their full health to the conventional horse community. Observing the social behavior of the animals—their power struggles, shows of affection, orneriness, playfulness, etc.—gave us many metaphors for our own tendencies. Believing animals are generally closer to their true nature gave us a kind of pathway to our own behavioral health. One could

observe, for example, how a mare accepted or refused a stallion. Some mares were very clear, others submissive, others unsure, some dominant over an inexperienced stallion. Which behavior looked healthiest? Which more problematic?

I wish I could say that that community still exists today, but it actually disbanded some time after I left due to power struggles between those perceived as “enlightened” and those feeling disempowered to create their own spiritual ascension.

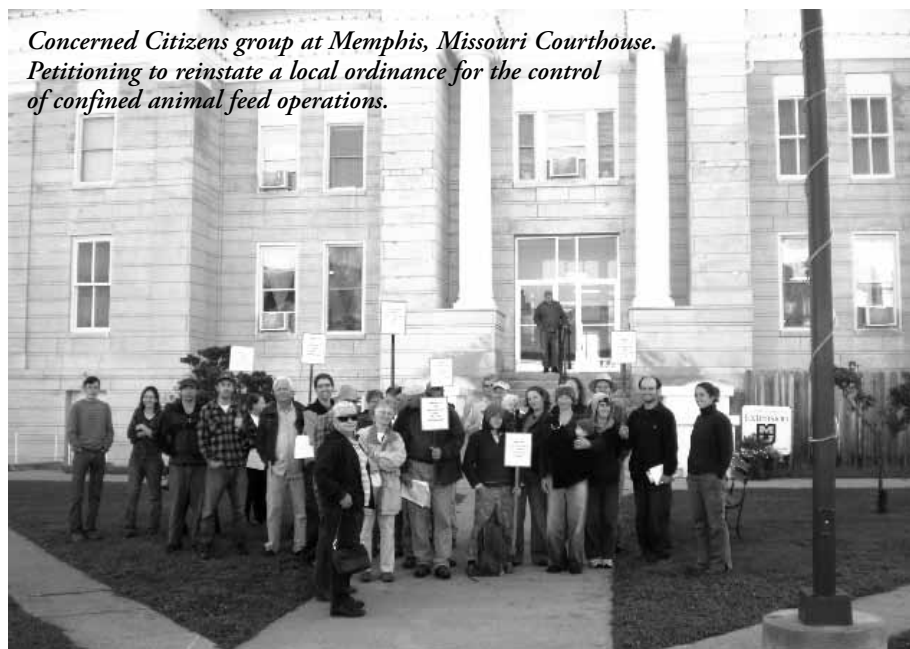
In my current rural farming community, we generally do not display our most extreme emotions—sorrow, anger, frustration, etc. It's too scary and, when it happens anyway, there tends to be a big mess to clean up. However, we do talk about the range of how we are feeling and try to articulate the source so others can understand our behavior. We give feedback carefully but reluctantly for it is often perceived as exhausting and unsettling work. If a person can



clearly state their needs, I feel our group will stretch to meet them. However, it is my experience of observing mental stress that this is often too much to ask of the person in distress.

There have been a few times in my history here where I have asked the group to reconsider a recent decision. Because we already have a consensus process where decisions can be belabored, this request has been met with annoyance and judgment about my process. On my behalf all I could say was that I wasn't in a good headspace to make the decision or see its consequences. Sympathy is hard earned in these circumstances. Instead, I have learned that, in my group, it is better to halt the decision process in the moment and share the momentary overwhelm. In this way, people can better trust that my intention is to make a good decision for the group rather than to push some agenda later on.

I think it is very challenging to live



Concerned Citizens group at Memphis, Missouri Courthouse. Petitioning to reinstate a local ordinance for the control of confined animal feed operations.

When tensions rise, we make earnest attempts to hear each other's concerns yet we have difficulty creating spaces where we can share our full vulnerability.

in close quarters with one another. I remember when the first reports of the trapped Chilean miners came out, there was news that NASA had sent experts to give tools to ward off depression and worse, aggression. We humans do not instinctively cooperate like a beehive. So too in my community, I often feel we just scratch the surface of what is being triggered, just enough so that some relief is experienced. How often do I look around and see someone moody, agitated, stressed, taciturn, or isolated?

When tensions rise, we make earnest attempts to hear each other's concerns yet we have difficulty creating spaces where we can share our full vulnerability. Uncomfortable emotions are heavily managed. Instead, we tend to be pragmatic, conveying the edges of what we can tolerate and what we can accommodate. Energy does get blocked, sometimes for years.

I think this lack of deep inquiry and empathy inhibits shifting of unhealthy patterns and leads to emotional/mental stress. To our credit, we recognize our shortcomings in the field of emotional caretaking. We hold ourselves to the expectation that we will engage with each other when hard feelings are in the air so that we keep striving for clarity together. We also bring in outside help for new tools in this pursuit. It's wonderful to have an outside facilitator bring new energy and enthusiasm to our stuck places and help us move through some difficult conversations and interpersonal blockages.

I think as an alternative culture we are slowly recognizing the importance of this work. It is challenging to realize that just as we must regain the basic skills for self-sufficient living, we must relearn the ability to be compassionate and supportive toward one another. 🐾

Gigi Wahba has been a member of Sandhill Farm in Rutledge, Missouri since 1994.



Communicable Gifts

By Kristina Jansen

I was adding water to my tea the other morning at the office coffee station when Sara D. came up to pour herself a cup of coffee. I said hi and asked her where she'd been the past few days.

"I've been in bed," she sniffed. "Mark was kind enough to bring his kid's cold to work with him, and I took it home with me." She still sounded terrible, and I moved away quickly, hoping to avoid catching the cold and recycling her sniffles in my own sinuses.

One of the drawbacks of working or living closely with other people is that when one person catches a cold or flu, you can bet the virus will make its way through the whole group before too long. Of course a healthy immune system is key to warding off illness, and they say that living socially is one of the main ways to bolster an immune system. Maybe being exposed to other people's germs is a good thing as it gives your own immune system something to practice on, keeps it in tune or something like that.

But then I started thinking about how ideas can be like a virus too, and sometimes are just as communicable. This can be a good thing if you live in a community where healthy ideas predominate—where people are interested in eating healthy food, or living a simple productive lifestyle. But if you find yourself in a community where unhealthy ideas have taken hold, you can be in danger of getting sick with them. For example, in a high school where one young person takes his own life, a rash of suicides may follow. It seems suicide can be catching. Another example might be a group of friends where everyone's weight creeps up and up, and before too long, no one thinks twice of being 40, 50, or 100 pounds overweight, never mind the aching joints, diabetes, or heart palpitations. Obesity is an infectious thought disorder with physical symptoms, and it is epidemic in the United States today.

I believe in a social lifestyle as a healthy and natural way to live, and I think the readers of this magazine will certainly agree. We have chosen to make community a central part of our lives, often chosen to live among people who share our ideas

about what a "good life" is, and are willing to sacrifice some of the comforts of an isolated existence for the greater good of our principles. But there are times when unhealthy ideas also come out, and since we live so closely with one another, they can take hold and spread throughout the whole community. The solution is for each individual to maintain his or her own discernment, and to be willing to confront other members when they are not living up to the agreed-upon standards of the community—or to leave if they do not agree on the direction the community is heading in (admittedly, sometimes easier said than done).

There are also times when a person in the midst of a healthy community is hiding a destructive mental state, and despite the best of intentions, nothing anyone else tries to do to help has any effect. I mentioned these two topics, suicide and an unhealthy relationship to food, because they are both mental health issues that I have had to deal with in the context of the community I grew up in, and within which I still live.

The first time I really understood that someone could die and not come back was when I was seven years old and I came home from elementary school to hear that Carol was in the hospital. She had driven herself to a hotel in the city,

Among mental health issues that I have had to deal with in community: suicide and an unhealthy relationship to food.

ordered a “last meal,” and then swallowed a bottle of pills, with the intention of never waking up again. Before she lost consciousness, she regained a moment of clarity and knew she had made a huge mistake, calling the front desk and saying she needed help. This saved her life, but for a few days we did not know if she would ever come home. We had just moved into the communal apartment building, and we kids were still attending public school.

It was a regular October afternoon, and Janet picked us up at three o’clock in her Volkswagen bug with the broken door latch as she always did. Janet was the lovely teenaged woman who watched us after school and my favorite

role model at the time, but that day I could see that something was wrong. She was distracted and strangely sharp-toned with us. Her eyes looked weird. We piled into the car, fighting over who got to sit in the front seat, who got to sit in the way back, and just being loud and unruly as kids can be. I stayed as quiet as I could, hyper aware of Janet. When we pulled into the apartment building parking lot, she told everyone to meet her in 306—the apartment that we had converted into a meeting room. This was not an unusual event, since it was where she often watched us after school, gave us snacks of macaroni and cheese, and helped us with our homework if we had any; but something had shifted, and I felt dread. As soon as we had gathered, Janet told us that Carol was in the hospital and might not come home.

A picture of Carol in happier times hung on the wall of the main room in 306. She was smiling, in a white dress with flowers in her hair, surrounded by other smiling faces. For hours that afternoon, I kept looking at that picture, at Carol’s face, and sobbing at the thought that I might never see her again, that she could die. And though I don’t think anyone told me directly, I also knew that she had done it to herself.

Carol’s attempted suicide was a major event in the development of my community. As a group of people, we were already psychologically oriented. Many of our original members first knew each other in the context of encounter groups in the early 1970s,



Illustration by Yulia Z.

I led an elaborate double life, and nothing anyone could say or do would convince me that I was playing a dangerous game.

and that style of honest and open communication was what originally attracted the group of friends to each other. When they decided to live together, a psychological orientation was the cornerstone of the new lifestyle. That was 35 years ago, and this group became the de facto intentional community of 75 to 100 individuals who have continued to live, work, travel, and experience life together, and which I call Orinda in my writings.

James, a therapist and Carol's close friend, worked with her for many years to understand the way her thoughts drove her to want to end her life. Carol's recovery from her suicide attempt contributed much to his understanding of how self-destructive thinking can blossom into self-annihilation. Janet went on to graduate school in psychology, and became an expert in the field of suicide prevention. She now gives trainings to therapists and laypeople throughout the country about how to recognize when someone is in danger, and what to do to help. Both James and Janet have written extensively about suicide and self-destructiveness and their work is well respected in the field of psychology. Carol's openness about what happened to her was a gift to our community, and through her work with James and Janet, a gift to the society at large. We were fortunate that Carol was not successful in her attempt, and that since then no one else among our group has reached that point of despair. Other communities have not been as lucky.

I was a young child when Carol tried to kill herself. She was not a direct family member to me, but she was a person I lived with and saw on a daily basis, and her actions had a deep impact on my own development as a person. I spent many hours wondering what could make anyone want to end her own life, and I was always looking for signs of trouble in my friends and family members. The event also colored the environment around me, as the adults in the group were always alert to how each person was feeling. There were many days as I grew up when someone or another who seemed in a bad state of mind would become a topic of conversation for the whole group, draw unusual amounts of attention from everyone, and until their internal crisis was resolved, would be on my mind as much as anyone else's. There were even times when I was that person.

As a young teenager, I developed a serious eating disorder. In the beginning it was just an overblown affection for sweets and too much self-consciousness about

my developing body. I was 12 years old when I went on my first diet, after a woman who took care of me made some critical comments about how I ate. She offered to help me by monitoring my food, and telling me what and when to eat. I agreed to her offer, but almost immediately began sneaking food. This began many years of crazy behavior around weight, food, and eating: obsessively weighing myself, being weighed by people who feared for me, binging on sweets, and then purging them through the secretive use of laxatives, excessive exercise, or multi-day fasts. I was afraid of looking too fat, but equally terrified of giving up the secret eating that made life feel manageable. I was unconscious about what my behavior around food was doing to me. I led an elaborate double life, and nothing anyone could say or do would convince me that I was playing a dangerous game. My friends and family in the community became very involved in trying to stop me from destroying myself, and there were times when I was watched 24 hours a day so that I would not have the opportunity to act out with food.

There were also periods of relative normality around food. When I left for university, I stopped binging, and slowly stabilized at a normal weight. For many years I thought that the restrictions my friends and family in the community put on me were the cause for my deranged relationship to food. I still had significant body image issues, but at least I was not engaging in secretive or





self-destructive behavior. I felt I had overcome my eating disorder. I was wrong.

About 11 years ago, I started getting out of control in relation to food again. By this time, I was back living within the community, though now I was a fully independent adult member, and not anyone else's responsibility. I felt awful that my childhood disease was back, and though I tried to be open, honest, and real with my friends about what was going on, nothing was working. I tried therapy, weight-loss clinics, holistic healing, and even did a few months of kickboxing training. Most things worked for a time: I would regain control over my behavior, feel healthy, get acknowledgment, and think, "Never again." But then I would slip back into binging, lying, and feeling disgusted with myself. In the midst of this, I had my own child, and I wanted more than anything to be a good parent to him. But I was losing it in the way I always had—and using food as a drug to numb myself out of my mind. Things were not going well for me with my son, nor frankly with anything in my life.

I was horrified at my behavior, but I could not find the willingness to stop it. For the first time I was beginning to understand that what I was doing was a kind of suicide, not so different from Carol all those years ago. I was acting against my body and my spirit with violence. It may not be as immediately lethal as a gun or a bridge, but every time I started a binge, my mind and spirit would shut off, and I would become a ghost of a person. "Suicide by

I saw my friend developing grace and serenity around food, and I got hopeful. I went with her to a meeting, and found a different sort of community.


silverware," I once heard someone say, and that phrase still rings in my head. I was scared for myself, and terribly guilty in relation to my friends and family who were pained by my self-destructiveness. I was in despair because despite their love for me, their psychological sophistication, and their absolute willingness to do whatever they could, my friends in the community were not able to help me resolve my problem.

When my son was about one year old, a woman I knew started to go to FA (Food Addicts in Recovery Anonymous), a 12-Step program for food addiction, based closely on Alcoholics Anonymous. I saw her developing grace and serenity around food, and I got hopeful. I went with her to a meeting, and found a different sort of community than the one I had grown up in. At first I was wary of the things this program demanded of me, especially the emphasis on developing a spiritual life. The practical suggestions in relation to eating and how to manage my food made complete sense to me, as did the emphasis on communication and honesty. These were exactly the sorts of things my friends had been suggesting to me for many years. What did not make sense was the idea that I be willing to believe in a power greater than myself, and be willing to get on my knees and ask this power for help. I did the program anyway, but it took some time for me to come to terms with a conception of God, however vague and idiosyncratic it might be for me. It took me even longer to agree to get on my knees and pray. It turned out that this was the missing piece. As soon as I took this final suggestion, things started to shift for me, and I was able to find peace and recovery in relation to food and weight.

Now I am a member of two distinct communities, and I love what each offers me. I am grateful for both. Orinda is my home and here I live among friends in a family tied to each other by bonds of affection rather than blood. FA is where I go to find recovery from my food addiction. In April, my son will be five years old, and he is happy and adorable. I feel very lucky to be able to raise him within a community of people I admire. Most times now, I am one of those people.

This is the greatest gift of all. ☺

Kristina lives in California with her friends and family, in the community she calls "Orinda" in her writings. She has a master's degree in psychological anthropology, but now works in the renewable energy field. She enjoys writing, gardening, cooking, yoga, traveling, taking care of her children, and spending time with friends.



Tough Grace: Mental Illness as a Spiritual Path

By Alice A. Holstein, Ed.D.

I was once a proud career woman with a doctorate and a privileged life. There were several prestigious clients in my consulting background and I lived in beautiful surroundings in Tucson, Arizona. But manic depression reduced me at times to being a genuine bag lady and I otherwise had continuous manic episodes that kept knocking me down for 12 years. Over the course of these horrific times, however, I gradually developed the conviction that mental illness can be a profound spiritual path. Getting there wasn't easy. Sharing the background trauma sets the stage for defining the several reasons for calling it "tough grace" rather than only the "ain't it awful" views we usually have of severe mental illness.

The hard times included 13-14 hospitalizations and probably 15 manic episodes over those 12 years. I can see, in retrospect, 20 years of manic depression symptoms, starting in the 1980s when I was in my middle 40s. My worst symptom was paranoia; I believed that there was a giant drug conspiracy operating everywhere so there was nowhere to go for help. I

was argumentative and disruptive. The police picked me up a number of times. I bought three cars I didn't need and was guilty of reckless driving. There were spending sprees that cost thousands and back-breaking medical bills. Fear drove me to travel far from home, to some 10 states. I created unbelievable messes, fouling my financial affairs, packing up my house, giving things away, leaving belongings in various places that then had to be retrieved over long distances. I intruded on people's time and property.

I spent some six-eight months living on the streets in Arizona, California, Colorado, Minnesota, and Wisconsin, not because I didn't have assets, but because I got separated from them or was too paranoid to tap them. Sometimes I walked all night just to keep warm. I went hungry for five days one time and eight days another. I slept in several homeless shelters, plus a soup kitchen where we were packed in like sardines, lying on thin pallets with one blanket each. Then there were the several battered women's shelters, several cardboard boxes, the cement,



and many open fields.

I had three or four Chapter 51's (meaning when you are judged a danger to yourself or others, go to court, and then are sentenced to various treatment stipulations). I had grandiose beliefs about my abilities or powers plus delusions and impaired judgment. I experienced flashbacks and suffered from PTSD. I had several debilitating depressions where I felt hopeless and sad with barely the ability to function at all.

The hardest situation of all to deal with is what I call the "psychic split." This is an invisible pain that is never treated. It means that there was the "crazy Alice" and the "normal" one that had to be integrated after a manic episode. This integration is so painful because what you have felt, thought, done, and seen is so mortifying and shame-filled that it is hard to put the pieces back together again. Sometimes this task took months. In an overall sense it has taken a very long time to heal. The shaming of society can be painful, but the self-shame is worse.

Other invisible things that were hard to bear were all of the

losses I incurred. Hardly ever is the grief associated with them treated. For example, I lost possessions and personal keepsakes, a sense of safety, my health, my potential and identity, a career, and several jobs. I lost dignity, self-respect and self-esteem, thousands and thousands of dollars, friends and colleagues. I lost my youth, including what should have been some of the best years of my life. Many times I lost time and my mind. I lost my body image when I gained 50 pounds over my present weight from medication side-effects. I lost hope and structure in my life, plus physical strength and respect from others. I lost the will to live at times. I lost any semblance of a so-called "normal" life and was forced to the gutter to live as a homeless bag lady.

Recovery Beckoned

For four years, however, I have been in solid recovery and it is important to know why and how I healed. What transformed me? The process began with an *intention* in 1998. I got mad at

Whenever people just listened to me I felt strengthened to go on for the next few hours or days. I could bear the unbearable when I was validated by compassion.

the doctor's bleak prognosis and decided that I would be as well as I could be. After that, despite periodically being very sick, I turned over every rock that seemed to offer help. I did some 50 things, such as energy healers, acupressure tapping techniques, Reiki, a variety of self-help methods, research, videos, spiritual direction, meditation, family constellation workshops, exercise, changes in my diet, support groups, and much more. Some of it cost money, some cost very little, and some cost nothing, but I lived an austere life to afford help. I am proud of the work I did to get well.

I also had a few people in my corner, such as my caseworker without whom I would be dead. I had some life skills, some previous success, age, and experience, and a good mind that stood me in good stead. I see now that I cobbled together my own recovery program without any particular design, but that I unconsciously pursued healing at all levels—physical, mental, emotional, spiritual, and social.

One of the most important aspects of my survival, however, is the fact that my life was saved hundreds of times by acts large and small. Some examples are telling: In a soup kitchen in Colorado Springs, where I had been sleeping on the floor for several nights, a woman worker came up to me one morning with a beaming smile, saying, "Here honey, maybe you could use these" as she offered a pair of thick-soled tennis shoes. Several churches gave me \$20 to solve immediate crises.

In a laundry in Minneapolis, as I was sorting through discarded socks to use as mittens, a man folding his clothes gave me \$20 without my asking for it. That bought me the ride to the next shelter. In Colorado Springs a woman and her family took me to a hospital; in California a couple took me in for a week. In La Crosse a nurse just held my hand and listened as I sobbed in despair over the threat of being institutionalized at the state mental hospital.

Whenever people just listened to me I felt strengthened to go on for the next few hours or days. I could bear the unbearable when I was merely validated by compassion, not advice or logic. I also had some other kinds of miracles. One time, while running down the road in a thin pair of shoes, I came across a pair of sturdy oxfords just my size lying alongside the road. Another time I found a pair of warm gloves on a park bench and not far away, a windbreaker wrapped around a tree. All of these and more helped me see that I had been protected and helped all along the way. From this I developed a rock-solid faith. It seemed as though "God," however you understand that term, came often in the form of ordinary people whose acts of kindness kept me alive to tell this story. These things alone add up to my conclusion that mental illness can be a spiritual path.



Reframing Suffering

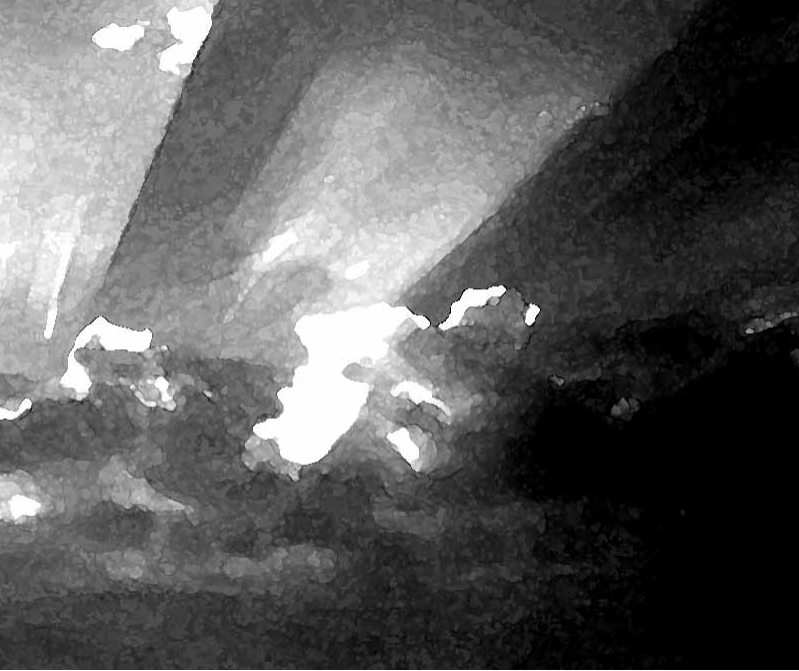
But there is more. One of the most important things I did to promote my healing was to reframe my experiences in a larger way. To reframe something means to shift perspective, to see something in an entirely new way. For me it meant making lemonade from lemons, seeing the glass half full, not half empty. This reframing helped heal my psychic brokenness.

One aspect of this reframing was to see suffering as a purifying experience. I found a tape by Carolyn Myss called "Spiritual Madness" that revolutionized my thinking. In it she said that spirituality is usually portrayed as sweet and easy, but that it is often filled instead with hardship, pain, and suffering. There we are tested and tried. There we are taught things such as humility, surrender, endurance, compassion, and facing all our fears. I listened and listened and listened and took notes from that tape, and healed several more notches because I identified so much.

A similar viewpoint comes from a Benedictine nun, Sister Joan Chittester, who wrote a book called *Scarred by Struggle* in which she writes about suffering. "I learned that struggle tempers the steel of the soul. It straightens the backbone and purifies the heart. It makes demands on us that change us forever and make us new. It shows us who we are. Then we make choices, maybe for the first time in life, that determine not only what we'll do for the rest of our life, but what kind of person we'll be for the rest of it." (p. 85)

Another big aspect of my reframing was to find the "Hero's Journey" and what it means. Its characteristics were highlighted in Joseph Campbell's series of interviews with Bill Moyers on PBS some years ago, which produced the book *The Power of Myth*. Campbell studied myths all over the world and found their common denominators. His specific study of the hero's journey gave me an enormously hopeful view about the trials of manic depression. His ideas are a major contribution to the reframing I did to recognize the underlying wholeness of mental illness.

But just what is this journey? It is a series of stages or experiences, steps on a universal spiritual path. They require suffering



Never again will I see a bag lady, a homeless person, a drunk, a mentally ill person, or anyone hurting, with the judgment I once possessed.

before you find a new sense of life and meaning. They apply to initiation rituals in tribal societies where there is psychological transformation; they apply to the mid-life crisis or to people who suffer serious illness or to their caregivers. The stages and process may apply to the families of the mentally ill, who are often required to deal with extreme hardship. Indeed, there are probably many readers who have been forced to the tasks of the hero's journey in various ways.

Campbell's stages are *departure* from all that is known or "normal," then *initiation* and *return*. There are tests and trials all along the way. In psychological terms, we die to our egocentric self to find the deeper or inner self. In religious terms, we experience death and resurrection, and in our rebirth we are capable of manifesting our unique gifts.

The trouble with mental illness is that we enter the abyss of darkness and too often do not find a way back. We don't make the *return*. We are seen as damaged goods, labeled negatively, which means rejection and dehumanization—rather than seen as people who are conducting heroic battles. Both the illness itself and these reactions cripple us rather than encouraging us to seek recovery and wholeness. I submit that this *return* is not achieved because we don't reframe our experiences. We don't know that brokenness can be healed and that the trials and tribulations of the severest kind can be survived.

We see the glass half empty rather than the life lessons these experiences teach us. We fail to see the compensations that illness offers as we concentrate on the lemons rather than the tough task of making lemonade. But what we believe matters a lot, and if we believed that this was a journey of hardship and suffering that was worthy of the highest esteem, then things could be radically different. This is a revolutionary viewpoint. It is a paradigm shift about how we see and treat mental illness.

Spiritual Lessons and Gifts

There is still more to my reframing and healing. There are some important spiritual lessons or gifts. Among the most important is a deepened compassion and empathy. Never again

will I see a bag lady, a homeless person, a drunk, a mentally ill person, or anyone hurting, with the judgment I once possessed. I was one of them, and walking in their shoes opened my heart spiritually. Not being afraid of death is another gift. I faced it so often in various ways, including psychic, that I see it easily now as just another transition.

Recovery has also brought an expanded sense of purpose. When I tell my story I hopefully speak for the voiceless ones. I have the skill to do that and I want to maximize the opportunity. In my work life as a peer support specialist at a mental health clinic, I speak with clients on a "been there, done that" basis. I am living a life of service.

Another lesson that serves as a constant reminder is to appreciate things large and small. During nightly gratitude exercises, I am thankful for a delicious salad or meal, for a phone call or human encounter, for my bed and clothes, for my peace of mind and happiness. I am thankful to be alive at all because of the despair and danger I faced.

The journey also taught me to adopt important life skills, such as eating healthily, getting regular exercise and sleep, developing community. I learned how to care for myself and I do that faithfully, which is as much a part of spiritual practice as anything else. I also learned about humility, surrender, endurance, and courage.

Finally, I tapped core self-knowledge that feels very deep and rooted. You find out who you are when your back is against the wall. I know my capacity for suffering. I know what I endured and that I am both fragile and very, very strong. I know the people and events that "saved" me countless times. I know how listening heals. I know what I claim as my own dogged work. I know how much of it was grace. I know the sources and depth of my faith. I see this illness has been a profound journey to the soul, a blessed path, and that I am just beginning to share my bounty. I know that this journey has been a bone-crushing path, but I **choose** to call it "tough grace" and that has made all the difference. 🐣

Alice Holstein, Ed.D. has struggled with manic depression for 20 years, 12 of them horrific, before establishing a solid recovery in recent years. Her career as an Organization Development consultant, college teacher, and author was interrupted by the illness. She now works as a peer support specialist in the mental health field, also receiving the 2010 "Shooting Star" award from the Greater La Crosse Area Mental Health Coalition. Alice is a popular public speaker and is currently writing about mental illness as a spiritual path. She can be reached at holsteinmack@yahoo.com.

The Influence of Community on Mental Health

By Cindy and Friends

[Cindy Baranco, Ilana Firestone, Marilyn Moohr, and Judy St. John]

Living with a group of people you are bound to run into some mental health issues. The National Institute of Mental Health estimates that over 25 percent, one in four, of adults suffer from *diagnosable* mental health conditions in any given year. That's quite a staggering number. Our experiment in intentional communal living, with a philosophical basis of perfection (meaning, essentially, that we take the deliberate outlook that life is good), has yielded a much-reduced overall percentage and an ability to deal with many problems as they arise, within the group, often before the conditions become serious enough to require professional help.

If a condition isn't actually diagnosed, the situation is somewhat subjective—is a person a little unhappy or actually depressed? Are they trying to lose a few pounds or struggling with a full-blown eating disorder? Is it youthful

rambunctiousness or Attention Deficit Disorder? Often the stigma and shame of having a mental health problem and the inevitable attempts to hide one's condition only exacerbate things.

Our community, Lafayette Morehouse, has been together in the San Francisco Bay area for over 40 years, averaging 75 to 100 people, and in that time we've had only two or three incidents of psychosis serious enough to require short-term hospitalization. There have also been a handful of varying degrees of depression—in one case serious enough to undergo long-term therapy. Also some cases of alcoholism, "ADD," drug addiction, Obsessive-Compulsive Disorder, and the like.

We have chosen to live very closely together, like a big family, and consequently, distress can't be ignored for very long. When you go through all facets of life's ups and downs together—marriages, divorces, births, deaths, cancer, broken bones, the whole range of human experience—episodes of mental illness are more able to be a part of life; not a taboo, but rather just another challenge to face together. We've found that openly

handling issues of any kind makes life better for all involved.

Even in a long-term, loving, committed community, people face a variety of conditions—physical and mental. At times we've gathered together to "babysit" someone whose behavior warranted it; used alternative modalities, or encouraged taking the more traditional route of seeing a psychiatrist or getting other professional help, including temporary hospitalization until the person has been able to regain their balance. In that situation, community members are at the hospital as much as the rules allow so that our friend can be assured of our ongoing love and support.

How many of the growing number of ADD diagnoses are a function of weary parents looking for some relief? Among the

An important part of supporting someone with a mental health issue is to keep them involved in the life of the group.

dozens of children we had over the years, there were at least a couple who could easily have been diagnosed

and given medication. We resisted saddling these young people with a lifelong stigma and instead were able to increase the attention they received. In one of our most interesting lifestyle experiments, conducted over two generations, the kids lived together in their own house—sort of a kibbutz model but with different goals and motivations. Even with 24-hour adult supervision, they had a big hand in raising each other. Our system allowed parent and child to spend as much (or in some cases, as little) time as they wanted together. The kids also had a variety of role models to emulate, providing them with more behavioral options than in a traditional living situation. Those kids who were on the brink of being declared ADD? They're grown now, happy and productive, and only the stories remain of their younger days.

Whether a person is in crisis or has a chronic problem, we've found the most effective approach is to not lose sight of the person as a full-fledged human being. Just because they have a diagnosis or are behaving aberrantly, they are not defined by their condition. We have noticed that once a person starts get-

ting treated as if they are a mentally ill patient, then they are no longer part of their group in the same way as a “normal” person and the separation intensifies their distress. An important part of supporting someone with a mental health issue is to keep them involved in the life of the group and not marginalize them by categorizing them as a victim.

In our decision-making system of “one-no-vote,” *everyone* has the power to cast an irrevocable no-vote that stops any proposed action. Knowing that you have a vote puts you on equal footing with others, confirms your power, and could help obviate some of the feelings of paranoia and worthlessness which are so often part of the basis of mental illness.

One example is of a long-time member of our group who was born with water on the brain. Through the tireless efforts of her mother and the help of cutting-edge doctors in the field, she achieved a relatively high level of functionality. A cyst on the right lobe of her brain caused schizophrenia, making it difficult for her to handle stress, and also caused some minor physical disabilities. For most of her life she’s been on psychotropic drugs to help her maintain an appropriate mental balance. She owns up to her illness and is grateful to be able to get help in the parts of life she’s not particularly adept at or comfortable with—she’ll say, “you handle my money, I’m not good at that.” Friends in the community take care of her medication and make sure she takes it on schedule.

Not having to resist her condition or pretend it doesn’t exist makes being taken care of not a wrong part of her but just a part of her. Her condition actually seems to contribute to the sweet person she is. It certainly hasn’t stopped her from having everything she wants and being a full-fledged, contributing member of the group.

She has the same communal responsibilities as everyone else. If there’s a task that falls within her interest and abilities, she volunteers enthusiastically. She takes care of others as much as they take care of her.

There are also times when she becomes somewhat delusional and angry. That’s a signal that it is time to have her meds adjusted. It sometimes takes weeks before her psychiatrist is able to determine the next appropriate cocktail so we have to pay special attention to ease her way through these difficult periods. When we are taking care of someone who is on medication, we’ve found we have to consider that it’s not the person just being unpleasant or “crazy” but that the medication may be having an effect—it’s time to check with their doctor. Also, usually nothing is a permanent answer—what works this time may not work next year.

In her early 20s she wanted to have a child and with the support of the group, she was able to carry a pregnancy to term, even though it proved at times quite stressful to her and those around her as her hormones, fluctuating during pregnancy, affected seriously her mental stability. Nevertheless, she made it through her pregnancy, and has a fabulous daughter who, also with the support of the community, survived growing up with a single mom who was “different,” and is a lovely and talented adult today.

While most children, particularly teenagers, are often ashamed of or embarrassed by their parents, she was exceptionally challenged by having a mother who wasn’t “standard issue.” While she was growing up, other people in the community often “filled in” for her mom when needed or accompanied them to parent-teacher conferences and the like.

There was actually more than one person in the role of “mom,” who helped to provide consistency and stability for the family. That ongoing help took a lot of pressure off of the relationship, and mother and now-grown daughter have been able to access and

(continued on p. 78)

Photos courtesy of Cindy Baranco



Ilana Firestone, Marilyn Moobr, and Judy St. John

Hand in Hand, Heart to Heart: Peer Counseling in Community

By Amara Karuna



without really understanding where they came from or why they are so intense.

Most people have trouble even keeping a healthy relationship going with one person, so the idea of living with a whole group is overwhelming. Other people are like mirrors, and sometimes they reflect parts of us we don't really want to see. If one mirror is too much, then what about five or 10? There is nowhere to hide then! Each relationship adds levels of interconnected complexity. A number of my friends look at my busy, complicated situation from their quiet, sedate lives and wonder why I am even interested in such a challenge. A community is an emotionally intensive experience. It is also a fantastic way to grow, if you are committed to your own healing and are willing to look carefully and fearlessly into your own shadows.

The shadow is any part of the psyche that is unpopular and judged as undesirable. It exists because of an accumulation of past hurtful experiences. We can see our own shadows in the places where we find ourselves doing things that we have already decided we do not want to do, such as indulging in addictions. It is also seen in chronic illnesses that we can't seem to heal—or where we feel blocked in moving forward toward the things we want to create in our lives.

Shadows live in our unconscious, so by their nature they are hard to see. It is far easier to notice something you do not like about another person, thus projecting your shadow onto them. There is also a well-known tendency for any group to pick a scapegoat, or “identified problem person,” who manifests the shadow energy of the group mind. The problem with shadows is that no matter what

What happens when we decide to get together with some friends on a lovely piece of land, and build family and community together, and after a few months or years the rosy glow of our idealism wears off and it seems to become so much more difficult than we imagined? Why do we find ourselves arguing, feeling jealous, greedy, and uncooperative? It seems that if the others would just do it our way, and stop being so unreasonable, things would work out great!

How do we communicate what we want without being controlling? How do we stay connected when our needs seem to be conflicting with others? How do we truly share power and not be co-dependently giving in to please another? What do we do when we feel like punching the other person, or we seriously consider whether there might be some way to never speak to them again? How do we handle our attraction to someone else's lover? Why do we find ourselves willing to back off and give up on what is important to us, just to avoid conflict?

I have noticed that emotional problems between people are the main reason for breaking up relationships, businesses, and communities. Part of permaculture is making a human culture which is healthy and sustainable, just like creating a healthy balanced culture with plants and animals on a farm. Because our Western culture is so emotionally repressed, most people have no models for how to handle their own emotions in a responsible and healthy way. We go through life hoping for peace and pleasure, and if we get triggered or have our “buttons pushed,” we tend to blow up out of control, and then try to get out of the unpleasant emotions as fast as possible,

attempts are made to control or ignore them, they keep popping their ugly little heads up in the most inopportune and embarrassing moments. This is because they want healing, and they want to be honored and acknowledged. The longer they are pushed away and repressed, the more energy they build up until they really seem like monsters lurking somewhere under the thin veneer of our “nice” conscious personalities.

When I was around 25 years old I joined a small intentional community that was egalitarian in structure and involved income sharing. They were six adults and a baby living in a large house in a small town, living communally in a very intense way. Income sharing is challenging for many people, because it involves pooling the income made by the various members, and then using it for all the group expenses and giving each member a small stipend for personal use. This required a lot of book-keeping and a lot of emotional processing to be sure that everyone felt that the resources were being dealt with fairly. In addition, living, working, and eating in one house created an emotional pressure cooker from all the intimacy. I loved it. And I also noticed where it was not working well.

The members had various levels of emotional skillfulness and awareness. I became aware of a pattern in which someone who was emotionally upset, and not taking responsibility for their feelings, would use the group meetings to process all their emotional problems. There would be a lot of projections onto others, and a tendency to have the group attention focused on the upset person for long periods of time. This was very draining and time-consuming for the group, and eventually led the group to dissolve. This experience led me to seek ways that people could live together in harmony, and work out emotional difficulties.

The good news is that shadows and old emotional distresses can be cleared and permanently resolved, with loving help from others. I studied and practiced



Photos courtesy of Amara Karuna

Emotions are natural waves of energy that arise in response to a stimulus, and if they are allowed to flow and are not repressed, they naturally resolve themselves.

many different group processes and therapies, and the two I have found most useful for community are Nonviolent Communication, or NVC, and peer counseling, also known as co-counseling. We use NVC when we need to communicate something and listen well to others, and use co-counseling when we want to explore inside and deeply feel and release emotions. They complement each other well. In La’akea Permaculture Community, we train people in both skills in our internships, and use them as a basis for having common language and agreements about how we choose to relate to each other.

Co-counseling is a worldwide network of non-professional counselors, who trade sessions for the purpose of clearing emotions, dissolving rigid patterns of behavior, and recovering our ability to be present and think clearly and rationally. It is a people’s liberation movement that started in the ’50s, has spread all over the world, and has many permutations and offshoots. You can check out the original organization at www.rc.org, where you will find all the basic ideas and many resources for learning the skills.

Emotions are natural waves of energy that arise in response to a stimulus, and if they are allowed to flow and are not repressed, they naturally resolve themselves. It is natural for a child to get angry if another child steals a toy, or if they are denied a food that they really want. The emotion can be validated and allowed space to be felt, and yet not be the deciding factor in how the situation is resolved. Hurtful things happen to us as a natural part of life, and our emotional responses to them are our natural way of healing the hurts. A child who is sad about not having another cookie can be



Mini session.

We make room for the shadows to come forward in a safe way, at the right time, by invitation. This prevents them from having to burst forth in dramatic desperation.

allowed to cry, and have the feeling acknowledged in a respectful way. They can be given empathy, but not another cookie, and soon the tears will wash through and the inner sun with shine again.

In our lives, in this culture, we experience many disappointments and moments of neglect, abuse, and not having our needs met. If we are not given loving empathetic attention around the emotions stirred by these hurts, they tend to get stored in our subconscious shadows. There they wait, and when anything later happens which is similar enough to the original hurts, we experience that unpleasant phenomenon known as being triggered, or having our buttons pushed. Then we find ourselves re-experiencing the old feelings, saying and doing things that don't work well, and generally being unable to stay present and think clearly in the moment.

If we can recognize that we are triggered, and ask for help from our friends, we can move through the pain into clarity by allowing space to deeply feel the emotions. We often need and deserve support from others in working with these old pains. The most useful kind of support is calm, loving presence and empathy from another person. We avoid giving them advice to solve their problems, and trust that when the emotions have washed through, they will be able to think again and work out their own best solutions. It takes training and practice and personal inner work to offer this to each other, and it is well worth the time invested.

We hold space for people to talk, cry, laugh, rage, and tremble out fears. Emotions are messy, physical things that involve lots of movement, sounds, inner chemistry, and body fluids. When releasing anger, a few moments of really beating up a pillow are often more effective than hours of verbal processing. Laughing and shaking the whole body are really useful when people feel scared and nervous. Crying helps us let go and heal from a loss. Emotional releases are deeply healing when they are welcomed, held in a safe space where no one is hurt, and allowed to finish.

How do we use this in community? Mostly it is coming to a group agreement that emotions are important, and we can feel them fully and then make our choices based on our clear thinking. We make room for the shadows to come forward in a safe way, at the right time, by invitation. This prevents them from having to burst forth in dramatic desperation just to get any attention.

Specifically, we have opportunities at our weekly Heartsharing meeting to express our deeper feelings. We ask every week at these meetings if someone has something to clear with another person, and hold space for that to happen with group support. We do morning check-ins every day where we are open to shorter sharing about anything that is coming up for people. We do group processes like the Forum, where the whole group gives attention to one person at a time as they freely move and express whatever is alive for them in the moment. We play theater and psychodrama games so that we can laugh and be creative together.

We take time to trade sessions in pairs on a regular basis, so that our needs for personal attention and emotional expression are met. We hold space for each other while we struggle through the hard places. When someone has a sudden injury or emergency, we take time to allow the feelings, scream, or yells to come through, so that the energy does not stay stuck in the body and healing can happen fast. When two people are in conflict, we can give each a time individually to blow off steam and explore what in their past is getting triggered. Then we can meet together in a mediation session and work out solutions. We help the children work through their feelings using NVC, Connection Parenting, and counseling. We have small support groups on specific topics, such as parents getting together to talk about childraising challenges, or the older women having a meeting to listen to each other.

When everyone feels safe to be truly authentic, and express whatever is real for them, no matter how ugly or uncomfortable it seems, then the hurts that have

been relegated to the shadows are able to be brought into the light of awareness. They can be explored, understood, and released. We can look for the old roots of what happened in the past, and re-program the old habits into new, more healthy patterns. We can truly come into a place of closeness, trust, and safety in relationship with each other.

This is where community can be a path of both personal growth and spiritual awakening. To fearlessly face one's deepest pains, with the loving help of others, creates a situation where we can go much farther and faster together than we could go alone. We can free each other from old chains and cages, with patience and compassion. This is why I love community. As we each become free of old fears and blocks, and open into our own unique, beautiful power, we can more effectively create a new and healthier world.

"One by one, everyone comes to remember

We're healing the world one heart at a time..."

(song by Michael Stillwater) ☺



Amara taught Re-evaluation Co-counseling, a method of peer counseling, for over five years, and has been studying and practicing it since 1983.

She developed her own approach to peer counseling in 1988, called Wholistic Peer Support, integrating many ideas from RC with spiritual meditation practices, psychic healing, and body-centered techniques. She is a member of La'akea Permaculture Community, near Pahoehoe, Hawaii. See amarakaruna.webs.com for information on trainings and services from Amara, www.karunaarts.com for her interfaith prayer flags, art, and Goddess clothing, and www.karunapublishing.com for inspirational music, books, and children's books. For more information on La'akea trainings, see www.permaculture-hawaii.com.

Shadow Sides of NVC and Co-Counseling

By Dona Willoughby

My heart is pounding out of my chest, my palms are sweaty, and my shoulders held tight. I feel like I might explode. Words come spewing out of my mouth louder and sharper than I seem to be able to control. I am throwing my feelings and needs like daggers into my friend/lover's face.

But I'm using Nonviolent Communication! Or am I? Although I am using the NVC process, I am more than angry. I am triggered, and a bit irrational. I want respect, support, love; the list goes on and on. I am intent on relieving my pain by giving some to my friend and lover. I want to show him his inadequacies. In this moment, I am not interested in connecting at the heart; I could care less about his needs. I am in too much pain myself. I would prefer he NOT come from free choice (an NVC intention). In this moment, I want to blame, change, and control.

I experienced the above incident years ago. Should I get this triggered again, I hope to: 1. Take a deep breath. 2. Ask for a specific time later to discuss the issue. 3. Promptly call one of my co-counseling partners to make a date for a session.

Both NVC and co-counseling are tools which can move us toward peace, joy, connection, and love. However, they can be ineffective or misused if our intentions and boundaries are not clear.

Shadow sides I experienced in co-counseling include:

1. THE CLIENT NOT TAKING CHARGE OF THEIR SESSION. I have been given advice and had releases interrupted during my sessions. I have had counselors recommend actions that were not helpful. I am now aware that I am in charge of my session, and it is my responsibility to make it clear what I want from my counselor.

2. NOT HAVING CLEAR BOUNDARIES. The interns at La'akea take the beginning co-counseling class. Yesterday one of the interns had a practice session with another student. He had not completed the class about boundaries. He became triggered by what the other student, now his client, said. Instead of telling his client he was not able to be present for the session, he pretended to be present, when he wanted to scream and run away. He was in need of a session after the session. I have been asked to give touch in ways that were not comfortable for me in sessions. I have learned to establish clear boundaries and let clients know when I am unable to be lovingly present.

3. NOT BELIEVING THE CLIENT HAS THE ANSWERS. The client's distress is exactly that, the client's. It is easy to confuse this and blame the triggering stimulus, or the person who functioned as the trigger. Counseling with those closely involved in the client's distress or the stimulus can be dicey and difficult to keep clear. We prefer counseling with those outside of our community. This involves coordination, time, effort, and fossil fuels since transportation is often involved.

4. NOT BEING VULNERABLE. To be completely open and vulnerable in a session I need to trust that my counselor will keep everything I say confidential. If this trust were broken pain and harm could ensue.

5. RELEASING DISTRESS BUT NOT GETTING TO THE ROOTS. We can continue to release distress until the cows come home but until we identify the roots of the issue and heal our core patterns, our time is wasted. People can get caught in rehearsing the same complaint over and over, without getting to the cause and reprogramming of the original hurts.

In closing, the benefit I gain from co-counseling that does not occur in a "shrink on a couch" counseling session is the healing I receive when I give loving presence to another person. I learn from the other's distress and healing process. I am attracted to counselors whose path to healing is in alignment with and helpful to mine.

Dona Willoughby, co-creator of La'akea community, teaches Nonviolent Communication, yoga, herbal medicine, natural farming, and permaculture.



Prescription Facebook:

How can Facebook act as an agent of mental health to a community fragmented 20 years ago?

By Sandy Brown Jensen

I've heard the bad news about Facebook: it's community-busting, time-consuming, and addictive for unwary users, as well as a profitable stalking ground for predatory cyber-bandits and advertisers alike. I've got plenty of friends who have better things to do with their time than log in and waste time chit chatting with people they weren't even friends with 20 years ago when we were in community together, and they have no interest in knowing now. I understand that "evil, evil social media" mentality. Oddly enough, I just don't see it that way. I've found Facebook has been a tool for re-uniting a lost community I had long grieved had passed from my life forever.

I was an Emissary of Divine Light (EDL) from 1972-1992, and in my heart, probably still am. I lived those 20 years in EDL communities, 10 of them at the Glen Ivy Community in southern California. What can I say? That's a really long time to live in community. Those friends were soul friends, forever, as we thought then.

The World Health Organization (WHO) defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." Within our busy center, for many of us friends, mental health bloomed. For others, a variety of challenges arose that made it difficult to cope with stress, to work fruitfully and make the contribution to "the good of the all" they may have wished. Professional counseling in the 21st century is well-known to be useful for countless interventions in the troubled lives of citizens, but, in early to mid-20th-century EDL, the roadblocks to professional mental health started at the top.

When Lloyd Arthur Meeker, known as Uranda, drafted the foundational principles for the Emissaries of Divine Light back in the 1930s, the profession—the art and science—of psychology was in its infancy. Popular access to books, tapes, and the national pop-psych lecture circle was far in the future. To Uranda, mental health meant finding your place in the whole. The tools for this included daily reading of his publications, such as *The Seven Steps to the Temple of Light*, and working with higher consciousness within your Emissary community.

I discussed this recently with his daughter, Nancy Rose Meeker. She said, "From a young age I was aware of the struggle of adults around me with their psychological dilemmas. Uranda was very interested in what he called 'spiritual psychiatry,' but resistance to him and his vision of Truth were not allowable."

Uranda also developed a healing practice called attunement that worked with the

energetic patterns of the body. His son, Lloyd Meeker, Jr., is still an active attunement practitioner. He correctly resists any inference that attunements might be used as a vibrational sedative; however, one by-product of attunement is often to return a distraught person to calm and balance, so attunements often were the prescription of choice for troubled Emissaries.

On August 4, 1954, Uranda's plane went down in San Francisco Bay, killing all on board, orphaning his children. Lloyd, Jr. told me, "Nancy Rose and I were told explicitly that there was no need to grieve Uranda and Kathy's death. They had fulfilled their purpose on Earth. That we children were thus informed that we were not part of our parents' purpose for being on Earth was devastating to me. I still believe that the lack of collectively grieving the death of our parents and attaining the resolution grief brings was a tragic watershed moment in the collective EDL story."

British-titled Lord Martin Cecil (later Exeter) assumed the leadership of EDL. His relationship with the mental health field was more personal and more influential over my generation of Emissaries. His first wife suffered from symptoms that began with postpartum depression, which was not well understood in the 1930s. Eventually, she was institutionalized and died quite young. Again, the field of effective psychiatry was light-years from where it is now. It is my own view that Martin witnessed early-day attempts to help his tragically ill wife, and he lost her. It seems to me that Mar-

In the early to mid-20th-century Emissaries of Divine Light, the roadblocks to professional mental health started at the top.

tin, as Lloyd observed, did not come all the way through his own grief cycles. This is an issue of mental health, and one that spilled over to affect the entire EDL community.

While he was EDL guide and spokesman, I think Martin's knowledge about and attitudes toward the mental health field got caught in the amber of time. As more and more trained counselors became Emissaries, it became painfully obvious that Martin did not embrace their profession. This is not to say *all* Emissary leaders; some were more supportive of these inner explorations.

However, by the late 1980s, I observed that this suppression of the mental health field had grown into a subterranean point of tension within worldwide Emissarydom. There were many articulate, radical speakers who spoke truth directly to power. Some were quickly quashed by the power of silence. But in the gossip underground, there was a lot of pushback as leadership itself began to fragment along this and other fault lines contin-

gent upon the changing psychic landscape of the late 20th century.

When Martin died in the late 1980s, chaos ensued. His son and heir apparent, Michael Cecil, said, "My own perception suggests that a lot of the unrest after Martin's passing had to do with a lack of understanding (in me and others) of how to navigate the grief cycle within the community, and that many got stuck at the anger and depression stages." Thus, as I see it, the collective failure to learn how to grieve Uranda's passing came back to haunt the Emissary collective when Martin died.

In the lower-level circles of the Emissary world where I lived, gossip became viral. Talk flew from community to community—inconstant talking about leadership, about what cult was, and if we were one; some people were "de-programmed"; anxious talk swirled, flowed, boiled over. The truth probably was that a whole lot of people could have used a whole lot of grief therapy at that time to help them think through the grief of losing Martin and their own changing life choices.

In Emissary history, the late 1980s and early 1990s were marked by diaspora. Emissaries left the communities in droves, and I don't think I'm far off by saying this demonization of psychology at the highest levels by some leaders was one powerful root cause among others, which included issues around feminism, democratic or consensual decision making, and gay rights.

I would like to say I left my community for many well-thought-out reasons—lots of my friends use the term "cognitive dissonance," but I can't honestly claim that

*The collective failure to learn how to grieve
Uranda's passing came back to haunt the
Emissary collective when Martin died.*



Body Mind Connection. See the original at www.CherylRLong.com.

Watercolor by Cheryl Renée Long

I don't think I understood how important the human heart bond is to individual mental health.

phrase as my own. I felt like a slugger's batted ball. A colossal stroke sent me flying out of the ballpark—over the familiar field of my community, over the upraised faces of my fellow communitarians, out past the big lights into the distant darkness. I know I'm supposed to take responsibility for everything that happens in my life, but I couldn't have felt less in control. It felt as if mysterious forces were rushing together to shape my destiny, and all I could do was go along for the ride until I fetched up on the farthest end of the legendary Oregon Trail in Eugene, Oregon. Then all those powerful forces sort of lost interest and wandered away, leaving me to reinvent a life.

Few things rend the heart and mind like grief, and in so many ways grief and its resolution lie at the core of mental health for so many ordinary people. For 20 years, I had lived and breathed and had my being in the vibrant embrace of my community. I didn't live that long with my biological family growing up from birth to age 18! When I left home to go to college, the separation from my bio-fam was hard enough. But I had letters and visits, and summers at home. The bonds loosened slowly and naturally while our relationships became richer in more adult ways. But the bond with my community was severed like a bunch of grapes clipped off its vine.

I didn't know it then, but I had left most of my heart and pieces of my soul in my community at Glen Ivy. My heart was always full of tears in those days as I struggled to learn how to get jobs teaching and then with teaching itself. I was depressed and full of unacknowledged grief.

I tell my own story of the soul loss that came with leaving my community as one story among perhaps hundreds. So many of my friends in their 30s and 40s, who left EDL in the late '80s, found themselves alone, in grief, with no money and no education. Each of them has a story to tell, and none of the stories is easy. We all left part of ourselves with each other and struggled alone through the 1990s finding our individual paths to peace. Many marriages broke up after community-bonded couples tried to survive in the arid air "outside."

Let's take another look at the WHO definition of mental health in context of our broken community: we were no longer in a state of well-being realizing our own abilities. I for one was not coping well with the normal stresses of life, working neither productively nor fruitfully. We were all floundering to recover those states of healthy equilibrium which had been ours so easily for so long. We'd lost our emotional support system, our social network that had held us intertwined.

During these years, while hundreds of ex-Emissaries fought to reinvent their lives without our accustomed social network, virtual social networks came online. In 2004, Facebook went public, and as of July 2010, it had over 500 million active users, or about one out of every 14 people in the world. It has met criticism on a range of issues from data-mining, to censorship, to intellectual property rights.

So if I am such an aware media consumer, why am I not more wary? I was a fairly early adopter of Facebook, so I have been witness to its birthing pains, but I have also been on the welcoming committee as, one by one, my old communitarians have found their way online.

I have around 300 ex-EDL Facebook "Friends," and they are still showing up. People are posting their old EDL photos, and the rest of us flock in to tag familiar faces, to recite stories of those who have died, to discuss where a picture was taken in what year. I have fallen into Facebook conversations with a woman who lives in Auckland and whom I met only once or twice—we talk about the best way to make sauerkraut. I talk every week to an ex-Em in Amsterdam, whom I knew of "back in

the day," but I have never met in person. Like others, I post short memoir pieces for others to read and comment on, and I enjoy engaging in the back and forth in the mix of memory and everyday life.

With every old friend who becomes my Facebook "Friend," I feel pieces of my soul coming back on line. And it's not that we are once again propounding the meaning of Martin's words or our origins in the sun—that was great when we were kids in the '70s. We talk about everyday things, we tease each other, we organize parties—one in New York last summer, one coming up in Canada, one in California to usher in the New Year 2011.

I don't think I understood how important the human heart bond is to individual mental health. In my connection to others, whether online or face-to-face, I experience a state of well-being in which I can realize my own abilities as a communicator. Knowing my friends are, as the saying goes, "there for me," helps me cope with the normal stresses of life. Many people may think I'm crazy, but having a Facebook widget in the lower right hand side of my computer screen streaming the background chatter of my "Friends" helps me work productively and fruitfully. Writing memoirs and posting them on Facebook makes me feel I am able to make a contribution to my many communities: EDL, bio-fam, college.

Reunited on Facebook, our friendships have become virtual, and I suppose I have to speak for myself, but I'm starting to feel whole again. The old grief of separation is finally healed, and I have found my way back home. ☺

Sandy Brown Jensen lived for 20 years in Emissary of Divine Light intentional communities, primarily at Glen Ivy Community in southern California. She blogs at sandybrownjensen.com. Her articles on community may be found in the Communal Studies Journal, Community College Moment, and elsewhere. Sandy teaches English and is an Instructional Technology Specialist at Lane Community College in Eugene, Oregon.

Name _____

Address _____ Date _____

Rx for "Mental Illness": Caring Community

By Brian Toomey

Editor's note: a footnoted version of this article, with links to many additional sources and resources, appears online at communities.ic.org.

How We Talk About Our Struggles

In the spring of 2007, in a cafe off of Shattuk Avenue in Berkeley, California, I found myself sitting across from my close friend Alissa. "My cousin was just diagnosed by one psychiatrist as schizoaffective," she told me, "a second psychiatrist diagnosed her as bipolar, and a third with borderline personality disorder. Can you help me understand what's going on here?"

I could understand Alissa's frustration; she was seeking to understand her cousin's suffering and she wanted to be able to trust those aiming to help her. She came to me in part because I had some knowledge in the field—along with years of working with distressed homeless populations, I had recently dropped out of a Ph.D. program in clinical psychology.

I left the graduate program because I needed more community, and also because I had deep concerns about the scientific and political integrity of mental health treatment in America. I shared with my friend that as a result of my studies I was concerned about the accuracy and values that underlay modern psychiatric diagnosis.

I first developed this concern when I was working with homeless populations in Seattle, Washington. One day I asked a long term resident of the shelter why he seemed glum. "Because I am bipolar," he replied. I felt scared hearing this. I feared that if he saw "bipolar" as something he was, it would, by definition, never be something he could change. In my experience, choosing to see mental health through the lens of a static diagnosis which defines our identity, as opposed to a temporary and personally meaningful struggle, blocks our ability to shift internally and seek solid support.

I later learned that multiple scientific studies have confirmed that, in general, two psychiatrists who interview someone independently and do not confer are not significantly more likely to agree about a diagnosis than they would if they made purely random diagnoses. I also worry knowing that it was not until 1973 that homosexuality was removed from the the standard guidebook containing diagnostic categories of mental illness, the DSM. Similarly, in the 1990s the psychiatric establishment pushed to establish premenstrual distress as a mental illness. Indeed, a recent study showed that the overwhelming majority of people who served on

MD _____

Signature _____

the scientific committee tasked with defining mental illness have received direct funding from drug companies. This situation raises similar concerns for me around accuracy and bias that I feel when I look, for example, at the funding of modern US elections.

My reading of the history of psychiatric diagnosis suggests, unfortunately, that cause for such concern is not a recent phenomenon. Many of the terms we commonly employ, “schizophrenia” for instance, date back to a dark period in European and American history when doctors and other medical professionals, motivated by the the philosophy of eugenics popular at the turn of the last century, engaged in forced sterilization of people diagnosed as mentally ill. Indeed, *The New England Journal of Medicine* and *The American Journal of Psychiatry* (to this day two of the most respected journals in the field) published editorials in the 1920s that were supportive of Hitler’s forced sterilization program and eugenic approaches to mental illness.

How can we talk about mental illness and distress in a way that preserves individuals’ humanity and supports community? Overall the evidence suggests that human distress and madness are not comprised of distinct diseases, but rather that they are better construed

and studied as clusters of individual symptoms. These symptoms can be described perfectly well in natural lan-

guage, which has the potential to be much less stigmatizing. For example, I would request that my fellow communitarians consider moving away from describing themselves with static diagnostic categories like, “I am (or have) ADHD,” and instead say, “I struggle with distraction and impulsivity.” Likewise, instead of saying of someone, “She is clinically depressed,” we can choose to say, “She is experiencing deep sadness and a desire to withdraw socially.” I have found Marshall Rosenberg’s writings and his model of nonviolent communication to be an excellent resource for shifting language. I believe that such language, which focuses on personal feelings and needs, is not only more scientifically accurate, it is also more empowering and more aligned with the values of the communities movement.

What Really Helps?

Faked Concussions and Real Caring

When a person in distress receives care and is helped, what exactly is it that helps? Journalist Gary Greenberg offers the following story of a participant in a clinical drug trial. Janet Schonfeld had suffered from serious depression for more than two decades when she read about a trial for the antidepressant medication Effexor. She felt hopeful and excited about the possibility of a cure, and within a few weeks of enrolling in the study she *was relieved to feel fewer feelings of worthlessness and suicidal ideation*—a dramatic improvement. She also experienced nausea, one of the drug’s known side effects, leading her and her nurse to assume that she was receiving the active drug.

However, at the completion of her six-month participation she was alarmed to learn that she had been taking an inert placebo and that her improvement could not be attributed to pharmacological action. If, as the drug companies would have us believe, a chemical imbalance in her brain had been corrected, that correction had happened without the assistance of any drug. Her story is not an isolated incident, as more recent studies (which include information drug companies attempted to hide and which was obtained via the Freedom of Information Act) have also shown that SSRI depression medication consistently fails to outperform placebos meaningfully. The surprising and powerful takeaway here is that even in situations where people think they are being helped by a chemical agent, it may well be those steadfast communitarian values of hope and concerned attention that are actually what is healing.

A similar tale unfolds when we look closely at Electroconvulsive Therapy, a form of treatment made famous in Ken Kesey’s *One Flew Over the Cuckoo’s Nest*. In ECT (commonly known as electroshock or shock therapy) a strong electrical current is passed through the brain of a patient, deliberately inducing a

concussion. Patients often report large improvements after receiving treatment, but also (not surprisingly) tend to suffer additional

negative neurological effects. However, as with Janet Schonfeld’s story above, patients who have their heads shaved and receive anesthesia but receive no electrical shock show the same improvement.

If it is not the drugs or the electrical shock that is helping people get better, as these results strongly suggest, then what is it? I believe that the healing comes both from having the caring attention of the doctors, most of whom are compassionate people who chose their profession to help people heal, and from being able to engage in a healing ritual.

What does this mean for the communities movement? I believe it means that in most cases we can work to largely (but perhaps not entirely) replace the mainstream medical treatment of mental illness, and that we can work to build our own rituals of caring, healing, and support. (NOTE: I strongly discourage abrupt withdrawal from psychiatric medication. Please shift current treatment only under the direction of a licensed medical doctor who is sympathetic to your needs and reasons for doing so.)

By analogy, in most cases folks can lose weight with sensible eating and exercise, and it is only in rare cases (such as thyroid malfunctions or the rare condition known as Prater Williams Syndrome) that there are medical reasons that people cannot maintain a healthy weight. Similarly, in most cases we can take care of our own mental health. We can look to feelings and needs and seek to establish habits of healthy living, rather than trying to correct malfunctioning neural synapses.

Even when people think a chemical agent is helping, those steadfast communitarian values of hope and concerned attention may well be what is healing them.

One might protest that this can make sense for the average worried neurotic of the Woody Allen variety, who maintains relationships and a job, but not for the more deeply disturbed. Even in these cases, however, I think there are viable community-based solutions. For example, World Health Organization Studies show that people who experience a first episode of psychosis (e.g. serious delusions, hallucinations, or hearing voices) in the developed world are more than twice as likely to end up having those experiences chronically as their counterparts in India, Nigeria, or Columbia. These countries often have stronger webs of community and extended family support systems, and they also make room culturally for intense distress to run its natural course.

Inspired by tales of human connection with those struggling with psychosis, Loren Mosher, M.D. has created experimental healing centers known as Soteria houses to provide a low- or non-drug option for the treatment of first episode psychosis. In these homes, people in the throes of a mental health emergency receive round-the-clock empathy from compassionately attuned, nonprofessional caretakers. Randomized clinical studies tracking the outcomes of the people who undergo the Soteria project show that they do better than those receiving traditional medical care. I believe that this shows that even in the most dire of cases (the psychiatric emergency of a first psychotic episode), creative community-based solutions can perform as well as or better than traditional medical alternatives.

Who Really Helps: Professionals, Amateurs, and Amore

In the late 1970s Hans Strupp, a professor of psychology at Vanderbilt University, heard the following concern from a colleague: “How do you know that training works—that people would not get just as much help getting well talking over their problems with a kind, intelligent layperson as they would with a Ph.D. psychologist?” Strupp was intrigued by the question and designed a study to test it. College students enrolled in a program for free psychotherapy. Half of the students received therapy from Ph.D. professionals; the other half received caring attention from non-psychologists, college professors who had been identified by their peers as kind and good listeners.

What did Strupp find? People improved considerably in both groups, but there was no difference in efficacy between the professors and the professional psychologists. Feeling a bit like the emperor with no clothes, the clinical psychology establishment has replicated the study in slightly different forms more than 30 times, in an attempt to show that trained professionals are, on average, better at therapy than untrained kind paraprofessionals. The results have been surprisingly consistent—common professional training in mental health does not appear to make people more effective healers.

In a related line of research, over the course of a large number of trials, it has been shown that one type of therapy (Freudian, for instance) does not outperform another form (say, cognitive behavioral). If training and therapeutic modality do not appear to affect effective support, you might ask, what does?

Research has routinely shown that certain people are better at giving support than others, and that quality of caring attention matters. Indeed, one multi-million dollar study by the National Institute of Mental Health found that some psychiatrists are consistently more effective healers than their peers even when just prescribing inert cornstarch placebos.

What does this all mean for the communities movement? I believe findings like these have the capacity to embolden us. We do not necessarily need to rely on expensive, HMO-based, rigid therapies and drugs administered by professionals who might not share our culture or values. We can provide amateur care for one another, reclaiming the positive connotations for “amateur”—from the French *amateur*, “lover of,” ultimately from the Latin verb *amare*, to love. Better to base our care for one another in love is the message I get both from my personal intuitions and from my reading of the primary research.

Principles for Community-Based Mental Health

Freud once commented that the aim of psychotherapy was to help people ascend “from hysterical misery to ordinary unhappiness.” I think we in the communities movement can strive for more. To that end, and with a nod to the famous poster on how to build community, I offer the following in closing:

How to Support Community Mental Health

- Support (neuro)diversity, recognizing and honoring the huge variance in the human experience.
- Promote economic equality and opportunity.
- Seek natural health, making sure to get plenty of B vitamins, omega three fats, and vitamin D.
- Spend time outside.
- Exercise with vigor.
- Avoid toxins like heavy metals.
- Devote a great deal of time to family and friends, and nurturing and enjoying those relationships.
- Express gratitude, listen, and practice forgiveness.
- Continuously seek to be helpful in daily life.
- Connect with and care for nature.
- Eat together.
- Practice optimism when imagining the future.
- Savor life’s pleasure, and try to live in the present moment.
- Commit to lifelong goals and ambitions.
- Live in connection with your values. ☺

Brian Toomey lives at Dancing Rabbit Ecovillage, and is a co-owner and editor on Sustainablog.org, an online blog covering environmental issues. He enjoys reading, vegan whole foods cooking, and meditating. He also has a fanatic love of basketball and the Boston Celtics, and shares the Buddha’s desire that all beings be liberated from suffering.



Healthy Community; Healthy People

By Burl Hall

Sitting in my mental health counseling office, I am going crazy myself as I write up two versions of “notes” on my counseling sessions with families that have a child at risk of being taken out of the home. One set of notes must make the infinitely variable human interactions conform to the canned formula of a currently popular, “evidence-based” therapeutic model. A second set must satisfy the stringent guidelines of the funders whose prime goal is to get the biggest bang for their buck. Both sacrifice humane compassion on the altar of a prescribed mental health system. Purportedly our agency is “trauma informed”; in fact, it is trauma inducing for both counselor and client. Even the agency does not escape this trauma. No wonder mental health is so threatened in a culture that values conformity, standardization, and efficiency over true growth and relationship...even in the field of mental health.

One “case” illustrates my growing understanding that the dominant culture creates mental dis-ease, whereas true community supports mental health. (Of course, I have changed the names to protect the innocent.) My agency sent me to the home of Lisa, a single mom on welfare, and her three sons, Benson, Barry, and Blake. DHS (the Department of Human Services) had referred the case to us because a neighbor had reported that Benson, the eldest child, was being forced to sleep out in a chicken coop and the family was otherwise dysfunctional, disruptive, and crazy.

I approached the battered, tiny trailer in which poverty forced the family to live along with their three dogs, assorted livestock, and rescued wildlife. My first thought was “My God, I’d go crazy living like this too.” Lisa and Benson immediately showed me the “chicken coop” to which Benson had been exiled. It was, in fact, a sizable goat shed that had been fitted out with wall-to-wall carpet remnants and wired for TV and other electronics. Benson was proud of it. So would any self-respecting, independent 15-year-old boy be. Benson had created for himself an alternative to sleeping in a cramped second bedroom with his two younger brothers.

He had also created for himself a haven from the intense surveillance of a mother who screamed bloody murder every time the boys didn’t meet the standards she believed necessary in order for them to succeed in a culture in which she had failed. Ashamed to go out or speak up in public, Lisa diagnosed herself as agoraphobic. Nothing the boys did was good enough for her, because she (rightly) perceived herself and her family as not good enough for Society. Fear that her sons too would be deemed “unacceptable” drove her to hound them mercilessly. This was not a family system within which mental health could thrive.

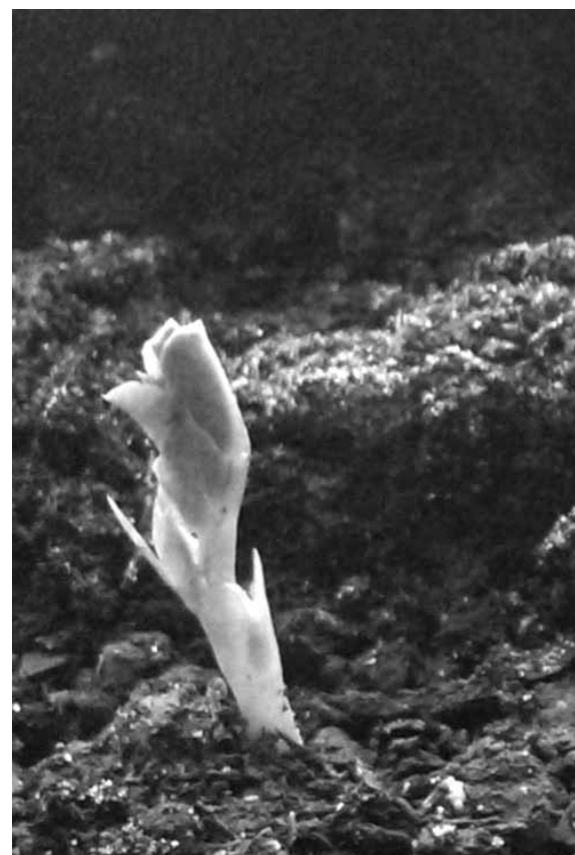
Yes, the family was “dysfunctional.” How could it be otherwise? Given no alternative to the status quo, these feisty survivors had no perspective from which to see that the community had failed them, not vice versa.

I was sent there to prescribe for the family how to heal itself, in other words how to conform to societal norms. That way, society-at-large would not have to perceive itself as dysfunctional or crazy-making. The paper trail I was required to produce would show how remedies A, B, and C would have outcomes X, Y, and Z, allowing for the family to fit into boxes 1, 2, and 3. This is a formula for mental health?! I don’t think so.

So I worked with Benson on self-respect and with Lisa on seeing the distortions of the cultural norms she was contorting herself and torturing her sons to conform to. I helped her to recognize and actualize the powerful social change agent she had buried within herself.

Upon return from real life to the office, I had to twist the work I had actually done

into one set of words that fit into the rigid therapeutic model. Then I had to reshape the truth yet again to fit the forms that would allow my agency to get paid by the government and insurance bureaucracies. To stay in a job and continue the work that I love, I had to expunge all evidence of creative or intuitive response to this family’s unique needs. Consuming at least as much time and energy as I spent with the family, I produced two sanitized versions of the truth that fit prescribed formulas. I had to play the game for Benson’s sake. I wound up feeling nit-picked on words being used and boxes checked on a sheet of paper when I was helping people live higher quality lives. Those that picked apart my words had no experience going into people’s houses where one could find oneself in the middle of a major argument that might well involve dodging a thrown metal object. Indeed, all they knew were



the screen of a computer and the ins and outs of an administrative manual.

But most importantly, Benson flourished. I was a gardener of sorts, for I had indeed planted the seeds of healthy change. Only long after I terminated the “case” was I able to husband these seeds to full fruition. Realizing that Benson’s family had the interests and skills to participate in planning the ecovillage we were trying to create, I invited them to join us (something that it would have been “unethical” to do while they were clients.) Lisa was enthusiastic about the idea, envisioning keeping their animals in communal barns and pastures and building an inexpensive, off-the-grid home without the unmanageable power bills. She dragged the boys along to a meeting.

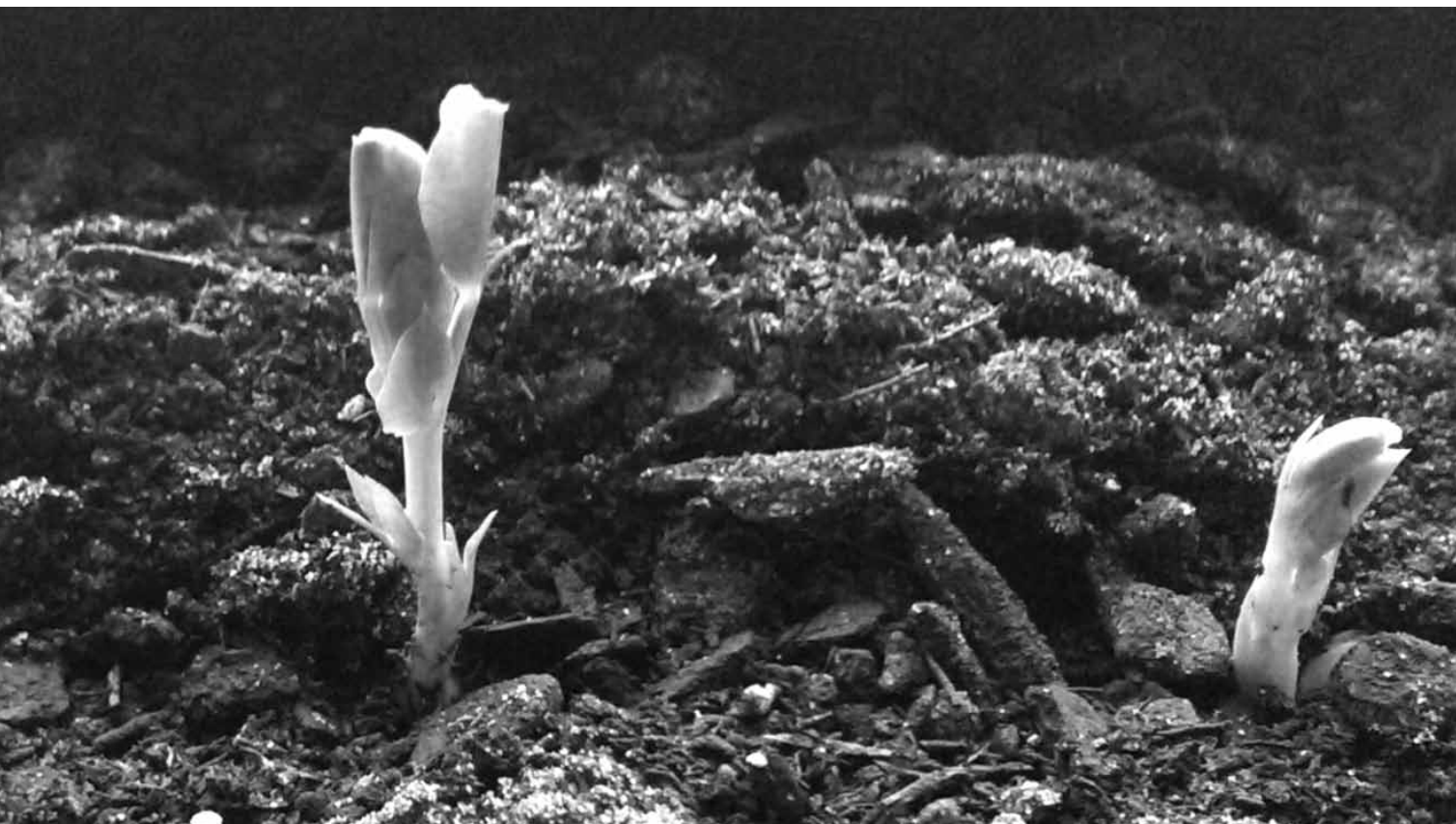
As Benson’s ideas and innovations were acknowledged and valued by the group, he quickly became an enthusiastic participant. His surliness subsided. He became engaged in researching various topics the group would need information about to manifest its dream. Learning of his interest in photography, my wife gave him some seeds to plant and the project of

researching their care and photographing their various developmental stages to create a manual for the community. He was able to make this project double as a research project for school. All of a sudden, learning and clear writing had a practical, valued purpose. Surprise, surprise...his grades, respect, and status went up at school. An energized, healthy youth emerged from within him. As his mother’s respect for him and for herself increased, her tirades subsided. It warmed my heart to see the exuberant bear hug they shared when they looked out over the land they hoped to build upon when the community was funded. The vision of a community that serves rather than degrades its people is powerful medicine indeed. How much more so would actually being nurtured by such a community be?!

Our intentional community failed to manifest as dreamed, due to financial and intra-group political problems, but Lisa’s family is, nonetheless, one of its incidental successes. Lisa has gone on to become an advocate helping single moms on welfare. This self-declared agoraphobe has even starred in a community broadcast videotape calling on welfare beneficiaries to speak out about the forms of social help they truly need. She also has gotten herself and her sons a grant and use of a farmer’s land for their animal husbandry projects. Where shame and despair once haunted their eyes; self-respect and hope now shine through.

To me, this is the true measure of mental health. Healthy community fosters healthy people. Where there are true, biologically based special needs, healthy communities accommodate rather than marginalize the sufferers. Functional people emerge naturally when a community is designed to empower its members. 🐦

Burl Hall, M.S., is a mental health counselor in Maine and founder of Lewiston-Auburn Transitiontown. He and his wife, Merry, are developing a demonstration permaculture food forest and a sustainability education center on their two-acre lot. They hope to inspire the other residents in their 10-family mobile home neighborhood to join with them in forming authentic, sustainable, regenerative community.



A Mental Health Patient Seeks (But Does Not Find) Religious Community

By John Wachter

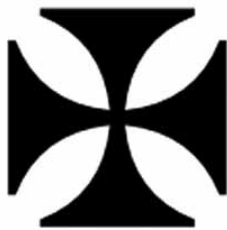
As a mental health patient seeking an alternative to mainstream treatment, I've looked to various religious intentional communities for better solutions. Over a number of years, I have spent at least a couple weeks apiece at over a dozen different residential religious centers, from varying traditions (Buddhist mostly, but also yoga and Catholic).

I first became seriously interested in religion because I developed a serious mental illness. In addition to being severely depressed about the fact that I had been having auditory hallucinations for the past two years (although they had nearly ceased by then), I was very paranoid when I first came to an intentional community. I had also developed an unhealthy preoccupation or obsession with psychic and paranormal phenomena and a substance abuse issue as well. I did not feel comfortable talking about being crazy and I didn't feel I had to, although I regretted that decision later. I spent five months at a lay religious center and it helped me feel much better, although I never formed any close relationships and left without any real answers to my questions about reality. I had come to the conclusion that the correct path for me to follow would be a religious life, so my next stop was at a monastery, where I spent a month, which caused me to rethink my path again.

Over the next three years I visited many religious communities, contacted many more, and struggled with my mental health issues. I had no friends other than my family during this time. I never found a place that seemed to support me. They told me what they wanted me to do, but not *how* I should deal with the things that prevented me from doing it. Failure was met not with understanding and encouragement to do better, but with impatience and anger. When I left the community no one ever referred me to someplace else that might be a better fit for me or followed up to check on how I was. (At best, I'd be put on a mailing list, but the communication was never personal.)

I understand that every community has leadership or authority of some kind and I accept that. It was always the methods that were difficult for me to accept. My first complaint is that I didn't feel cooperation was wanted, but only obedience. It was their way or the highway. Discussions rarely happened, but preaching was consistent. And when they were talking about or trying to instruct their way, it never seemed to be honest and frank, but instead cryptic hints and no accountability.





*I obeyed all the rules, but I still felt
very unworthy, unwanted,
and unwelcome.*

Many times there was also a quantity of hypocrisy. A lot of lip service was given to ideals that seemed to be absent. People in these communities didn't seem to be any wiser or happier than people in the secular world. If these communities are supposed to be places of healing, the people need to work on their bedside manner. One last thing: I always felt guilty because I couldn't afford to give much money to the community, I had (still do) a difficult time holding a job. Most of the programs are rather expensive.

I got very angry at the end of these three years and finally was hospitalized and entered the mental health system, which, in retrospect, I should have done much earlier. During the next six years I stayed away from the communities, although I would stop in with local centers on occasion. Unfortunately, I failed to build a life for myself in society, so I once again turned my attention back to the community scene. I revisited the first of the communities I had stayed at because they had been helpful, and some new ones, once again got turned down by many more, including the monastery I had spent a month at, but found living in community even more difficult than when I was younger. Despite the fact that I was obeying all the rules and informed them of my mental health past and present, I still felt very unworthy, unwanted, and unwelcome. I never stayed for more than a few days because I'd get too angry and depressed. Fight/Flight response perhaps. I thought it would be better to leave than stay and say or do something that I'd regret, since I found the intensity of these emotions overwhelming.

I have always been stubborn, and slow to understand implied wishes, I prefer people to be direct and frank with me. So, I guess I should've given up earlier. I had just studied so much of the literature and wanted so much to do what was best, that I couldn't give up, even when it was obvious the advice in the books wasn't working. Not to mention that I've never been successful at much of anything in mainstream society, anyhow.

Finally, I wish to express gratitude to the Abbey of the Genesee for so clearly and definitively informing me that someone who has had such a history of emotional and mental issues would find living in their community too difficult. The unambiguous answer was welcome. I just wish I had heard it three years ago when I started looking at religious communities again, instead of rejections without explanations, or a group allowing me to visit but not caring whether the visit was a good one or not. I'm considering looking for a non-religious intentional community, but not sure that it will be much different. ☹️

John Wachter is a 33-year-old American who lives in Arizona. He has been on mental health disability for many years.

Therapeutic Community: A Century at Gould Farm

By Steven K. Smith

It was a warm August morning at Gould Farm's Roadside Store and it promised to be a hot, busy day. Though it was only mid-morning, beads of sweat were forming on my brow and my cooking apron sported half-dried blots of pancake mix. This morning I was assisting a client (or "guest" in Gould Farm parlance) I'll call Jeff as he made an omelet. Both Jeff and I were hoping, after weeks of practice, that this day Jeff would make his public debut on the grill.

Diagnosed with a major mental illness, Jeff had come to the Farm several months before. He had not started in the stressful environment of Roadside, but rather began developing basic work skills by raking leaves, tending a greenhouse, making maple syrup, or participating in one of dozens of opportunities Gould Farm made available.

Like most guests, Jeff was likely referred to the Farm by a psychiatrist. While at the Farm Jeff, like all guests, had contact with one of several social workers who lived on the Farm, learned about medications from the Farm's registered nurse, and saw one of two psychiatrists who regularly visited the Farm. But his contacts were not limited to professional and administrative staff. Jeff would have worked with individuals his own age, perhaps a volunteer with Brethren Volunteer Service, or from another volunteer agency, with no professional training in mental health. He may have worked with a recent college graduate interested in organic farming, which Gould Farm practices. Gould Farm guests benefit from both those who are clinically aware



Gould Farm.



Roadside Store.

of their problems and those who relate to guests as peers.

Work and social skills were often lost to those, like Jeff, stricken with mental illness in young adulthood. Re-learning or learning those skills for the first time was and is the essential gift the Farm imparts extraordinarily well to its guests. The Farm's Roadside Store was the next-to-final step within the Gould Farm agenda, before one considered moving on to the Farm's more independent, Boston-area programs.

A guest's first Roadside job was usually washing dishes or waiting tables; then later, for some, working the cash register—or possibly working the grill. Making anything, but particularly an omelet, on a small grill in a quick-paced environment, is a precarious enough balancing act, especially when cheese, sprouts, and other ingredients are added. What ingredients are added first? Last? For anyone, but especially for those with major thought disorders, producing an item to be consumed and purchased

*Re-learning or learning work and social skills
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could be overwhelming. Many customers in August came from among the thousands of tourists from Boston, New York, and elsewhere, who fled the cities for the Berkshires to enjoy Tanglewood, Jacob's Pillow, and other venues for the arts and culture. A Hollywood actress was said to frequent Roadside. At times (although this was far from the case) it felt like the store was catering to all the tourists at the same time!

The store is located on Rt. 23 a few miles outside the village of Monterey, and about two miles from the Farm's central hub. While a 2004 issue of *Bon Appetit* had cited Roadside as having one of the best breakfasts in the country, its reputation was already well established in the region. Thus, there was not only a reputation to maintain but also, within the Gould Farm enterprise, a mission to accomplish—assisting primarily young adults to cope with persistent mental illness.

Gould Farm acquired the Roadside Store in 1976, but the Farm itself had a much longer history. One of the nation's oldest, if not the oldest, psychiatric rehabilitation facilities, it was founded by William and Agnes Gould and several of their close family members in 1913. Informed by a Christianity that was neither sectarian nor doctrinaire, yet steeped in the Sermon on the Mount, the Goulds had finally realized their dream, attempted about seven times earlier in as many sites, to establish a haven for those suffering in mind and circumstance. First, inner city children arrived on the Farm, followed by others with different and at times more severe situational or addiction-related conditions. The 1950s ushered in the advent of psychotropic medications



that allowed a seriously impaired population to meet the minimum requirements of work and community, skills that they may not have had without these medications. (I thank Anna Melinda Duhon's 2003 Harvard Bachelor's thesis for this insight.)

To its credit, the Farm decades later did not forget inner-city kids when it invited African American youngsters from the Atlanta area to live at the Farm for a number of weeks during the turbulence caused by the Atlanta Child Murders (1979-1981). Further back, the Farm had helped Vietnamese refugees in the 1970s and, back even earlier, German Jewish and other refugees during the 1930s and 1940s. Most recently, the Farm hosted a family that lost a loved-one in Iraq. Indeed, the Farm has a distinguished history responding to world crises while helping those at the Farm.

For almost 100 years Gould Farm's relative "success" addressing the needs of its guests, like Jeff, has been due, I believe, to avoiding a monolithic approach toward treatment while embracing meaningful work and social engagement in a community setting. As a former Executive Director put it almost 30 years ago:

The mode of our life together is "working with," "playing with," "celebrating with," "eating with," "sharing with," "suffering with"—all of the things that happen when a number of people live in close proximity. We do not see ourselves as therapists, but we consider our life together as "therapeutic" in the deepest sense of the word—tending toward healing and new and independent life. We do not have work-therapy, but we work; we do not have occupational therapy, but we make things and learn skills; we do not have music therapy, but we sing and play instruments... We do not have therapies as compartmentalized activities, but—by intention at least—the whole life of the community encapsulates what is meant by the term therapy.¹

The therapeutic power of intentional community (or any environment with strong social ties) is that it attacks a major byproduct of mental illness: social isolation.

Before I continue with the story of Jeff and the omelet, I need to back up and add a couple historical and personal notes. About a year before working with Jeff I had returned to Gould Farm as a full-time staff while studying law part-time in Springfield, Massachusetts, about 60 miles east. I had grown up at the Farm in the '70s and '80s when my father was its Executive Director and my mother, the Farm's psychiatric nurse; both left in the early 1990s. I returned there thinking I knew the

place intimately. The Berkshire Hills were as exquisitely beautiful as I remembered them decades past. About 500 of the Farm's roughly 650 acres were still wooded and wild, with the remains of old stone walls running through the woods, disappearing then reemerging like the veins in the weathered hand of a New England farmer. One could still lose oneself in the seclusion of the woods, yet with a short walk in any direction find a familiar landmark.

The roughly 100 acres of cleared land still hosted the Farm program; its nucleus was still the 200-year-old behemoth of a colonial house (with additions added through the years), called Main House,

1. Smith, Kent D. "Gould Farm: Rehabilitation Through Intentional Community." Paper presented at the International Association of Psycho-Social Rehabilitation. May 29, 1981.

2. Infield, Henrik F. 1955. *The American Intentional Communities: Study on the Sociology of Cooperation*. Glen Gardner, New Jersey: Glen Gardner Community Press. Pg. 79.



Main entrance leading into Gould Farm.

which housed the administrative offices and kitchen and in which people still ate and square danced together. Clustered around Main House were the maple syrup house, the dozen or so cabins tucked in the woods, and a sauna. Indeed little physically had changed. Programmatically there were some differences. Community lifestyle changes, however, were happening in front of me.

How a community like the Farm adapts to outer cultural and societal change is a phenomenon that fascinates me and one I try to understand. How, I would ask myself, does a community pass on traditions and which traditions does it choose to pass on, and why? How was the Farm allowing cultural and societal changes to affect its program? Whatever the answers, the Farm seemed to be carefully synthesizing the old and the new or, with sensitivity, replacing old ways with new ways. I came to believe these changes were not jeopardizing the Farm's therapeutic model.

For example, the standard five-days-a-week evening, family-style meal I remembered was now down to a couple days a

week, the rest being buffet style. This change in itself may not have been programmatically significant, but communal meals were significant in maintaining a family-like atmosphere in which people felt welcomed and were missed if not at the table. Sociologist Henrik F. Infield noted the importance of communal dining at Gould Farm in the 1950s: "All (Gould Farm) activities are essentially optional, including work as well as attendance at regular Sunday morning services... *The only regularity that, for obvious reasons, must be insisted upon is attendance at meals.* [Emphasis added.] These are all taken in common, with the exception of breakfast which some of those who live in the cottages may arrange to have at home. The seating of the guests is not left to chance, but is planned with some care, especially in cases that need attention."² Infield likely saw that the consistency of the family-style meals distinguished the Farm from "any mental hospital or sanatorium."

We did not lose our communal soul by changing from primarily family-style to buffet-style meals. We were still eating together and guests and staff still found fellowship at meals.

Did perceptions of efficiency and convenience lead to implementing more buffets? Did buffets threaten semblances of family cohesion and order often found around the dinner table? More buffets may have brought benefits that I did not appreciate. Personally, I missed more family-oriented meals, but realized there might have been demands on the community that required this and other changes. I also began to realize, from actually living in community, the obvious: that a community cannot be, and does not remain, static. New ideas are often implemented, perhaps discarded, and sometimes reincorporated in more meaningful ways.

The appearance of outside consultants is also a somewhat new phenomenon at the Farm. Perhaps changes in Executive Director tenancy (now more trained in fields other than theology) has allowed this trend to emerge. My sense is that these developments are not in themselves problematic. Indeed, an outside perspective is often needed and sought. But such perspectives bring challenges. The Farm witnessed the removal of after-dinner desserts based on one consultant's perceptions that the Farm's kitchen staff was overstretched. What this consultant might not have predicted was that shorter meals, as I and some others thought, may have meant people spending less time together in an important community function. Despite some mild protest, community members desired this change, noting the health benefits of having fewer sweets. Desserts were eliminated from evening meals, yet today, without desserts, community members do in fact still socialize around the dining room tables long after meals formally end.

Wider staff participation, beyond the Executive Director, in administrative decision-making has been more pronounced recently than in the past. This, I believe, is a healthy trend, a moving away from what some may have considered a more vertical or hierarchical



model. Where once the Executive Director, with the Board's backing, made policy decisions, new ideas are now often circulated between committees. Differing views are reconciled in committee then, after further vetting, given back to the Executive Director. But "horizontal hierarchy" poses its own challenges; groups, rather than an individual, may then speak for an institution and be as prone to inflexibility as their "vertical" counterpart.³ Gould Farm, like many organizations, has tried different styles of leadership depending on the challenges confronting the Farm at any given time. What has worked or been thought to have worked in the past may not be appropriate for the present.

Another challenge Gould Farm now faces is the loss of an elder population. The last remaining elder died in March 2010, at age 99; she had come to the Farm in 1930. Executive Directors in the past had often drawn from an elder's wisdom that, until about 20 years ago, was as rich and diverse in background as the Farm's general population. The term "elder," when I was a child at the Farm, was typically reserved only for those who arrived at the Farm before about 1940. I am thinking, fondly, of two women who came to the Farm before Will Gould's death in 1925. Both died on the Farm in 1985. (Their children and grandchildren now sit on the Gould Farm Board.) The Farm's present elder population arrived at the Farm in the late 1970s or mid 1980s, a still notable tenancy; most had little contact with the early Gould Farm pioneers.

The diminishing of this population may deprive a community of guidance through difficult times; without them, new leaders lack an important source of organizational history. Elders remind us that what we think is new has actually been tried before; at the same time, elders sometimes look backward instead of forward. Nevertheless, they often encourage leaders and others to take new routes toward organizational goals consistent with a community's mission. Their passing may also jeopardize multi-generational dimensions of community. Gould Farm, I believe, understands the implications of fewer elders and is responding accordingly.

Another challenge for any community is handling staff expectations of the meaning of "community." What Gould Farm *is*—or what some think the Farm *was*—varies beyond its 1992 Statement of Mission which, in part, reads:

Steeped in the tradition of social service and spiritual fellowship envisioned by

3. See Browning, Don S. "Religion and Civil Society in James Luther Adams, Abraham Kuyper, and Catholic Social Teachings." *Criterion*. Spring/Summer 2010.

4. Sacks, Oliver. "The Lost Virtues of the Asylum." *New York Review of Books*. Vol. 56, No. 14. September 24, 2009.



Various barns on the Farm property.

its founder, and reaching out in an ever changing world to those suffering in mind and spirit, Gould Farm's mission is to help the people who come here find the inner strengths and outer resources needed to meet the challenges that life imposes. The Farm seeks to provide a family-like community within which all members can find respite and draw strength while respecting the individuality and dignity of all.

For some staff, the Farm is the embodiment of a long-sought ideal of community, while for others, illusions of "community" are shattered when the Farm fails certain of their communal or therapeutic expectations. Such expectations sometimes, though infrequently, lead toward personal discontent and dissent leading to departures. Cycles of enthusiasm and disillusionment concurrently repeat within any community, something familiar to those acquainted with community dynamics. (It is during times of change that elders may be especially important in maintaining and interpreting an organization's mission.)

Any institution that revels in past glories or accomplishments while ignoring current realities fast becomes obsolete. Gould Farm does not so revel, but remains rooted in its past. We are not without our own challenges but we are addressing these challenges. We rightfully cheer, with a healthy sense of pride, that we are the oldest therapeutic community in the United States, but this means little if we are not creative in our endeavors or if we fail to maintain what so many observers and community members notice as our signature, communal value: kindness.

Both the academic and therapeutic worlds and the popular press have recognized Gould Farm's approach toward treating those with persistent mental illness. *Bon Appetit* has acknowledged our pancakes at Roadside and Dr. Oliver Sacks has noted our therapeutic programs in the *New York Review of Books*.⁴ In 2005 Former Gould Farm Nurse Nancy Smith and current Gould Farm Director John Otenasek helped launch Crossing Creeks, a therapeutic community in Rockingham County, Virginia, inspired by the Gould Farm model. Although that project was short-lived, Harrisonburg-based Mennonite visionary and activist Ron Copeland helped a nonprofit acquire Crossing Creeks and, under a different name, it is still used for a similar purposes. Former Gould Farm Treasurer Virgil Stucker has initiated successful programs inspired by Gould Farm in Virginia, Michigan, and, more recently, CooperRiis, in North Carolina.

The late Gould Farm Director and Harvard Divinity School professor, James

Luther Adams, noted this about Gould Farm: "[A] community of this sort cannot grow in wisdom and stature without taking inventory from time to time... In the Gould Farm of the future there will be, as in the past, new treasures as well as old. Indeed, without new treasures, the old ones are themselves likely to disappear... Gould Farm cherishes its past, but it also moves venturingly into the burgeoning present." This balancing and synthesis of the past and present remain challenges for Gould Farm.

So, what finally happened with Jeff and the omelet? The heat of that August day did not disappoint. As noted earlier, we had spent the prior weeks in "training," during which time Jeff and I had broken down the omelet making process into small steps. Now it all came together and Jeff later that day did make breakfast, without assistance, for a satisfied customer. In so doing Jeff, despite his illness, was able to function in a highly stressful environment and was able to take the skills he learned at Gould Farm with him to the Farm's Boston program. Community, committed staff, expectation of work in increasingly demanding settings, and plenty of support all made this possible, and make this possible every day at Gould Farm. ☺

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He thanks Larry Abrams and Catherine McKee Mendelsohn for comments on prior drafts of this article. He also thanks Professors Calvin Wall Redekop and Charles A. Miller for their friendship and conversation around this and related topics.

Camphill: Working with Special People

By Diedra Heitzman and Jan Martin Bang



Camphill communities embody realistic and practical ways to address many of these issues. Their work is based on Rudolf Steiner's insights on agriculture, economy, ecology, human health, social forms, education, the arts, and spiritual practice—which continue to inspire many “daughter” movements, including Camphill. Worldwide, the Camphill Movement is present in over 20 countries. It has been in North America for 50 years, with 11 full member communities, two affiliates, and related communities developed by former Camphill residents.

Camphill communities integrate examples of healthy living. Community members learn by experiencing internal processes and struggling to realize ideals—efforts which often strengthen each individual. Acting to make life better surely has a positive impact on mental health, counteracting especially depression and despair. And the work of Camphill is now attracting interest because of its particular pertinence to evolving global social and environmental challenges.

The first Camphill was created in the 1940s by Austrian refugees from Nazism who were inspired by the Spiritual Science of Anthroposophy developed by Rudolf Steiner. They met in Vienna in the 1930s, brought together by Dr. Karl König. They fled Vienna after the Nazi annexation of Austria and met up in Scotland just before World War II broke out. There, in what became Camphill Schools, they began working with children with mental handicaps, and joined

Many issues cry out for solutions in the world today: devastating agricultural practices and food distribution systems that fail to provide for much of the earth's population while wasting usable food; water shortages and pollution; and the end of many ecosystems in their current form. Water, like oil, may well be the cause for wars within this generation. Old forms of leadership, governance, and organization fail, and there are huge disparities of resources, financial and otherwise, in country after country. Civil discourse gives way to anger and hatred. Is mental illness on the rise? What is mental health in a time of increasing stress and insecurity?

Relating to these realities can create a profound sense of distress. Yet real work toward solutions and with nature can restore balance, purpose, and hope. Currently many of us want to understand how to integrate the increasing number of people with autism and so-called mentally challenging and handicapping conditions, and to inspire social forms that encourage dignity and self-advocacy for vulnerable citizens. Can facing these challenges bring solutions in other aspects of life as well? Can we find sustenance and answers in wisdom about the role of human beings in the cosmos? Can intentional communities work to increase mental health while addressing the issues that create the stress—and through that work can we all become healthier in body, soul, and spirit?

by others, eventually created intentional communities where adults with mental handicaps were welcomed.

Camphill's main realm of service is to vulnerable populations, particularly children, youth, and adults who have been diagnosed with so-called developmental disabilities and other similar diagnoses. However, Camphill communities work to integrate those with and without labels in a communitarian structure which serves both the communities and the larger world. Camphill communities incorporate ecovillage lifestyles, biodynamic farms, and training programs; they are nonprofits with entrepreneurial aspects as well as income, resource, and task sharing.

Camphill life is challenging socially, full of intensive work, and not for everyone. It demands a high degree of idealism and willingness to put what society labels as valuable on the shelf and to extend value to everyday tasks. Brushing someone else's teeth may be as important as performing a play, harvesting squash more important than shopping.

Yet in Camphill something amazing can happen: people with so-called handicaps turn out to be helpful socially as teachers and guides. Those who come to the communities expecting to serve do that, but also learn they are being given unexpected gifts. When this occurs, and the narrow definitions fall away to reveal each person for the whole person he or she is, something almost indefinable happens: interest, respect, and love emerge. These qualities can contribute to an experience of gratitude—a step toward well-being. The next step is discovering that helping each other—and being helped by others—builds an integrated healthy society. Relating to shared tasks and to the natural world develops inner and outer strength.

There are many expressions of Camphill, as well as ongoing evolution in each community. Some typify small village life, including agriculture. These include Camphill Special Schools, Camphill Soltane, and Camphill Kimberton, all in Pennsylvania, Camphill Triform and Camphill Copake in New York,

Midsummer celebration.



All photos by Jan Martin Bang

Heartbeat Lifesharing in Vermont, Camphill Village Minnesota, and Camphill Notawasaga and the Ita Wegman Fellowship in Canada.

These communities include work on biodynamic farms and gardens, often combined with food processing such as cheese making, herb drying, and preserve making. The surplus products are often sold, sometimes through community supported agriculture (CSA) projects. Many communities offer baking, weaving, candle making, and woodworking. Herb growing may be combined with a medical practice and concomitant massage, art, and music therapies. Some communities have a shop or a café open to the public and arrange cultural events serving the local area.

Camphill Copake is home to Turtle Tree Seeds, growing, collecting, and distributing biodynamic seeds nationwide. Several communities offer training in therapies, while Camphill Ghent will offer elder care within an innovative cohousing village and



CSA pickup place at Kimberton.

Camphill: Glimpses of Community Life

By Wanda Root

agricultural context. Camphill Special Schools has developed college credits for its seminar in Curative Education, with a B.A. completion program in partnership with Prescott College in Arizona.

The Sophia Project serves homeless and indigent families in a distressed section of Oakland, California. Other urban/suburban centers include Camphill California, Sophia Creek in Ontario, Cascadia Society in North Vancouver, British Columbia, and the Hudson Project in Hudson, New York.

Through the presence of the Camphill communities and Waldorf Schools, surrounding regions have seen growth in various areas: local organic and biodynamic food production and distribution, anthroposophical training opportunities, sustainable business practices, interest in mission-related investing, anthroposophically-extended medical practices and therapies, and the arts. ☺

Diedra Heitzman has been a member of Camphill Village Kimberton Hills since 1983. She loves her life in Camphill: she is able to accompany so many fascinating people on life journeys, has learned about things she never expected to learn, has seen first-hand the power of community and the fruits of anthroposophy, and has seemingly endless opportunities to express ideas and learn more.

Jan Martin Bang, born in Norway, grew up in England and lived for 16 years as a kibbutz member in Israel before joining Camphill Solborg in Norway. He is now a close neighbour of Solborg and writes about community and the environment. He has written a book on Permaculture Ecovillage Design published by Floris Books in 2005, called Ecovillages—a practical guide to sustainable communities. A second book, Growing Eco Communities—practical ways to create sustainability, was published by Floris Books in 2007. Sakhnin—a portrait of an environmental peace project in Israel and The Hidden Seed—the story of the Camphill Bible Evening were both published in 2009. He has just edited A Portrait of Camphill, published to coincide with the 70th anniversary of Camphill.

There is a wooded, quiet valley in rural upstate New York. There are some old red barns, cows graze in the outlying meadows, and a brook runs through the valley. A peace-drenched, seemingly forgotten place, it is the home of Camphill Village.

Come, choose a path, walk down it and enter this landscape. Come, take a tour. Your guide greets you with an ear-reaching grin, an energetic and prolonged handshake, and bubbling vivacity. She seems proud that you have come to see her village. The way she talks, you might think she owned the place. And, as much as anyone else, she does.

Along the way, you pass a tall, determined, rather elegant man intently guiding a profoundly handicapped woman down the country road. Suddenly, he drops her hand, spins around three times, bends down, picks up a leaf and crumples it between his fingers. He sniffs it, gingerly, then goes back to fetch his charge and proceeds with renewed determination. You meet many people on the way to work, and they check your progress repeatedly.

“Who are you?”

“Nice day!”

“You happy?”

“It’s my birthday tomorrow.”

There is openness, friendliness, and warmth.

You meet a baker along the road, aproned and capped in white, carrying a bright blue bucket of fresh loaves. Someone else approaches, but only continues on slowly, buried in solitude. An officious looking gentleman passes. He nods rather curtly, checks his timepiece, and moves right along with his briefcase under his arm. An inspector? No, he is the village courier, delivering internal mail and messages.

Do you hear that loud “Ya-a-Hoo-o-!” echoing down in the valley? The farmers are bringing in the cows from pasture. One farmer wears an unusual three-cornered hat—his t-shirt—wrapped around his head. The other has a broad, contagious grin. If you follow their footsteps, you would come to Sunny Valley barn where you could watch them hand-milk their cows.

Here come the gardeners; their wheelbarrows overflowing



Greenhouse at Copake.

All photos by Jan Martin Bang



Camphill household in Norway.

with spinach and onions. One stops, picks up a basket of vegetables, and carries it into the house. He wipes his muddy boots, hastily, and proceeds through the boot room inside. Would you like to go inside too?

You wander into the living-dining room. There is a round wooden table set for 12 with a vase of fresh flowers in the center on a handwoven cloth. The windowsills are filled with plants

and crystals. Original artwork adorns the walls. Your guide pops into the kitchen.

If you had really taken a tour of the village, your guide would have made sure you had also seen the wood shop, the bakery, the weaving shop, the healing plant workshop, and the gardens. You would have been reminded to stop at the gift shop on your way out of the village. 🐦

Wanda Root spent the '70s in Camphill communities in Scotland and has lived and worked in Camphill Village Copake, New York for the past 30 years. She took special delight in her years of homemaking and the enriching human relationships developed through life-sharing. She loves literature and poetry, travel and pilgrimage, and is especially interested in exploring and cultivating the social art. She has recently co-edited Seeds for Social Renewal, the Camphill Village Conferences. Her piece is a much shortened version of an article she originally wrote for Village Life: The Camphill Communities which was published in 1986/87 for the 25th Anniversary of Camphill in North America.

Camphill: The Way of My Brother

By Bill Prensky

My brother Jonathan arrived on October 5, 1956, plunking himself down in New Rochelle, New York, in the midst of our family.

Jon's birth was surrounded by a lot of confusion. There were tests, conferences, talking with doctors. We were told that Jon was a Down's syndrome baby, somehow different from the rest of us. This confusion didn't end with the diagnosis. A lot of questions remained to be answered: Was he truly? How severely? I was in the fifth grade, and these questions intruded into my life.

By the time he was two, it was clear that Jon was different. He had stayed a "baby" brother far longer than the brothers of my friends. He needed things done for him much longer. He didn't learn to walk well. He didn't speak so well. People wanted to know "what was wrong with him."

Jon taught me to see others in a clearer light. He was my barometer. Jon evoked a reaction from everyone. Nobody was immune. And these reactions revealed each person's character. He was slow to develop, and behind his age group physically, verbally, and in independence. Even at five and six he had to be pushed in his stroller, and couldn't express himself in a manner which was recognized as "normal." No one escaped reacting to him, even if only for a fleeting moment. And in that reaction each person's psyche was revealed, and nothing afterward could change the truth of that vision.

I began to decide certain things based on those reactions: I wouldn't shop at cer-

tain stores, because the owners' reactions to Jon were not kind or understanding. I judged the adults around me in the manner in which they related to Jon.

There were those who just accepted him and loved him simply. Jon's grandmother was one. A Russian Jewish immigrant, she had no notion of Down's syndrome. She just loved him and took care of him, as she did the rest of her grandchildren. Our brother Sam, the youngest of the family, accepted him. As Sam quickly outraced Jon and surpassed him in physical and mental development, he quickly shifted gears and became the protector and older brother.

Still, Jon was an outcast. The society in which he found himself had no place for him. His behavior was disquieting, his abilities too limited for him to find a comfortable place in state school or in special education classes.

And then a small article appeared in a local paper. Word was passed from parent to parent. A lecture was going to be given on disabled children and on Camphill Special School, this "place" in Pennsylvania where everything was different. It



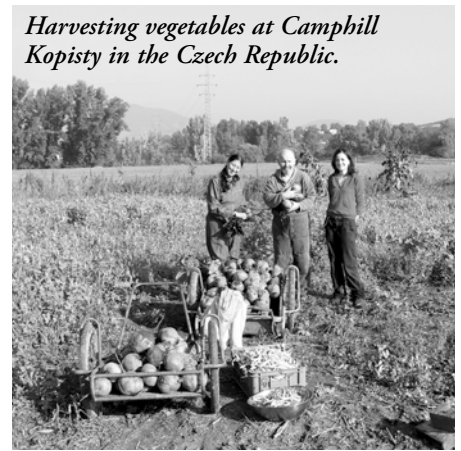
*Jam making at
Camphill Le Beale in France.*



Flowforms at Copake.



Jam for sale at Camphill Le Beale in France.



Harvesting vegetables at Camphill Kopisty in the Czech Republic.

All photos by Jan Martin Bang



grabbed the attention of a number of parents who had been searching. They went to listen, and sat spellbound. Interviews were set up. Carlo Pietzner sat in a motel room and interviewed, not the parents, but the children. He had long and meaningful conversations with Jon and a number of other special children. A decision was made. They would go to Camphill.

Jon left home and went to Camphill Special School. There he began a life quite different from what would have been possible for him at home. Living in a house among a number of houses around the village, with other villagers, with house parents, children, and farm animals, he entered a world that slowly began to work with him to evoke that special Camphill magic: to help him find all that he could express, manifest, develop.

Jon grew up. He went from Beaver Run to Camphill Village, Copake, New York, with a couple of detours in between. ☺

Bill Prenskey is a businessman living in New York.



These three articles are shortened and edited extracts taken from the book A Portrait of Camphill, published in 2010 to coincide with the 70th anniversary of the Camphill Movement. North American distributors are Steinerbooks: www.steinerbooks.org. Find out more about Camphill: www.camphill.org.

Nurturing Healthy Minds

By Elizabeth Barrette

When people talk about “mental health,” they usually mean mental *illness*. We’re just starting to see studies on happiness, for example, but that forms the absolute foundation of everything else. You can’t fix a problem if you don’t know what “optimum function” looks like. So the first step involves understanding what makes a healthy mind.

Intentional communities directly address a lot of the reasons why people feel unsatisfied with mainstream society or develop mental illnesses from lifestyle stress. A good community provides a very healthy place to live. This should be one of our main selling points to attract new members, but we rarely look at it that way. Let’s consider some of the ways that living in community can nurture healthy minds, and what people can do to promote that.



Kinship

People need people. That forms the basis of families and friendships. Intentional communities draw together people who cherish strong social connections. Contrast this to the mainstream, where people can easily lose touch with relatives, neighbors, coworkers, and others as their busy lives carry them apart.

Intentional communities help members to create and maintain close personal ties. Family units of various sizes and shapes find support in community. Large families enjoy the big public spaces. Single-parent families appreciate having other adults nearby and extra playmates for their children. Elders find company with close friends, even if their own relatives live far away. Single people may find a partner with someone of like mind. Everyone gets to hang out with neighbors, encouraging friendships.

Consider what your community does to support kinship. What kinds of family structures do you have? How do your buildings and other facilities encourage people to gather and interact? Have you celebrated marriages, births, and other special occasions in community? How do you resolve conflicts between people? What steps do you take to help new members weave themselves into your web of relationships?



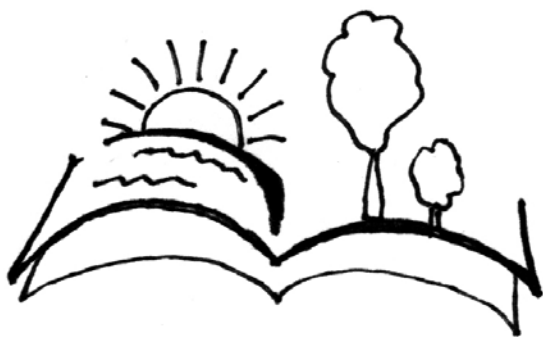
Security

Food, shelter, and clothing are commonly listed as the basic requirements for life. Health care is another. These typically require some kind of financial security, most often a job. In today’s world, employment is often precarious—and losing a job can easily lead to losing health insurance, housing, and other vital resources. This tends to make people anxious,

especially if they lack a social support network to help them through emergencies. That anxiety can cause or worsen a wide range of mental and physical complaints.

Living in community fosters a sense of security. Older communities with a decade or few of history have an edge here. Younger communities can set this as a goal, establishing traditions and working to create a stable lifestyle. On-site employment offers another advantage; members are unlikely to get fired for trivial reasons or have their job transferred to a foreign country. Some businesses, such as green construction or farming, produce goods for the community as well as income. Similarly the housing situation is more stable. A large community may bargain for favorable insurance rates. People may benefit from a fellow member's alternative health practice, too. Income sharing offers an option for buffering the financial peaks and valleys by sharing resources among members.

When people feel secure that at least their basic needs will continue to get met, that boosts their resilience in the face of challenges. How stable do you consider your community? What's your turnover rate as members leave and join? How long does each member stay, on average? Do you have any community business(es)? Where do you get your food? What is your housing situation? How does your community weather sudden, unexpected expenses? How do you help members reach a state of security if they have problems? What are some traditions that characterize life in your particular community?



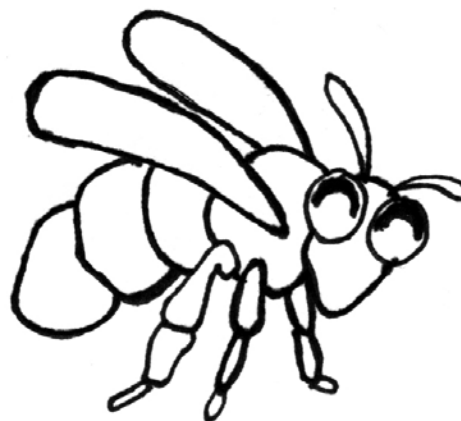
Education

Most people equate education with school, and the mainstream world encourages this. People go to school, graduate, take jobs—and while they may get some on-the-job training, the amount of learning and exploration typically plummets. Furthermore, classes cost money and not everyone can afford that.

However, learning is a lifelong process. It lets us acquire new skills for fun and profit. It introduces new knowledge. In community, there is always something else to learn—and usually someone willing to teach it. Some communities have a formal education program where they teach group facilitation, gardening, yoga, or other topics to visiting students. Others prefer an informal exchange among members; if you want to learn cooking, you volunteer in the kitchen and the people who already

know how to do it will show you.

Education enriches not just the lives of individual members but also the community's total skill pool among its personnel. One experienced carpenter begets two apprentices, and pretty soon everything that needs fixing gets fixed pretty quick. What things have you learned from fellow members? What have you taught? What would you like to learn? If a new member lacks important social or practical skills, how do you fill in the gaps? How do you import skills or knowledge that no member has yet? Who are your best teachers and most enthusiastic students? Does your community have a formal or informal arrangement for teaching? Do you teach visitors or only members? Why?



Productivity

People need to feel useful. They want to do something that *matters*. For most folks, this involves a career. Others find their fulfillment through volunteer work or raising a family. Certain hobbies, such as gardening and crafts, also produce something worthwhile. However, unemployment can pose a serious threat to productivity—it tends to make people feel useless and depressed, a growing problem in a time of low job security.

Living together means that there is always something productive to do, whether it involves cash or not. Some communities have their own business(es) or at least workspace for hobbies or home jobs. Most keep a list of chores, expecting members to sign up for some amount of community upkeep. Work parties are good for big tasks or seasonal projects. Raising vegetables, fruits, herbs, and even livestock contributes to the food supply. Maintenance and repair are ongoing needs. People in community also tend to share social tasks such as babysitting, helping neighbors who are sick or injured, and planning group events like parties.

Work keeps folks occupied, meets practical needs, and promotes feelings of accomplishment and satisfaction. What opportunities for meaningful activity does your community offer? Do you have a garden, a workshop, a public kitchen, etc.? Can these entice visitors to become members? How are community needs identified and tasks divided? How are member skills acknowledged and used? How are people compensated

or appreciated for their contributions? How much of the community's goods and services do members produce? Who takes care of the social tasks? Who interfaces with the outside world? If a member loses an outside job, how does the community respond? If something doesn't get done, or done right, what happens then? How important is a prospective member's employment status or skill set in determining their acceptance?

comforts in times of hardship. It helps pull a community together when members are born, get married, or die. Does your community have a spiritual focus, and if so, what? Where can members go to practice their beliefs? Do you have clergy? How do you approach the topic of spirituality with prospective members? What are your expectations regarding religious tolerance? If someone's relationship with the Divine gets damaged, how do you deal with that? What kind of support do you offer for members seeking to deepen their relationship with the Divine?

Illustrations by Yulia Z.



Spirituality

Although individuals may choose to avoid religion, societies don't. Large-scale attempts to remove religion from a culture typically end with people gravitating back to their religion (or a new one) later. Connection with the Divine seems like a consistent human need, and sharing spiritual activities with other people is extremely popular, although the details vary greatly according to time and place. Religious community used to provide one of the main anchors in a person's life, but has become a more haphazard part of modern society. Not everyone likes the church they grew up with, and finding a better fit can prove challenging. Exploring various religions, however, expands knowledge and aids tolerance—whether or not the seeker settles on a particular path to follow.

Spirituality comprises one of the most popular focal points for intentional community. Certain types of community, such as an ashram or kibbutz, form around religious values and typically attract members who all belong to the same religion. They provide a peaceful place for spiritual growth. They usually establish substantial space for worship. Other communities focus on shared spiritual or philosophical ideals—such as non-violence or service—but do not restrict themselves to a specific religion. Even communities with a secular vision tend to have at least some members with a spiritual bent, not all of whom may want to attend an off-site church. (For that matter, enthusiastic discussion of atheistic principles counts, too.) These may set aside a room or outdoor space for individual or small group prayer, meditation, or similar activities.

Spirituality enlightens the soul during times of peace and

Beauty

Beauty is not just idle decoration, but a source of emotional nourishment. Different people find it in different things—colors, shapes, music, the architecture of buildings, paintings, sculptures, garden design, carefully prepared food, animals, other people. Making, observing, or otherwise enjoying beautiful things brings joy and contentment.

Each community expresses its personality through choices in decoration and design. Consider the different messages sent by a glittering geodesic dome of glass and metal, a rustic little strawbale house, or a big flat-walled condo covered with brilliant murals. One community garden might feature formal knotwork herb beds, another a prairie meadow. Sharing resources can give members access to a kiln, a forge, a woodworking shop, a painting studio, or other delights difficult to afford individually.

Not only does cultivating beauty make members feel cheerful and fulfilled, it also helps attract new members. This forms a particularly strong draw in communities that regularly host classes, workshops, or open houses when many guests will be walking through to see what the place looks like. How does your community express and celebrate beauty? What's the first gorgeous sight that greets people on arrival? Are there spaces left for newcomers to add their touches, or is the place pretty full? What colors appear most widely—and are they planned or coincidental? Does your community have a consistent style, or is it eclectic? Where can members go to make things? Do you

hold craft nights or classes when people can share activities?
How do you celebrate each other's talents?



Recreation

Play counterbalances work. Everyone needs time to relax and have fun. Recreation includes everything from physical activities such as sports, dancing, or hiking to quieter pursuits like board games, reading, or puzzles. Movies, television, and music are popular for cultural interest. Some folks also enjoy traveling to museums, zoos, street fairs, concerts, and other attractions.

Member tastes determine what recreational facilities and equipment a community provides. One group might have every game under the sun in their common house, while another prefers several different sporting fields. Communities with a large land footprint may establish trails for hiking, bicycling, or horseback riding. A media room is a good way to encourage people to gather rather than hiding in private space with a television or computer game—and it also allows folks to pool resources for a bigger viewscreen and a nice library of movies and game cartridges. Storytelling, singing, and playing musical instruments all add fun to gatherings, too. A library offers quiet space and recreational reading. Ideally the offerings should span a variety of physical, mental, and emotional amusements.

Recreation gives people a chance to be frivolous and to make connections based on shared interests. How do members of your community spend their free time? Do they usually relax alone, or together? What resources does your community devote to entertainment? What new area or item do people want to add next? Do you have indoor and outdoor, active and sit-down options? When guests visit, do activities include some games or casual social time in addition to classes or other structured events? Does your community generally seem like a fun place to live?

Introspection and Outreach

Living in community makes it easier to live a balanced life, as long as your community is in reasonable working order. (A dysfunctional community is as destructive as a dysfunctional family, for many of the same reasons.) You may see it as a return to traditional values, or a glimpse of the future. A thriving

community nurtures healthy minds by lowering stress, boosting happiness, and providing mutual support. Play to your strengths by exploring how intentional community can meet needs that conventional society may leave unfulfilled. Then build on that.

Take some time to discuss your community together. What is your history and your vision? How do those provide a framework for the community experience? How does your community offer its members opportunities for kinship, security, education, productivity, spirituality, beauty, and recreation? You might find it useful to list the available resources in each of those areas. Consider scoring yourself on personal life fulfillment in those too, and compare that to how well you feel your community is doing. What are the high points? What are the lows—and are those really lower priorities for you, or have they simply slipped out of attention? Does anyone feel that some of their needs aren't getting met? What improvements could you make? How happy, secure, and satisfied are the members of your community in general? Does this seem to beat the average in the mainstream?

Finally, consider what your community has to offer, as it stands, to attract new members. Discuss and agree on two or three of your strongest points. Compare those to the complaints you hear from the mainstream culture, or from people who aren't satisfied with their current community and seek a new one. (This is important: no community is good for everyone, nor is a given person right for all communities, so people need to find a good match.) Will your current strengths and attractions appeal to the kind of members you want? How can you describe, advertise, or otherwise promote your offerings to potentially interested people—especially those who might not know about intentional community yet, but would love it if they did? Once you understand exactly what your community does for you, then you can explain what it will do for future members. ♡

Elizabeth Barrette writes and edits nonfiction, fiction, and poetry in diverse fields including speculative fiction, green living, community, and politics. Recently she has published the article "Balancing Powers: Leadership and Followership in Community" in COMMUNITIES magazine and the poem "In Coherent Light" in Sci Fi Short Story. She supports community spirit and is active in local organizations. She has observed the development of social connections in cyberspace. Visit her blog The Wordsmith's Forge (ysabetwordsmith.livejournal.com).

International Conference about Intentional Communities



Bill Metcalf addressing plenary session at the ICSA 2010 conference, Israel.

Imagine being with a couple hundred committed and passionate academics and intentional community members, meeting for several days to discuss/argue/theorise and learn about communal living around the globe. Such is the triennial conference of ICSA, the International Communal Studies Association (see www.ic.org/icsa), most recently held in Israel.

Since ICSA was formed in 1985 we have met in USA, UK, Germany, Holland, Italy, and Israel. Our conferences are usually about three days long and preceded or followed by several days touring nearby intentional communities. While the majority of delegates at an ICSA conference are either academics or postgraduate students, there is always a sizeable group of intentional community participants anxious to tell the world about their communal groups and learn what else is happening in this field around the globe.

ICSA's 2010 conference was held at Emek Yezreel College about an hour inland from Haifa, Israel, in the rich farmlands of the Yezreel Valley. Most delegates stayed at Kibbutz Mizra (established in 1923 and now with over 600 residents) either in their guest cottages or hotel. We chose Israel for our 2010 conference because this is the centenary of the formation of the first kibbutz, Degania, in 1910.

Speakers came from Australia, Canada, Germany, Israel, Italy, Mexico, New Zealand, Norway, Poland, Spain, UK, and USA. Their illustrated talks ranged from studies of historical intentional communities to studies of contemporary religious intentional communities such as the Bruderhof and Hutterites, environmental aspects of intentional community, literature and intentional community, Socialism, Utopianism and intentional community, gender issues, the family and community, and on and on the list goes. Interspersed within this rich intellectual material we enjoyed entertainment such as from a mixed Arab-Israeli Girls' Choir, story-telling sessions, plenty of eating, drinking, laughing, catching up with old friends, and making new friends.

At the meeting of ICSA's Board of Management, Jan Bang, from Norway, became our new President, and we decided to hold our next international conference at Findhorn Foundation, Scotland, in June 2013. Findhorn was founded in 1962 and is one of the largest and best-known ecovillages in the world. Our ICSA conference there will offer delegates a superb opportunity to experience the "magic of Findhorn" as well as

talk about their own, and learn about other, intentional communities.



At the end of our three-day talkfest in Israel we set off for a two-day bus tour of Israeli communal history and current developments. We start with Kinneret Courtyard, the walled compound established in 1909 to help Jewish would-be communards coming to Palestine to link-up with fellow travellers. This lovely spot, on the southwest shore of Sea of Galilee, has been crucial to the development of intentional communities in Israel, including Kibbutz Degania. Today it is a National Heritage Site managed by members from the small, young Kibbutz Na'aran.

From there we go to Israel's first kibbutz, Degania, established by two women and 10 men on 29 October 1910 (www.degania.org.il/eng/general.htm). When Albert Einstein visited Degania in 1923 he marvelled at their communal ways but predicted they would not last long. Degania, however, is still going strong with about 500 residents. Because the original communards came from Russia, and their architect from Germany, they built barns according to northeast European rural design—often quite inappropriate for the Palestinian climate. Today, Degania operates a large-scale farm, which includes chickens and dairying, plus growing bananas, dates, and avocados. Degania also owns and operates Toolgal, a machine parts manufacturer employing about 100 people, as well as numerous small businesses such as bookbinding, stained glass, and architectural design. Degania is a prosperous, lovely, and lively commune.

Our next stop is Kibbutz Lavi (www.lavi.co.il), established in 1949, and one of only a few Orthodox Jewish kibbutzim (most kibbutz members, like most Israelis, are not very religious). Lavi has about 650 residents who work for and are supported by the collective. Members' housing, food, education, and medical care are provided "from cradle to



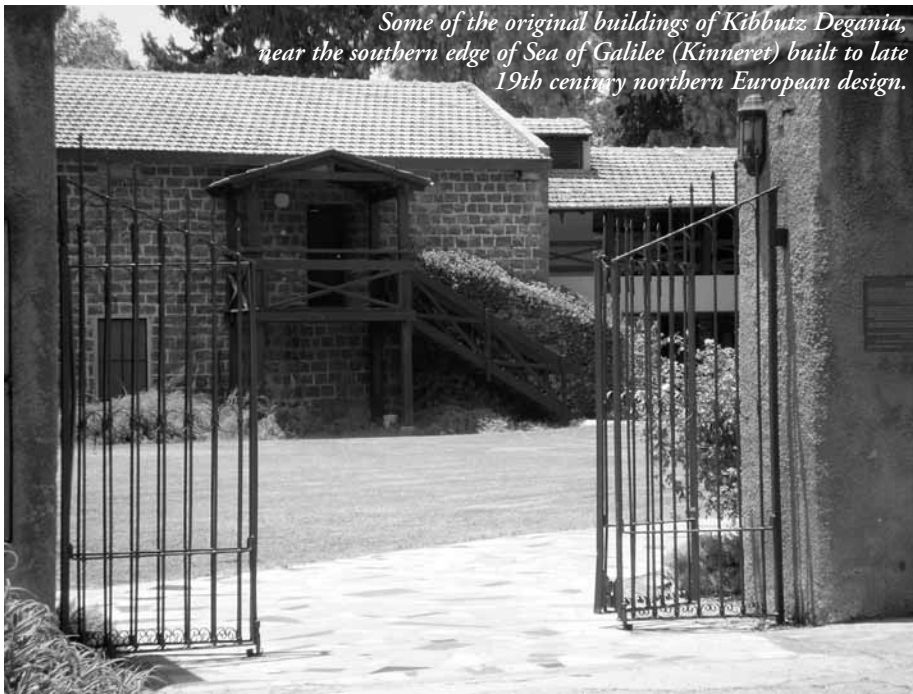
Members small family housing at Kibbutz Lavi, a prosperous religious kibbutz.



Housing at Kibbutz Eshbal overlooking the arid plains of northern Israel.

grave" out of the communal coffers. Even personal laundry is a collective responsibility! Lavi's businesses include a large resort hotel, dairy herd, beef farming, and furniture factory. Lavi is maintaining the conventional kibbutz approach to communal living, and is doing so in a very prosperous way.

The next morning we go to Kibbutz Beit Ha'emek in northern Israel, a group who are privatising and moving away from conventional communal living. Beit Ha'emek, formed in 1949, now has about 450 residents who operate several large farming ventures such as growing avocados, citrus, and cotton, plus dairying and poultry. They also operate a high-tech biotechnology business and several small businesses such as Hebrew-English-Hebrew translation. Members now receive an income, and are responsible for their own meals and welfare. Beit Ha'emek's large dining hall still



Some of the original buildings of Kibbutz Degania, near the southern edge of Sea of Galilee (Kinneret) built to late 19th century northern European design.



Luxurious housing at Kibbutz Palmachim overlooking their own beach on the Mediterranean coast.

It will be fascinating to see how these semi-privatised communes cope.

operates, but members pay to eat there. This semi-privatised commune is lauded in glowing terms by some members, seen with cautious optimism by others, while one long-term member openly expresses her anger at changes that, in her eyes, are destroying her community.

Having spent time at Kibbutz Beit Ha'emek while conducting research in the 1980s, and having a good friend there (Professor Henry Near), I feel saddened by

what appears to be the unravelling of this prosperous 61-year-old commune. Sitting under an ancient olive tree in front of their Dining Hall, I reflect on how the Arab villagers of Kuweikat, previously on this site, were driven out by Jewish militia in the 1948 war, only months before Beit Ha'emek pioneers claimed the site. Henry agrees, "there's a sad and intractable problem here I won't attempt to deny." I can't help wondering if this is some form of karmic retribution? Or is that being too emotive? Is my mind wandering, from intellectual overstimulation and lack of sleep?

Privatisation is a process found in most contemporary kibbutzim (although euphemistically known, in Orwellian newspeak, as a "renewal kibbutz"). While some members lament the loss of communal zeal, others see this as the only way these large communes can cope with 21st century economic, political, and social reality. It will be fascinating to see how these semi-privatised communes, such as Beit Ha'emek, cope.

Our next intentional community is Kibbutz Eshbal (www.eshbal.org.il), formed in 1997 by a group of 60 young idealists on a small, hilly and stony block of ugly land (previously a military post). They refer to themselves as "hard-core pioneers." Unlike other rural kibbutzim, Eshbal members make no attempt to develop agriculture (just as well, given their land!), instead seeing their mission as promoting peace, equality, responsibility, and commitment through education, particularly of "at-risk" youngsters, while also demonstrating a new model of rural communal living. Members live within small households, known as "kvutzot," and seem to follow a somewhat anarchistic form of vaguely consensual decision-making, very different from the democratic model of conventional kibbutzim. They have only three children and seem unclear about how child-rearing will be managed as numbers grow. There is a hard edge to Eshbal with which I feel uncomfortable.

We finish our post-conference tour of Israeli intentional communities at Kib-



butz Mish'ol. It was established only in 2000 so it is the youngest intentional community we visit, but it is the largest urban kibbutz (see *COMMUNITIES* #149, pp. 57-59). The 82 Mish'ol members are in their 20s and 30s, devote their work and positive energies to promoting peace, equality, and justice, and think of themselves as reinventing the kibbutz for the 21st century. These well-educated and passionate members are inspiring and fun to be with. This ends our tour.

In Israel, as well as attending the ICSA conference, I visit old friends in Kibbutz Palmachim and Kibbutz Kadarim, make new friends, see new examples of communal living, visit Jerusalem for five days, am inspired by my fellow academics and postgraduate students, both saddened and inspired by the changes to the kibbutz model and, of course, I am once again challenged by the enigma that is Israel. I find so many Israelis, both Jewish and Arab, so friendly and helpful—I am made to feel at home—yet the omnipresence of armed soldiers in this militarised state has me always on edge. The unresolved problems of peace, security, and justice for both Palestinians and Israelis arouse plenty of heated discussion and arguments—but few answers. I deeply admire so many aspects of Israel while being just as appalled by others. Israel, I



Upper left: Old friends: Professor Henry Near and Dr Bill Metcalf at Kibbutz Beit Ha'emek, on site of previous Arab village of Kuweikat.

Upper right: Large dining room of Kibbutz Beit Ha'emek, now a restaurant open to the public.

This photo: ICSA and Kibbutz Lavi members dine together in dining hall.

find, is a hard country to love.

I want to think that the peace movement exemplified by young kibbutzim we visited such as Eshbal and Mish'ol, and others such as Migvan, Na'aran, and Tamuz, are part of the answer to what plagues Israel and the Occupied Territory of Palestine. I really want to think that! ☺

Dr. Bill Metcalf, of Griffith University, Australia, is the author of numerous scholarly and popular articles, plus seven books, about intentional communities, the most recent being The Findhorn Book of Community Living. He is Past President of the International Communal Studies Association and has been COMMUNITIES magazine's International Correspondent for many years.

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COMMUNITIES WITH OPENINGS

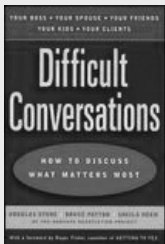
BIRCH CREEK ARTS AND ECOLOGY CENTER, SISKIYOU MOUNTAINS, OREGON. Nestled in the Little Applegate River canyon, we invite you to join us creating intentional community in a wild and rustic setting. Our focus is living in a neighborhood of wilderness cabins, south facing solar exposure, growing food, celebrating the abundance of nature, serving the greater good. Our spiritual work helps us to provide a sanctuary for educational retreats including the 11th Continental Bioregional Congress in August 2011. www.cbc-11.org Located at historic Trillium Community Farm, BCAEC offers various opportunities for learning about and living in community; internships,

residencies, members/partners. trillium@deepwild.org www.deepwild.org

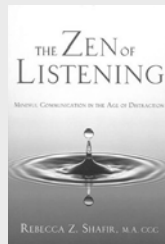
THE MIDDLE ROAD COMMUNITY NELSON BC. This magnificent five bedroom log home is one of eleven homes in The Middle Road Community, a thriving cohousing strata-development with a strong sense of neighbourhood living. Located on a sunny elevated bench on Nelson's North Shore of Kootenay Lake, this strata consists of 52 acres of forest, wetland, fields and meadows. Half is developed as 11 privately-owned lots with the rest remaining commonly shared property, which includes 2.5 acres of organic garden and orchard, horse pasture, community hall and play grounds. This particular lot is quiet, private, and secluded. The warm and inviting home was built with a strong environmental consciousness using primarily natural, renewable materials. The unique qualities of this home's many comfortable spaces evoke an experience of connection with the surrounding beauty. Features include radiant floor heating, sound proofing organic insulation, central vacuum, Japanese water-room and tub, custom-built high-end birch cabinetry, energy-saving fridge, marble shelf cold cupboard, front-load washer and dryer, double-coated wiring, and four decks: southern exposed large deck, covered cozy seating deck, game-enticing open deck, and outdoor sleeping porch. Enjoy the spectacular views from this bright and enchanting home overlooking Kootenay Lake. For photos and more information: Canadian Co-Housing: <http://cohousing.ca/openrealty/open-realty208b/index.php?action=listingview&listingID=67> BC Homes for Sale: <http://www.bchomesforsale.com/view/nelson/lilli/Default.htm>. Lilli Ruth Rosenberg. (250) 825-0023. Lilli23@shaw.ca

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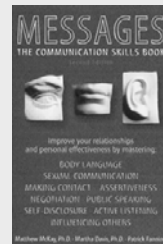
Community Bookshelf



Difficult Conversations
250 pp, softcover; 2000.
Lays out a structure for understanding challenging conversations, pitfalls and how to avoid them for better relationships.



Zen of Listening
263 pp, softcover; 2003.
Listening happens all the time... or does it? This book encourages self-reflection and offers clear pathways to grow your skills in listening well.



Messages
320 pp, softcover; 1995.
Multilayered book about communication, including with groups and individuals, verbal and nonverbal messages, and even a chapter about working with kids.



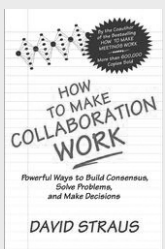
Getting Over Getting Mad
176 pp, softcover; 2001.
Rather than avoid anger, this book lays out how to deal with it productively and find a good role for this trickiest of emotions in your life.



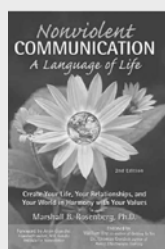
Sitting in the Fire
267 pp, softcover; 1997.
Looks at conflict and high emotions in large groups and offers ways to engage not only productively, but dynamically.



Rebuilding Trust in the Workplace
(new) 126 pp softcover; 2010.
Bring trust, healing, genuine communication, and community into your workplace.



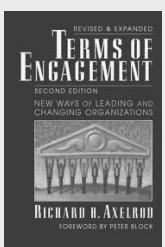
How to Make Collaboration Work
250 pp, softcover; 2002.
Practical and accessible, this book breaks down different aspects of collaborations for a range of settings. Especially good chapter on collaborative leadership.



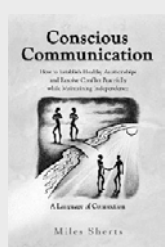
Nonviolent Communication
211 pp, softcover; 2000.
The classic book for improving your communication. Used by study groups, individuals, and teachers all over the world.



Communities Directory
512 pp, softcover; 2010.
New edition of the FIC's guide to finding and connecting with communities, with over 1,000 listings.



Terms of Engagement (new)
228 pp softcover; 2010.
This classic bridges the worlds of business practice and neuroscience, community building and management, human connection, and efficiency.



Conscious Communication
334 pp, softcover; 2009. Like NVC? You'll love this! Does a great job of explaining why things work, and offers a long list of tools to get at better communication from all sorts of perspectives and styles.



A New We (new: DVD)
120 minutes, 2010.
Profiles of sustainability-focused communities in Europe. Great addition to your community video collection.

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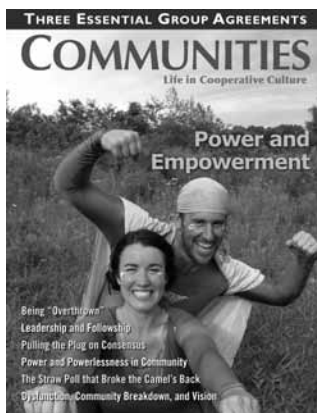
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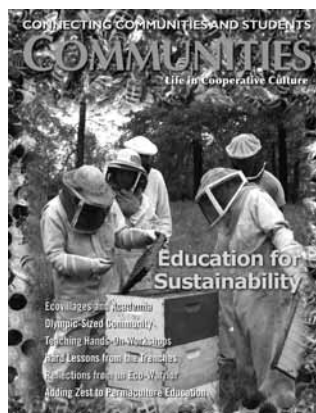
#149 Elders

It Takes a Community to Grow an Elder; Elderhood, In and Out of Community; Becoming Elders; A Legacy of Beauty; Remembering Jane Owen; Snapshots of Elders; Aging in Community; Green Houses; Perspectives from Sao Paolo; The Making of Senior Cohousing; Reinventing Retirement; And I Listen (Winter '10)



#148 Power and Empowerment

Being "Overthrown"; Balancing Powers; Leadership and Followship; Power and Disempowerment on the Ecobus; Pulling the Plug on Consensus; Dysfunction, Breakdown, and Vision; The Power of Process; Moon Valley; The Straw Poll that Broke the Camel's Back; Call in the Experts? (Fall '10)



#147 Education for Sustainability

Ecovillages and Academia; Teaching Hands-On Workshops in Community; Leadership for Social Change; Hard Lessons; Olympic-Sized Community; How to Add Zest to Your Sustainability Education Program; Building for Health; Car-Reduced and Car-Free Communities. (Summer '10)



#146 Family

An Abundance of Dads; Second Family; When an Ecovillage is Raising Your Child; Parenting in Community; Exploring Family; Being Almost Two Years Old - Again; A Community Newcomer Finds Her Rhythm; Nudging at Boundaries; G8; Asperger's; Together and Apart; Family Drama; Problem Solving in Community (Spring '10)

#145 Health and Well-Being

Earhaven Culture; Health and Community; Embracing a Terminal Illness; Garden as Therapist and Community Organizer; Cell Phones, Education, Farming, and Mental Health; Gut Health; Shakers; Artabana; Healing Biotope; Asthma and Allergies; Senior Cohousing; High Wind; Health and Quiet; PEACH Health Care Plan; Bullies. (Winter '09)

#144 Community in Hard Times

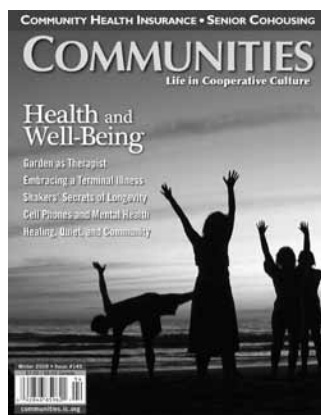
Emergency Community; Hard Times at Orinda; Shared Living; Birthing a New Order; Building Community in Hard Times; Throwing in the Founder's Towel; Somerville Ecovillage; The Transition Initiative Comes to Cohousing; Food Security; Gardens of Gratitude; Swanholm Goes Carbon-Neutral; How Collaboration Falls Short. (Fall '09)

#143 Ecology and Community

Sharing and Climate Change; Revolutionary Communitarianism; Cars and Rabbits; Ecovillages, How Ecological Are You?; Findhorn's Incredible Shrinking Footprint; How Ecology Led Me to Community; Reindeer Herders of Northern Mongolia; Water is Life; Environmental Activism. (Summer '09)

#142 Festivals and Gatherings

Festivals at The Farm; FIC Events; Adventures in Temporary Community; Burning Man; Comin' Home to the Rainbow; Network for a New Culture Camps; Sandhill Sorghum Festival; Celebration as a Way of Life; Festival of the Babas; Currents Community; Relocalization; Poetry in Community. (Spring '09)



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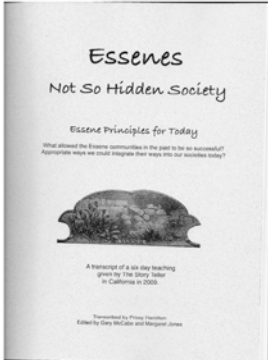
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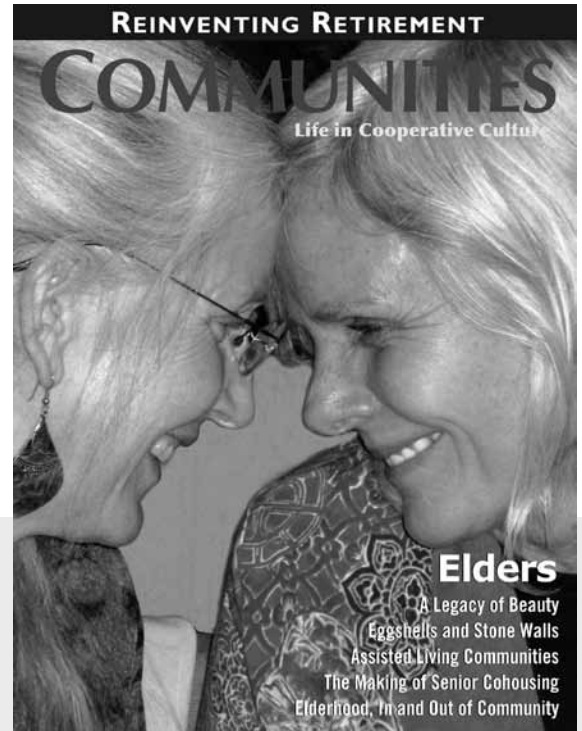
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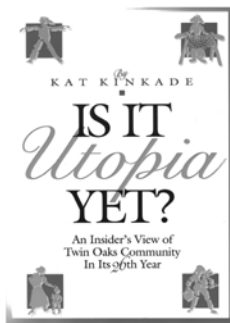
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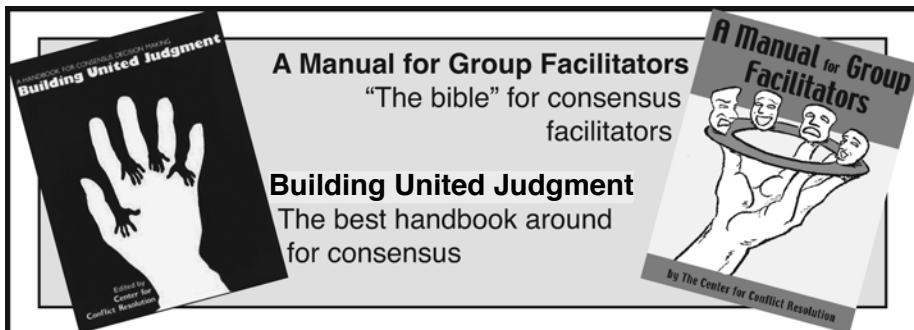


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- **GROWING A CULTURE OF COMMUNITY HEALTH AND WELL-BEING AT EARTHAVEN ECOVILLAGE**
Arjuna da Silva

At a permaculture-based ecovillage in North Carolina, care for the earth, care for people, and care for inner health all benefit from a dynamic culture based on local self-reliance, holism, and community. (From Issue # 145 - *Health and Well-Being*)



- **REVIEW: HEALTH AND QUIET**

Noise and quiet can both affect well-being profoundly. Gordon Hempton's *One Square Inch of Silence* offers ear-opening stories and

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Since the site is new we are still working out the kinks and adding new features. If you find problems or have suggestions please let us know and we'll see what we can do to improve the site. Thanks for your help.

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THE INFLUENCE OF COMMUNITY ON MENTAL HEALTH

(continued from p. 31)



express the love between them. Despite all odds, a woman with a fairly serious mental health issue, who easily could have been relegated to an institution or lived life as a cripple, was able to be the good and caring mother she wanted to be. With community support, an illness doesn't have to hold back you or your loved ones.

The relatively low incidence of mental illness in our group may also be because each individual has more personal freedom to carve out whatever lifestyle suits them; to pick and choose what they do and don't want to do. That tends to take a lot of stress out of life and reduces the kind of emotional breakdowns that come from trying to cover obligations and responsibilities that don't necessarily suit the individual's particular nature. The challenges and demands of day-to-day life are distributed so that not everyone has to know how to cook or garden or fix things. We help take care of each other.

Friends are at hand to help when you are having difficulty with situations or people in your life. Parents are not on their own to nurture their children; spouses are not on their own to support and care for their partners. Friends are involved and interested in your wants and your successes and victories as well as being there for your downfalls and defeats.

Chronic illness, mental or physical, can be most overwhelming to the people closest to the stressed person, and can really wear them down. If you have friends who can help you, there's less chance for upset between the parties, less inclination to take it personally or to succumb to anger. If being a couple means you are solely alone or stuck with whatever illness your partner gets, whether it is cancer or chronic depression, it's pretty frightening. Having friends to spell you, help you, and possibly be more objective, eases the burden for the caregivers and reduces the guilt of the cared for.

Living closely with many other people allows us to share in more of life's joys than just our own. It also means we share in more problems than just our own. In our group we think of ourselves as responsible hedonists, and that means if someone is acting out in an inappropriate or self-destructive way we have to get involved because they are in our lives and their unhappiness affects us. So we take each other on for the good times and the bad times. And as far as we can tell, that results in more good times. ☺

Cindy and Friends are all long-term members of Lafayette Morehouse. "In our 42 years of living together, we have found that things are more fun when done with others, including writing." For this article, this group-within-a-group consisted of Cindy Baranco, Ilana Firestone, Marilyn Moohr, and Judy St. John. For more information, visit www.lafayettemorehouse.com.

HOPEFUL NEW STORIES FROM THE OLD WORLD

(continued from p. 80)



eco-community emphasizing direct experience in nature; and Tamera, a peace education and research center in south Portugal inhabited by 200 people.

While Stefan obviously chose interviewees who believed in each project (rather than seeking out, for example, disillusioned ex-members, of which I would guess there are some), the candid nature of the interviews here make each video portrait both believable and ultimately inspiring. I never felt as if I were being “sold” anything, only given a window into each way of life—one that effectively conveys how hopeful and game-changing these kinds of life choices could be as humanity faces an uncertain future.

Of course, in reality, a 10- to 20-minute video portrait can only scratch the surface of what there is to learn about each group. I sensed that there were many more stories to tell about each place, which a video of this length could never hope to include. Based on my own community experiences, I could sense (or project) unspoken dynamics and issues into several of the settings. I never found myself rolling my eyes, but I did raise my eyebrows at the opening of one segment, in which the female cofounder is peddling away on a human-powered washing machine while her male partner lounges in a hot-tub and philosophizes about luxuriating in the senses. (Later, though, this comically unbalanced first impression is corrected when he introduces us to an intriguing mandala game he designed to distribute household tasks in a fair and fun way.) In another segment, I couldn't help but wonder about the power dynamics in a small community created by a single visionary individual; and in another, about whether members might eventually backtrack on their current degree of buy-in to a shared spiritual philosophy, and whether there were any “doubters” that we didn't meet.

But none of these questions derailed the experience of watching the video; instead, they just provoked more curiosity. I found myself interested in learning more about every situation.

This English-language edition of the original foreign-language film includes overdubs and, where more appropriate, subtitles—done, mostly, with skill, and always understandable.

A New We could not have come at a better time. It can benefit both current communitarians/ecovillagers and those who don't yet even know that eco-communities exist. It opens our eyes to the amazing diversity of approaches to eco-community that are possible—and even more important, to the fact that those dreams are being put into practice by real people, in real life, at various places all over the globe. 🐦

Chris Roth (editor@ic.org) edits COMMUNITIES.



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www.NewWe.info; fic.ic.org/a-new-we.php
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Two hours does not seem like a lot of time to visit even one community, let alone nearly a dozen. Yet Austrian filmmaker Stefan Wolf has managed to accomplish something amazing: he has created a feature-length film that gives viewers a sense of real familiarity with 10 diverse ecological communities and eco-

villages throughout Europe. Even more important, by profiling such a wide variety of communities, all of them mold-breaking experiments in ecological living and cooperation, *A New We* leaves one with the feeling that the possibilities for such projects are endless. Stefan reminds us that these 10 are just a small subset of thousands of like-spirited experiments worldwide (a glance at the Communities Directory or visit to www.ic.org backs up his assertion), but his film also makes clear that nothing is “cookie-cutter” about these groups—quite the opposite.

Against a backdrop of beautiful videography, each community segment starts with a concise textual profile of the group (including number of residents, land area, organizational structure, percentage of diet produced on site, energy and water sources, etc.) and ends with contact information. In between, we visit each place and hear from some of its residents. The pace is never rushed, and yet each segment covers a wide range of topics, including some of the personal challenges that community members face.

The video tour includes: Damanhur, an Italian network of 1000 people living in 20- to 30-person eco-communities; Schloss Glarisegg, a 34-member Swiss holistic seminar center; La Borie Noble, a 13-member community in France inspired by Gandhian ideals of non-violence; Krishna Valley, a 150-member Hungarian community with 95 percent food self-sufficiency; Matavenero, whose 70 residents inhabit a formerly abandoned Spanish mountain village rebuilt through the Rainbow movement; Schloss Tonndorf, a 60-resident, especially child-friendly German ecovillage encompassing an old castle; Finca Tierra, a small, nature-based community in the Canary Islands; Sieben Linden, a growing 120-member German ecovillage with a radically reduced ecological footprint and innovative decision-making model; Valle de Sensaciones, a remote Spanish

(continued on p. 79)

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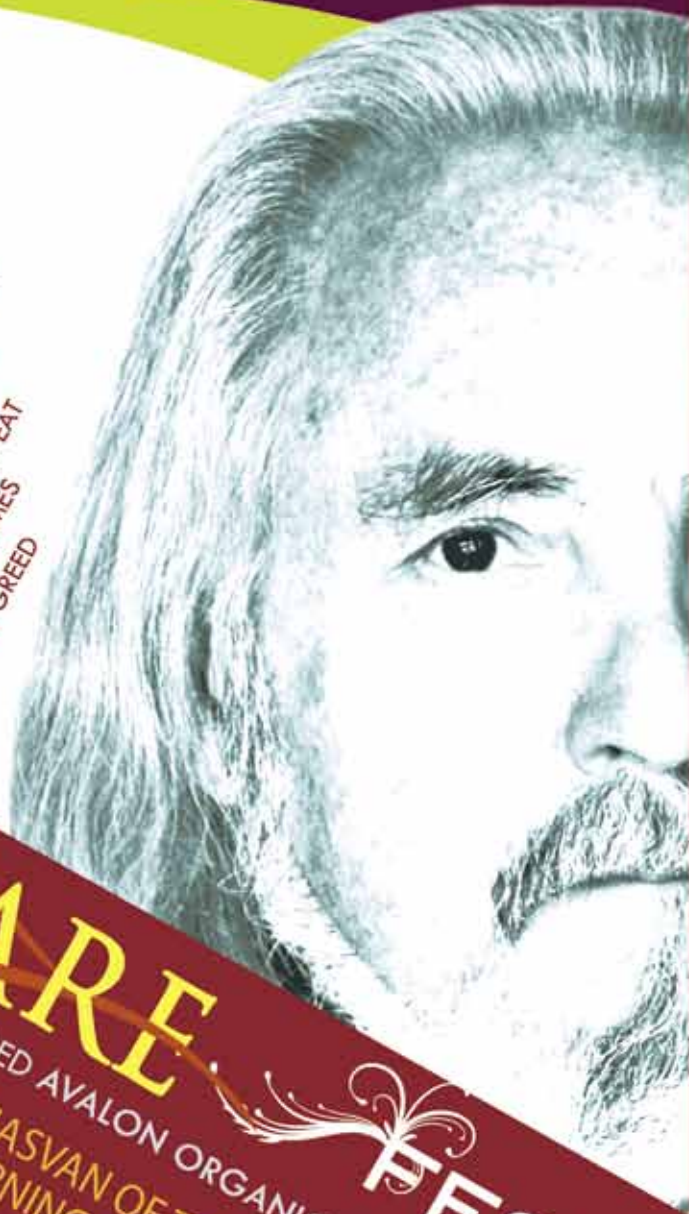
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