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Adapting to trauma: disengagement as a holding strategy

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Abstract

Purpose – *The purpose of this paper is to draw upon a range of material to improve the understanding of disengagement with everyday life, by some individuals who have learning disabilities and mental health difficulties. Illustrative incidents from historical clinical cases are utilised, to consider whether this reframing may enhance the interpretation of presenting behaviours.*

Design/methodology/approach – *Key recurring themes within transpersonal literature were reviewed, relevant to adults with behaviour indicating a degree of disengagement from everyday life. These were grouped into Physical Realm, Psychosocial Realm and Realm of Being. Illustrative examples of behaviour are reviewed and re-interpreted within this framework.*

Findings – *These examples generated plausible interpretations for the presenting behaviours within this framework of the Three Realms. These interpretations support a fresh understanding of the quality of the individual's inner experience. This paper suggests a potential framework to consider the way in which some individuals may experience a different quality of consciousness than the usual.*

Practical implications – *Use of the Three Realms for behaviour interpretation should result into a more empathetic and client-centred approach that could reduce the need for aversive approaches, lessening risk for the client and any employing organisation. The identification of behaviours that signal participation in the Realm of Being could be defined and evaluated with the potential to be used to inform the nature and content of the support provided.*

Originality/value – *This paper, rooted in clinical examples, offers an original synthesis with reasons to include the immaterial realm in the perspective of the human condition. This could benefit people with substantial episodes of disconnection from the Physical Realm and everyday culture and those who support them.*

Keywords *Intellectual disability, Ethics, Training, Learning disabilities, Mental illness, Care Networks, Transpersonal perspectives, Realm of Being*

Paper type *Viewpoint*

Introduction

Epidemiological data show a universally high incidence of diagnosed mental health problems in the intellectually disabled population (between 16 and 41 per cent Cooper *et al.*, 2007). The intellectually disabled population is about 1.04 per cent of the general population (Maulik *et al.*, 2011).

This denotes a prevalence of 11,980,800,000 to 29,952,000,000 individuals out of a global population of 7,200,000,000 (Geohive, 2013) many of whom will have psychoses or severe disengagement difficulties.

Clinical experience as an Occupational Therapist supporting adults with intellectual disabilities, autism and mental health difficulties, has shown that there is still no expert consensus to fully explain sudden behaviour changes in some clients.

Personal reflections on clinical experience, discussions with colleagues and reference to literature have all informed the conceptual underpinnings of an understanding that could clarify some of these changes in behaviour. These sources include Konig (1965, p. 35),

The authors wish to thank all colleagues and clients who have helped to inform the understanding and improve clinical practice.

Williams (1998, p. 29, 1999, p. 28), Fleischman (2009), Kornfield (2000, p. xiii). The fundamental view developed from this material is that human beings' awareness can connect to more than just the physical aspects of existence. When a person thoroughly disengages from the material world and everyday culture, some characteristic features of this change in consciousness can cause difficulties. These difficulties affect the psyche and behaviour of individuals with mental health problems, and those with both mental health problems and intellectual disabilities. The purpose of this exploration is to provide a conceptual framework for the development of a non-invasive, client-centred, innovative therapy approach. The practicality of turning the ideas into action could be through the creation of a training package for carers, following a similar process to that adopted by Rogers (2005).

There is a dynamic frequently observed in clinical practice, where self-regulation of a client's own inner world seems to vanish together with any coherence between long term goals and outer behaviour. This is a psychosis: "in which thought and emotions are so impaired that contact is lost from external reality" (Saones and Stevenson, 2005). The "trauma" in the title refers to any event that prompts this disengagement response. Trauma may be connected to abuse but may also be due to "drugs or alcohol", "biochemistry mess-ups", the way that "some may not feel ready for the weighty plod-plod of body connectedness" or even the "effects of aging" (Williams, 1998, pp. 19-20). The title also implies there are aspects of human identity that can disengage from the everyday person, but can return. Specifically, some identity remains with the person, but crucial aspects (self-regulation, long-term sense of direction in life, ability to modulate inner experiences and sensory impressions, and the linking of these to the person's sense of self) become much less apparent. When these aspects of identity connect again with the physical and psychosocial aspects of life, essential skills re-emerge. For instance; verbal and written language, ordinary memory, awareness of time, organisational abilities, ability to reflect objectively upon events, an understandable sense of humour, and the ability to modify self-expression.

Human beings' capacity to disconnect from everyday physical life has been recognised, for example by Higashida (2007, p. 68) "[...] we never feel that our bodies are our own", and by Woodward and Hogenboom (2000, p. 157) in their work with paediatric populations.

The Three Realms framework

In the broadest terms, it has been proposed that human beings move between different realms of consciousness for instance by Williams (1998, pp. 15-17), Assagioli (1978), Steiner (1904, p. 39). This paper's synthesis groups these states of consciousness into the Physical Realm, the Psycho-Social Realm and the Realm of Being. "Three Realms" is this author's original term which encompasses all factors that affect consciousness and lived experience and the dynamic transitions between them. Transitions between these realms can happen very fast, a person can appear to be stuck in one or two realms, or a person can multi-channel.

The Three Realms framework has been useful to inform clinical practice with people who have intellectual disabilities and psychotic episodes. This framework may be more or less relevant to a person at any point in time and may be personalised to each individual. Each of the Three Realms is presented in turn, together with clinical scenarios. Visual illustrations by the author supplement the inherently linear nature of written text and seek to convey the non-linear nature of the Realm of Being.

The Physical Realm

This has also been named as the "Expressed" (Lao Tzu c.700 BC *et al.*, 1985, p. 27), what the physical expresses is factors in the immaterial realm. In "lived experience" terms the Physical Realm refers to anything material and integral forces such as gravity and time. There are many aspects still to be explored and global cultures' views of what the physical consists of continue to evolve. The effects the Physical Realm has upon consciousness can be profound but people often have an ability to disengage from the physical to different degrees. In broad terms the following can be seen as main subgroups of the Physical Realm:

- the physical body's internal physical environment and processes; the sensory world including pain, movement, temperature, ingestion, elimination and physical age;

- the physical environment and processes external to the physical body; and
- the dynamic interchange between the above.

The Psycho-Social Realm

This is usually based on the physical world and is “concerned with the interrelation of social factors and individual thought and behaviour” (Saones and Stevenson, 2005). This includes the dynamics of change and psychological issues such as likes and dislikes, upbringing, personal goals, emotional life, thought life based on the material world, ordinary memory, expressions of will, age and experience. It also encompasses sociological processes including culture, group and sub-group norms.

The Realm of Being

This realm has been referred to throughout history and throughout the world in spiritual, philosophical, poetic and musical work. Transpersonal is a loose term can usefully be associated with the Realm of Being and is strongly associated with Maslow (1970). Fox (1990, p. 298) described this as “states of being that lie beyond an exclusive identification with one’s ego, personality or self image”. Sydnor (2011) has developed this relationship to the transpersonal further by asserting that when a person links into the Realm of Being they can develop their psyche with “reality, knowledge, bliss and infinitude” (p. 93). An additional perspective of the dynamic between the Realm of Being and the ordinary self has been articulated by Somé (1998) who wrote: “I was reconnected to the deep regions of my psyche and to all living things [...] Different laws operate in the different dimension of reality” (p. 11). The Realm of Being is also very likely to be something that most people have had experience of at some point, for instance when a person has been concentrating hard on something for a long time (a film or writing an essay for instance) and then they look up there is a momentary disorientation: what time is it? or even, where am I? Imagine that this experience is a little more extreme and the sense of time does not come back immediately, memory of how to get to this place is unavailable, or even the whole process of recognising those things previously believed to be essential is lost. When this has happened a person is fairly deeply in the Realm of Being. This may be, and initially often is a wonderful experience. However that person will then need to draw on a different kind of confidence, create a different kind of motivation for activity and learn how to move in and out of that Realm. The foundations for the individual’s existence will be changed as they come to terms with this dual mode of living. If a person finds themselves in the Realm of Being without adequate preparation it can be scary, very disorientating and the person is likely to express their anxiety in outward agitation.

In general human beings go through life doing what needs to be done without the fullness of the outer world, or inner world, resonating much in the psyche. There is a subconscious but radical pruning of potential input from outer and inner environments until there is something manageable to work with. Ordinary life is made much more comfortable if we discount most of it using the shorthand of labels to tell ourselves we know what is going on. If understanding fits with what is seen as important then our confidence is likely to be adequate for everyday life. If perception provides impressions that do not fit with what is culturally important, this is likely to undermine confidence: suddenly a person is outside the tribe they thought they were a part of. So engagement with the Realm of Being can be deeply disturbing.

The conceptual foundations of the Realm of Being lie in references from around the world and throughout history; from spiritual scriptures to poetic and literary references, modern culture and academic work. This paper connects the concept of an immaterial realm to the lived experience by many of those who disengage from the Physical and Psycho-Social realms. This culture’s scientific materialism (Bailey, 2013) avoids or denigrates the possibility of its existence, which severely limits our engagement and appreciation of life. While the Realm of Being cannot be proven at this stage, except to each individual through their own experience, there are an overwhelming number of indications that something along these lines exists and it is most unscientific to discount it as not being real. When a person’s conscious awareness is significantly affected by this realm, the experience is very different to human beings’

engagement with the Physical Realm and the Psycho-Social events based on the Physical Realm.

To illustrate how the perspective of the Three Realms can relate to our daily life, consider hunger. The feeling arises in the Physical Realm, and then something is thought or done about it. Alternatively there may have been deep concentration on a task, then a bit of relaxation comes in with an awareness of hunger that has been there for some time. In the first part of this example the Physical and the Psycho-Social Realms are linked together. In the second, concentration in the Psycho-Social Realm excludes the Physical Realm, then relaxation broadens our attention to include messages from the Physical Realm.

The Realm of Being is often encountered when a person looks into the eyes of another, and has a clear impression of their inner experience. The quality of the other's inner state can be very dissimilar to the observer's. Some may say that is a comparative process between the visual appearance of the other and memories, (that would be a Psycho-Social process). But distinct from that dynamic is the inner resonance of the observer's being with the mood of the other. Hollan and Throop (2011, p. 3) write about a particular type of empathy; "[...], we gain a first-person perspective on another's thoughts and feelings, as if we were experiencing and understanding the world from his or her vantage point". Provided that the observer has a fundamental level of empathy, this insight can extend to ordinary and therapeutic relationships; as once the impression of the other resonates inwardly, then there is an additional basis for communication. Thus human beings can open to the unique characteristics of another person in a way that is beyond everyday experience and individual personality traits.

The Three Realms framework supports the Humanistic/Transpersonal approach. Zimmermann (2011) for instance, suggests using Transpersonal perspectives as well as Humanistic and Psychodynamic perspectives in a remedial setting. Some (1998, p. 282) concurs: "In general people can only come to terms with their suffering only if there is a profound translation of their suffering into larger meaning, that is, if suffering serves a greater recognizable good". Different ways of informing therapeutic support arise from this approach, especially for those near or within a psychotic episode: psychosis in this context has the connotation of "contact is lost from external reality" (Saones and Stevenson, 2005). On disengagement the Realm of Being will affect the person's consciousness, at least partially, which will affect the individual's ability in the everyday Psycho-Social and Physical Realms. Although behaviours can be indisputably complex, there is the possibility for objective identification of features of the Realm of Being. Rogers' (1957) "unconditional positive regard", accepted as one of the tenets of Humanism, could be explained in terms of the Three Realms because when a client is in the Realm of Being they are likely to resonate, more or less consciously, with the inner nature of those they meet. So a client can be aware of the carer's level of empathy towards them in a way that is beyond words and outer behaviour. Through these impressions from the Realm of Being, if the client believes the carer is sympathetically trying to understand the nature of their difficulties, then the therapeutic interaction is likely to be more successful.

Aspects of the Psychodynamic approach may also be reconsidered in the context of the Three Realms framework. Accepting that all are shaped to a greater or lesser degree by experiences in childhood, this can only account for part of the inner world and outer behaviour. If it is proposed that early experiences, culture and biological factors account for the entirety of human nature, then problems such as blaming parents, or life situations, arise. Even with the more recent self-empowerment movement undermining the allocation of blame, questions about the reasons for personal difficulties remain. Many people have inner propensities and talents that create challenges or express gifts which indisputably shape their life. These strengths and difficulties have no plausible context for their existence in the material world. The dynamic of triggering the expression of the human genome, for instance, have not been reliably identified. Yet if the Realm of Being is included in understanding of the human condition, many life enhancing perspectives could be reasonably proposed; two of these being the origin of talents and the movement of some of the identity in and out of the Realm of Being.

The Three Realms framework contributes an informative perspective on the Behavioural approach of punishment and reward. For the Behavioural approach to be effective certain

fundamentals have to work within the psyche of the client. The client needs sufficient grounding in the everyday to find the thought of punishment aversive and reward appealing. The client also needs to maintain sufficient grasp of past and future so that the threat of punishment or possibility of reward can be used to strengthen self-regulation. The client needs to be able to imagine scenarios in the future. For someone who has disengaged from everyday external reality these assumptions cannot be taken for granted; punishment and reward may well be meaningless compared to the vivid sensory impressions and reflexive internal psychological events of the present moment. Additionally, if the dominant impression from a carer's own upbringing is one of punishment and reward then that is likely to express itself in stressful care situations. Understanding that a client can be in the Realm of Being, and a different set of rules apply, could help the carer's ability to more consistently maintain a respectful working relationship.

The Biomechanical perspective in its purest sense has been widely discredited by the generally accepted view that human biology can be shaped by psychological events, as the plasticity of the brain demonstrates. The Three Realms framework develops this further. Psychotropic medication affects the ability of the psyche to move in areas beyond everyday reality, but healthy experience in the Realm of Being may resolve the key inner problems faced by the client. For instance the Christian scripture's "Knock and the door will be opened" (The Bible Mathew 7,7) can lead to a profoundly therapeutic experience in the Realm of Being. Statements like "our true home" (Hanh, 1999) also express something of the quality of the therapeutic experience in that realm. However, if the individual is taking psychotropic medication then this will affect the psyche and dilute the power and clarity of the "heartfelt need to go beyond the waterfall of their thoughts" (Kornfield, 2000, p. 26). This is because the Realm of Being engages the whole of the self, and the self is affected by the physical body, so psychotropic medication can then become counter-therapeutic.

There is an ever-greater stream of messages, affecting each person from birth, implying that the Physical Realm is the only reality. For many that is traumatic in itself, because it means that well-being is entirely dependent on successful engagement in the everyday Physical and Psycho-Social realms. An unsuccessful materialist not only fails in their chosen field of endeavour, their very identity is called into question. Fortunately, in general, human beings are wiser than to adopt materialism exclusively and still have a feeling for the numinous which is expressed in our appreciation of Art and other creative activities. This makes our inner well-being and behaviour with others, much better than it would be in an entirely "dog eat dog" world. Other messages in this culture also challenge the prevailing materialism: religions of all shapes and sizes being the most obvious. Concepts of "God", "spiritual world", "energetic world", even "transpersonal", all have connotations that cause people to turn away from insights gained through investigations in that area and these terms can readily be understood as referring to matters outside each person's inwardly lived experience. In contrast the Realm of Being implies that which is integral with each individual's very existence, and therefore understanding of that Realm needs to be included in discussion of humanity's inner life.

Re-interpreting challenging behaviours

The Three Realms approach may be helpful in developing understanding of individuals with psychotic episodes and the consequent challenges posed in a clinical setting. The framework of the Three Realms is thus utilised to support new interpretations of challenging behaviours from anonymised clinical examples, two of whom have intellectual disabilities.

John is often friendly, sometimes very friendly but also can be suddenly violent. This violence frequently has no identifiable triggers and is often directed towards someone he was very friendly towards a moment before. At one of these sudden changes recently he went to hit the carer in the face but stopped himself and clearly said "John don't do it". This act of self-regulation undoubtedly saved the carer from injury but it was also very notable for a number of other reasons. The characteristic personality that John presents to the world generally appears to have little self-regulation and control. His changes in behaviour can be very fast, and although there are patterns to what will upset John and what John likes to do, he has a distinct lack of self-direction. Earlier in his life he clearly had more self-control as he was able to sit in

classrooms, study, learn complex gymnastic routines, express communicative abilities in a more complex way and so on. What then happened to his self-direction? His behaviour points to the likelihood that much of his identity has removed itself from his ordinary personality and that this event is connected with the lack of self-regulation, loss of language, loss of the sense of time and loss of understanding of the way ordinary life works. But in the above incident this aspect of identity returns in saying to his ordinary self "John don't do it". The words used, in the third person, indicate that something of the ordinary identity has a name and lives in the Psycho-Social Realm, while the more directive aspect of his identity, that was missing, expressed itself from the wordless Realm of Being. Plate 1 is a symbolic representation of John in his everyday self: the Psycho-Social Realm is the primary influence on John's awareness; it represents his everyday likes and dislikes, the thoughts in his head, his emotions, much of his memory, his social environment, all underpinned by the Physical Realm. For John it appears that different Realms obscure and affect the quality of experience at different moments in time.

Underneath the Physical Realm the Realm of Being (yellow hue) can be glimpsed in the gaps between the Psycho-Social and Physical. When John's primary influence becomes the Realm of Being (Plate 2) every aspect of his attention is affected – this is shown symbolically by the yellow hue it imparts to the Psycho-Social and Physical Realms.

This inner perspective has no boundaries and John feels free to do whatever the content of his psyche impels him to, at that moment his self-regulation is no longer affected by shaped by his social awareness from the Psycho-Social Realm. So, in general when he hits out he has no understanding that his action will affect other people. When he says "John don't do it" though, before the action is completed his identity asserts itself from the Realm of Being and stops the carer from being hit.

Plate 3 shows the Physical Realm dominant with its tactile qualities and overlapping and definite surfaces and boundaries that can obscure even the Psychosocial Realm. John barely lives in this perspective these days, so his learning by interacting with physical things is very limited.

John used to be supported by staff teams who were not consistently interested, tolerant and supportive. Throughout those years his overall behaviour never became less challenging. At present the values and behaviour of the staff consistently demonstrate appreciation of his individuality and John relaxes, smiles, engages and tolerates life very much better. This paper provides some rationale for why this care team's approach suits John better.

Plate 1 Psycho-Social aspect the dominant influence on John's awareness, Physical realm secondary

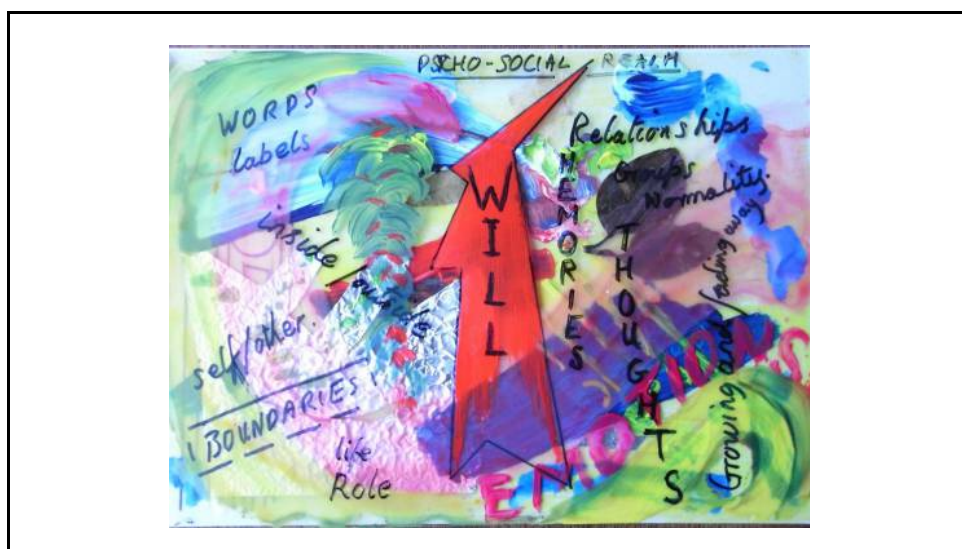


Plate 2 Realm of Being dominant, Physical secondary Psycho-Social tertiary**Plate 3** Physical Realm dominant, Psycho-Social secondary, Realm of Being tertiary

Richard is learning to smile. He gives you eye contact and his mouth and cheeks lift. It may look like a grimace but many people agree that he is trying to smile. This smiling is a huge event because Richard has not smiled for decades, as long as any care staff can remember. He had a mask like face with very little mobility, even when he is looking at you his expression did not show any signs that you exist. Now he is changing: fortunately the care staff enjoy this development and smile back, talk more to Richard and share their pleasure with their colleagues. So it is beneficial for their mood and Richard's and they can engage with Richard with the hope that he will do more than woodenly follow requests, refuse to cooperate or express dissatisfaction. Richard's behaviour is becoming more complex, he moves on from one activity to another more readily, he tolerates a wider range of changes without either withdrawing or becoming aggressive. In terms of the Three Realms, the identity is now less disturbed when it is engaging with everyday Physical and Psycho-Social life, with the way other people are different from himself, with the possibility that they could do something unexpected. He can risk more

engagement on everyday terms and learn from it. The more personal aspects of his identity have re-emerged from the Realm of Being. He has more self-regulation and control by others is much less necessary.

Paul has complex speech, a full-time job and an intellectual approach to life; one striking aspect of his verbal communication is his reluctance to speculate; it is as if he is uncomfortable with the expression of ideas that could be wrong. So his statements are generally cautious and qualified; "[...] just my view", for instance. Possibly it lessens Paul's anxiety if he expresses ideas that have more justification behind them. Looking at this through the model of the Three Realms though, Paul's verbal style may not be just about anxiety but it could also take its present form because the Realm of Being is immersive: in that Realm experience is the inner nature of what engages a person's attention. By comparison this everyday physical world is intrinsically disturbing with its surfaces that do not express the underlying nature, its confusion, partial truths and manipulative behaviours. In the everyday what is expressed and has to be engaged with, is not a direct reflection of the essential nature of the person speaking or issue at hand, but an amalgam of different factors. People who are more habituated to the Realm of Being then need to adjust and work at the level of partial truths and abstractions from the essential nature of things. For someone with a predilection for honesty and selfless behaviour this is a disturbing process to engage with. If the single point of attention (Lawson, 2011, p. 100), has to learn an alien flexibility in order to manage layers of input, that may be the essential issue to work with, not the anxiety by itself.

Implications for practice

This viewpoint raises issues that could offer potential applications to enhance service delivery for those who provide care and support for people near or within psychotic episodes. That non-verbal individuals who have the most profound intellectual and physical disabilities can be seen to respond differently to members of their care team, often having clear favourites, indicates that the carers' values and empathy may be crucial in helping the client to have the confidence to come out of the Realm of Being and to engage more in everyday life. This can be recognised as an issue for staff selection as well as for training and development. Using the Three Realms as a framework may help to make some challenging behaviours more understandable, reducing anxiety for carers and thus enhancing the therapeutic relationship. Clients may be able to perceive a greater unsentimental empathy from carers who have a heightened awareness of the Realm of Being. So if the carers are familiar with the Realm of Being it is more likely that they can create a positive therapeutic alliance with the client.

There are situations when care support could aim at making the Physical Realm more vivid and try to help the client disconnect from the Realm of Being.

Extensive clinical experience suggest some advantages for clients in being less consistently influenced by the Realm of Being, as engaging with everyday life in an ordinary way seems to bring a more alert identity and a satisfaction in being able to work with the relatively abstract physical world. For others, however, there are clear reasons to encourage someone out of the Realm of Being: there can be a link with traumatic events from their personal history, a lack of control and high levels of distress exacerbated by a diminishing understanding of the everyday world. A person's attention can be dominated by the Realm of Being to the extent that the content of language no longer has meaning and time disappears into the infinite present. In everyday consciousness multiple abilities are simultaneously available which facilitate function in everyday life, but when a person moves away from everyday consciousness the ability to engage on an everyday level can disappear. This creates high levels of anxiety. In these circumstances if carers understand something of movements between realms they may assist the client to regain inner balance more successfully.

The psyche affects events in the Realm of Being, yet it may be impossible to learn in that realm as it is so all-encompassing. This immersive quality does not allow for the formation of ordinary memories which can be reflected upon later. While the reflexive unconscious may be changed through experience in the Realm of Being it is very difficult to look back on events and consciously learn from that experience. So if care aims at helping the client to learn more adaptive ways of living, it is crucial that ordinary life is made tolerable for people susceptible to disconnection from the Physical and Psycho-Social Realms.

At the same time it may be possible to support a client to find positive ways of engaging and moving between all three Realms, which may reduce confusion and anxiety considerably and the client can work on developing their own perspective of their experiences.

Conclusion

The Three Realms framework may be helpful in understanding and supporting individuals with psychotic episodes. It is proposed that engagement in the Three Realms and an individual's unique transitions between them may have patterns that can be explored within a holistic approach to person-centred care. If members of the care networks were helped to appreciate and work with the Realm of Being experiences of the people they support, it could help their relationship and understanding. This could potentially reduce stress for those receiving care and those providing care. The reduction in stress within the client (whether or not they have intellectual disabilities) will make their behaviour less demanding and therefore reduce the costs of care. This viewpoint paper has provided an original and pragmatic framework which comprises a basis for a systematic approach to empirical research in practice settings.

References

- Assagioli, R. (1978), "Self-realisation and psychological disturbances", *Re-Vision Journal*, Vol. 8 No. 2, pp. 21-31 in Grof, S. and Grof, C. (Eds) (1986), *Spiritual Emergency*, p. 31.
- Bailey, D. (2013), "What is 'scientific materialism' and how does it enter into the science-religion discussion?", 3 January, available at: www.sciencemeetsreligion.org/theology/scientific-materialism.php (accessed 8 December 2013).
- Cooper, S.A., Smiley, E., Morrison, J., Williamson, A. and Allan, L. (2007), "Mental health in adults with intellectual disabilities: prevalence and associated factors", *British Journal of Psychiatry*, Vol. 190 No. 1, pp. 27-35.
- Fleischman, C. (2009), "Carly Fleischman", available at: www.youtube.com/watch?v=34xoYwLNPww (accessed 1 September 2013).
- Fox, W. (1990), *Towards a Transpersonal Ecology*, Shambala, Boston, MA.
- Geohive (2013), "Global population statistics", available at: www.geohive.com/earth/population_now.aspx (accessed 8 December 2013).
- Hanh, T.N. (1999), "My true home is Brooklyn as told to Tracy Cochran", available at: www.tricycle.com/archives/my-true-home-is-brooklyn (accessed 1 September 2013).
- Higashida, N. (2007), *The Reason I Jump* (Trans by D. Mitchell and K.A. Yoshida), Sceptre, London.
- Hollan, D.W. and Throop, C.J. (Eds) (2011), *The Anthropology of Empathy*, Berghahn, New York, NY.
- Kornfield, J. (2000), *After the Ecstasy The Laundry*, Rider, London.
- Konig, K. (1965), *Being Human: Diagnosis in Curative Education* (Trans by C. Creeger), Anthroposophic Press, New York, NY.
- Lao Tzu (c.700 BC), *Tao Te Ching* (Trans by Wilhelm, R. and Ostwald, H.G.) (1985), Arkana, London.
- Lawson, W. (2011), *The Passionate Mind How People with Autism Learn*, Jessica Kingsley Publishers, London.
- Maslow, A. (1970), *Motivation and Personality*, rev. ed., Harper and Row, New York, NY.
- Maulik, P.K., Mascarenhas, M.N., Mathers, C.D., Dua, T. and Saxena, S. (2011), "Prevalence of population-based studies", *Research in Developmental Disabilities*, Vol. 32 No. 2, pp. 419-36.
- Rogers, C. (1957), "The necessary and sufficient conditions of therapeutic personality change. University of Chicago", *Journal of Consulting Psychology*, Vol. 21 No. 2, pp. 95-103.
- Rogers, J. (2005), *Handbook of Cognitive Rehabilitation. A Practical 5-Day Training Programme for Staff Working Alongside Individuals with Cognitive Difficulties*, Jonathan Rogers, Working Memory Ltd, Blackburn.
- Saones, C. and Stevenson, A. (2005), *Oxford English Dictionary*, 2nd ed., Oxford University Press, Oxford.
- Somé, M.P. (1998), *The Healing Wisdom of Africa*, Jeremy, P. Tacher/Putnam, New York, NY.

Steiner, R. (1904), *How To Know Higher Worlds* (Trans by C. Bamford), Anthroposophic Press, Gt Barrington, MA.

Sydnor, J.P. (2011), *Toward a Constructive Comparative Theology*, Wipf & Stock Publishers, Eugene, OR.

Woodward, R. and Hogenboom, M. (2000), *Autism A Holistic Approach*, 2nd ed., Floris Books, Edinburgh.

Williams, D. (1998), *Sensing; The Unlost Instinct*, Jessica Kingsley Publishers, London.

Williams, D. (1999), *Nobody Nowhere*, Jessica Kingsley Publishers, London.

Zimmermann, E. (2011), "A narrative inquiry of women practitioners of eastern spirituality in recovery from childhood trauma", Doctoral dissertation, California Institute of Integral Studies, St Francisco, CA.

Further reading

Division of Christian Education of the National Council of the Churches of Christ in the United States of America (1989), *The Bible: The Revised English Bible*, Oxford University Press & Cambridge University Press.

Grandin, T. (2006), *Thinking in Pictures*, 2nd ed., Bloomsbury, London.

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