Mutual Aid Self/Social Therapy

The Jane Addams Collective

2019

Contents

Chapter One: Introduction

Why Mutual Aid Self Therapy (MAST) Was Developed

> "It is the conscience — be it only at the stage of an instinct — of human solidarity. It is the unconscious recognition of the force that is borrowed by each man from the practice of mutual aid; of the close dependency of every one's happiness upon the happiness of all; and of the sense of justice, or equity, which brings the individual to consider the rights of every other individual as equal to her own."
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> — Peter Kropotkin, 1902.

The Jane Addams Collective formed as a response to the needs of radical activists for community mental health support. We wanted to rely on each other for this instead of traditional therapy or psychiatry, in part, because the activity of working together to address our common problems was an opportunity to build our community stronger. We saw it as a way to not only help each other with immediate and chronic problems, but as a way to start to trust each other with intimacy and vulnerability, as a way to say that the new society we are trying to build should not have shame about emotional honesty.

In our attempts to build MAST, our goal has been to help ourselves and others learn skills to help us survive, skills that can be used for the rest of our lives to be strong and well. This is the self-therapy part of MAST. We believe psychological health can be a revolutionary process. Maintaining a healthy and open sanity in a repressive and insane society is part of a sustainable resistance to the status quo. We seek new ways for our community to provide "therapy" by the community that reflect our ideals. MAST is just one part of this ecology of mutual support and responsibility.

MAST is an open-source and evolving set of cognitive techniques aimed at promoting better emotional health for individuals in a non-hierarchical and non-pathological model. MAST draws heavily upon the techniques found in Rational Emotive Therapy, Existential Psychology, Cognitive Behavioral Techniques, Dialectical Behavioral Therapy and related systems. We have also recently employed Symbolic Techniques in the process. The focus of MAST is to teach techniques of self- reflection and addressing problems that can allow individuals to make positive changes in their emotional lives. Though MAST is at its core self-therapy, it relies on the power of small groups (triads or teams) of peers to support the individual as they gain self-confidence using MAST tools. Participants in MAST alternate between counselor and counseled so that they gain a better understanding of each aspect of MAST. The fluidity between roles in the peer group ultimately results in healthier participants with the skills to support others in our radical communities and elsewhere. MAST rejects the traditional hierarchical roles in the mental health system and instead creates a more immersive and experiential understanding of the techniques. It also rejects the proprietary and professionalism of support in modern therapy by encouraging participants to add to MAST theory and practice.

MAST neither is traditional psychotherapy nor is it group therapy. MAST uses the principle of mutual aid and a growing open-source collection of techniques to help overcome emotional difficulties in people's lives. MAST is not a substitute, nor does it seek to undermine, traditional psychotherapy and psychiatry but to provide a sensible, experimental and effective self-therapy based on a more radical ethics. MAST was started by mental health professionals but seeks to create an effective and supportive practice to improve our mental lives together with other people sharing their desire for a radical change in society. In short, we strive take into consideration the mental and emotion struggle which coincides with our action and organizing.

Mental Health as Radical Self-Defense

It is not uncommon for revolutionaries and radicals of all stripes to devote time, money and energy to self-defense classes in preparation for physical encounters with the State and other antagonists. Self-defense has been an important characteristic of the revolutionary project. However, physical preparedness is only one part of true self-defense. Mental health is all too often ignored as a necessity for engaging in sustainable radical projects. Most predictably, this oversight has seriously compromised the effectiveness of our resistance, and it has also limited the social relationships we build and our ability to create genuine and powerful communities. This oversight is a complex combination of stigma and well-founded suspicion of current mental health models and industries, as well as a consequence of inadequate access to mental health services under capitalism. We must find a way to overcome these obstacles and explore modes to strengthen our mental health to refuse the reproduction of the the violent system that we live in, and to continue to challenge white supremacy, capitalism, and patriarchy.

It would be naive to believe that dysfunctional and oppressive social structures only affect us in physical and material ways while leaving our emotions and behaviors unaffected. It is equally naive to believe that mental health models that directly benefit from these unjust and oppressive societal structures offer the best advice to bolster a radical community's mental self-defense and health. All too often, repressive societies have used the rubric of mental health to coerce, and at times punish, those who oppose domination and coercion; so it is natural for revolutionaries to be skeptical of therapy in general. We all know oppressive forces routinely use physical force, but this doesn't mean we inherently reject physical means to pursue our goals. Radical therapy's goal should not be assimilating the individual to the status quo, but allowing the individual to regain autonomy over their emotions and behaviors and allow them to work in communities to promote these goals.

Radical therapies must respect the political goals of the participants. MAST is one therapy that highlights autonomy and anti-authoritarian modes of allowing individuals to manage their emotions and behaviors in a way they find productive and gratifying. Radical therapies should seek to create situations where people can freely work out emotional and behavioral obstacles that affect their ability to form relationships and resistance. Therapy need not only be reactive, focusing on damage already done, but can also be preventive, preparing an individual for future stressors, oppression or difficulties. MAST is not so much about repairing damage but mastering tools to be emotionally and behaviorally intentional and autonomous.

MAST deconstructs traditional cognitive therapeutic techniques by considering them using the frameworks of radical political praxis. MAST rejects the hierarchy and static roles of therapist and patient, and replaces them with a learning community where roles intentionally change. Narrators (the name for those being counseled) become supporters (name for those doing the counseling) and vice versa creating a more holistic and egalitarian social relationship that is at odds with the specialist paradigm of cognitive psychology. MAST draws on group therapy and peer support networks tools to create community environments instead of traditional dyadic models found in all therapeutic models including cognitive ones. MAST practices extreme transparency as part of its model by presenting all the tools of MAST prior to them being used in a session combined with participants experiencing both using the tools to help others and the tools being used by others to help them. This approach completely demystifies the process and goals of the sessions. MAST focuses on autonomy and its tools resist the creation of dependency relationships so common in therapeutic settings. This is done by removing the dyad model and creating different group configurations. MAST focuses on the power of the community to provide support as opposed to specialists or charismatic individuals. MAST teaches tools to laypeople and allows them to use them in a way to help others and, eventually, themselves. MAST allows the group, and the individuals involved, to create the community standards of the program, and to consider ways to hold each other accountable in order to create an open and intimate environment free of mandatory "reporting."

MAST is free and voluntary, removing material considerations, coercive financial structures and creating an open atmosphere for exploration and mastery. MAST is an open system. It seeks to evolve and change with each session, rejecting static or dogmatic solutions. MAST is primarily based on cognitive psychology but is heterogeneous enough to use tools from other modes and influences. MAST allows problems to be located in a number of places, not just the individual as is in traditional psychotherapy, and allows for ongoing political analysis and criticism of current social structures in society. The infusion of radical critiques and ideas inform every aspect of the MAST experience, which is an explicit political project. MAST can be easily replicated without need for significant money, time or energy nor does it require obtaining permission from specialists or a governing body. MAST is not exclusive; it is just one set of tools among many.

Cognitive Aspects of MAST

Mutual Aid Self-Therapy is based on the principles of cognitive psychology and insights from cognitive neurology. MAST is interested in the way emotions and behaviors manifest from the brain into individuals' lives. This section will explain how the neurological processes in the brain create various psychological states and how one can control these processes.

Precursors of certain fundamental aspects of cognitive therapy have been identified in various Western philosophical traditions, particularly the Hellenic Stoics. The Stoics understand theorized that the "reality" of the world was secondary to the interpretation of the world by the mind. Furthermore, two of the particularly famous Stoics, Seneca and Zeno, emphasized that destructive emotions resulted from errors in judgment, and that a person of "moral and intellectual perfection" could avoid experiencing unpleasant emotions. The Stoics believed in the individual's ability to control their will, and argued that one's emotions and reactions to those emotions (behavior) could be freed from external circumstances.

The Stoics' philosophy, with its emphasis on the subjective and active creation of one's emotional state and reaction (behavior), found renewed interest among the existentialists of the

1950's. Post- war philosophers, especially in France, were confronted with explaining an irrational and brutal world where something like the Holocaust could be implemented in a civilized nation like Germany. The Western world was engulfed in an apocalyptic strategy of Mutual Assured Destruction (MAD) during the Cold War. How could one understand their life while living in the "Society of the Absurd"? For the existentialists, namely Sartre and Camus, the answer laid in consciously changing one's mindset just as the Stoics taught.

Existential psychology and rational psychology took ideas from the philosophy of Sartre and Camus and started to apply them to psychology and, specifically, therapy. In the mid-1950's, influential psychiatrist Dr. Albert Ellis revolutionized therapy with Rational Emotive Therapy (RET). Ellis, who was influenced by his readings of the Stoics and friendship with Sartre, believed that "the mechanisms of the brain can be transformed" by creating new paradigms (thought patterns) that would lead to individuals being able to change both their emotions and behaviors consciously. Ellis rejected Freudian psychoanalysis and other psycho-dynamic approaches, arguing that with deliberate and conscious application of reason one could change their own emotional and behavioral state. Ellis argued famously that "people and events do not create psychological wounds but interpretations of stimuli do." Ellis argued that if we changed our interpretation of events and people, it would necessarily change our emotional states (which in turn would change our behavior). His insights and techniques led directly to the cognitive therapy revolution in the US and Europe.

Cognitive therapy is a type of short-term psychotherapy developed in the 1960's by American psychiatrist Dr. Aaron Beck. Cognitive therapy is based on the cognitive model, which states that thoughts, feelings and behavior are all interconnected, and that individuals can move toward overcoming difficulties and meeting their goals by identifying and changing unhelpful or inaccurate thinking, problematic behavior, and distressing emotional responses.

To understand the interconnection between thought and emotional/behavioral response, one needs to understand two neurological systems: the limbic system and the cortex.
The limbic system is a set of brain structures located on both sides of the thalamus, right under the cerebrum. The limbic system supports a variety of functions including emotion, behavior, and motivation. Emotional life is largely housed in the limbic system. It is the gatekeeper for the autonomic nervous system, which is most notably responsible for the "fight or flight" reaction in many organisms. The limbic system is responsible for the regulation of bodily responses to emotions, activated by adrenaline and over 131 other biochemical compounds. When the limbic system is activated, an emotion and subsequent behavior is chemically induced in the organism.

The cerebral cortex is a collection of systems on the outer layer of the human brain. It is responsible for "higher functions" like thought, problem-solving and pattern recognition. It is here that we develop patterns and beliefs about the world. As other parts of the brain receive stimuli from the world, the cerebral cortex interprets the data and, if needed, activates the limbic system based on the interpretation. The limbic system can be activated positively, negatively or left in a waiting (neutral) state. Each of these states will release different biochemicals into the brain and body.

While it is impossible for one to consciously change the triggering of the limbic system at the time of the stimuli (because it happens so quickly), cognitive therapists seek to change the analysis happening in the cortex ahead of time, so the next time a similar stimuli occurs, the command to the limbic is something different. Cognitive therapy is about having the cortex change its analysis of something negative to either a neutral or even possibly a positive (you can also change a positive to a neutral or negative which is related to adverse conditioning). However, the problem with this mechanistic approach is that it is not very precise. Cognitive therapists bypass the reduction of behavior to the cortex by focusing on the patterns, assumptions and/or beliefs that underlie the cortical analysis. This allows a person to consciously change how they will analyze and interpret a series of relational stimuli, which then will affect the activation of the limbic system. The ability to change a belief, and to substitute it with alternative beliefs, allows a person to gain some control over maladaptive neural responses that lead to uncomfortable and unproductive feelings and behaviors.

Chapter Two: MAST in General

Overview

The Jane Addams Collective started the MAST project when we noticed that our friends needed more direct, results-oriented and community based therapy, specifically in a anti-hierarchical context. We wanted to offer something that didn't rely on an "expert to patient" paradigm and we wanted people to help us create it. After multiple iterations of these MAST sessions, we've not only brought along some of the participants to help facilitate the following sessions, but we've improved the model in the process.

When we conduct MAST sessions, our group generally structures the programs as two-hour sessions. First, we spend time talking about cognitive based therapy techniques and theory, introducing practical tools to use within the group, and ones to use alone. We do this in a combination of lectures (presenting material and handouts) and conversations with the participants. Sometimes we demonstrate the techniques.

After the first hour of discussion, we break into triads — our consistent groups of three (or four, if including a "Fourth Chair") — to practice what we've learned. We take turns as the different roles, and rotate roles after 20 minutes (with a five minute debrief in between sessions). The goal for the supporters (counselors) is to learn how to help lead each narrator (person receiving counseling) to better understand the obstacles inhibiting their ability to change unwanted emotions or behaviors. The supporters try to help the narrator notice the scripts they use to tell others what goes on in their life, to notice what is "automatic" in their thinking, and to uncover some underlying beliefs that may be causing the unwanted emotions. We try to help each other unearth this underlying belief, understand it and start figuring out together what triggers its painful manifestations, abd what emotional reactions and behavior it causes, and how when and how long these feelings last. After this phase is complete, we spend the next few weeks trying to come up with a more healthy and useful alternative belief, which might have more positive manifestations; more healthy emotions and behaviors that spring from it. The goal in the end is not just to feel better, more capable and less stuck in our own lives, but also to build a stronger community in doing so.

The MAST Process for Change

Below is very simplified explanation of the three-part process of MAST. There are discrete goals for each step, after which the next should be started. There are some tools from cognitive psychology that can be used to aid a person throughout the process, while other tools are specific for one of the three stages.

Phase 1

Discovering the Generating Belief: Breaking the Script and the Spontaneous Moment

People have many generating beliefs (and some are interconnected) that can range from positive to dysfunctional/disruptive. Most people have emotions or behaviors that seem out of conscious control and are immune to conscious attempts to change. These negative emotions or behaviors are manifestations of an underlying belief (what we call a "generating belief"). The generating belief is almost always subconscious and the issue/s are a result of the generating belief's reaction to external experiences or situations. Identifying a generating belief includes detailed understanding of the myriad aspects of it and its self-reinforcing thought patterns.

In this phase, the triad tries to get to the generating belief that supports the dysfunctional or unwanted emotions/behaviors. The supporters help the narrator with this by utilizing a number of cognitive tools and active listening to maneuver around the conscious "script" of the narrator. People use scripts to explain the world, ourselves and our feelings and this is not bad in and of itself. However, when we wish to make changes to our behaviors and emotional reactions, the script, or our automatic narrative, may hide the underlying generating belief that supports these unwanted emotions/behaviors.

While the script is a conscious construction and has the appearance of a linear and rational cause and effect, the generating belief is unconscious and often is supported not by rational constructs but by cognitive distortions. The goal of Phase 1 is to aid the narrator in having an unscripted experience (what we call a "spontaneous moment") that will shed light on the underlying generating belief and connected cognitive distortions and automatic thinking that lead to the previously identified emotional and behavioral issue.

Phase 2

Mapping a Generating Belief & Creating an Alternate Generating Belief

Supporters in Phase 2 help the narrator map out the generating belief using a variety of cognitive tools (different but related to those used in Phase 1). The goal is to come to understand how the generating belief is reinforced by specific automatic thoughts and cognitive distortions, the triggers for this generating belief, the specific characteristics of this generating belief, and finally, the relationship that this generating belief, and its subsequent behavioral and emotional manifestations, has on the narrator's life and goals.

After a generating belief has been fully mapped, the narrator starts work on creating an equally detailed alternate generating belief. An alternate generating belief is a consciously created conceptual pattern. It needs to be as detailed as the identified generating belief it seeks to replace. Creating an alternate generating belief should take into account how the person's life would be different if this alternate belief was being acted on – examining the positive and negative consequences (all alternate belief systems have both positive and negative consequences). The alternate generating belief must be detailed and how it would interact with other personality traits should be considered. The alternate generating belief should have some reinforcing beliefs that the person already possesses. One can work with their triad or use specific cognitive tools themselves to create an alternate generating belief to replace a generative belief that leads the emotions and behaviors they'd like to change.

Phase 3

Substituting an Alternate Generating Belief for a Past Generating Belief

Once the generating belief leading to the negative emotions and behaviors has been identified, and a replacement has been considered, the last step of the MAST process is to substitute the past generating belief (PGB) with an alternate generating gelief (AGB). This involves a number of steps and some time to be completed. The process will include a slow replacement of PGB with the AGB with both being present for a while. The goal of this phase is to reinforce and habituate the AGB while simultaneously severing the unconscious reinforcements of the PGB. Just as there are a number of straightforward cognitive tools for identifying generating beliefs, and for creating alternate generating beliefs, there are tools used to substitute one belief with another consciously. One does this part of the process outside of the triad system using tools mastered within the triad and in the self-therapy sessions. During Phase 3, the supporters act as a feedback mechanism for the narrator to report their progress or setbacks. In this phase the supporters aim to provide empathetic support and encouragement to the narrator as they work through this self-guided process.

After Mast

The three-phase process becomes easier (and faster) to self-implement once you have success in completing a full cycle. The same process of change can work no matter how ingrained, severe or difficult the emotional or behavioral problem is. While some problems are easier and are dealt with more quickly than others, the process remains the same. Participants in MAST need not learn new tools or techniques for each of their problems or be in "therapy" for years to perfect the process. The narrator, after having success once in a triad, can then work on other problems on their own using the tools they have mastered in the previous sessions.

Phase 1	Phase 2
1. Use MAST tools to work towards a spontaneous moment	1. Use MAST tools to map out Generating Belief
2. Identify a Generating Belief	2. Create a detailed Alternate Generating Belief

Setting up MAST

The Triad Or Team Model

During MAST, part of the group's time together will be given to discussing and explaining new tools and concepts. For the rest of the time, the MAST group will break up into smaller groupings, called "triads" or teams. The triad is a technique employed by MAST to provide support and to allow individuals to learn cognitive tools. The goal of a triad is to allow a person to identify (in detail) a generating belief they have that is causing some emotional and/or behavioral problem/s in their life. If this is reached early in 6 to 8 weeks time, it is possible for a triad to go a step further and help a person define a new generating belief (or as it is called an alternate generating belief). The last phase consists of using tools on one's own to substitute an alternative generating belief for an old, unwanted, generating belief.

Layout

The triad is a group made up of three participants going through the MAST multi-week project together. They work together to provide direct emotional support and to practice various techniques, learned throughout. They sit in a triangle with one chair being designated as the "narrator's." The narrator is a member of the triad who is trying to resolve an emotional/behavioral problem and identify the generating belief. The other two participants are "supporters". The supporters' task is to assist the narrator to identify generating beliefs by using MAST tools.

In each meeting of the triad, each participant of the triad spends 15–20 minutes as narrator, receiving support and direction from the other two members of the triad, who serve as their supporters. After the period, the participants switch chairs and the next narrator begins. The group switches a third time to the final narrator. As a result, each participant will spend ⅔ of their time providing support for others and ⅓ acting as the narrator and receiving support from the other two participants.

The work in each triad accelerates the learning process while at the same time providing concrete support for participants on various issues and mental obstacles in their lives. Also, three person structure may relieve some of the stress from the feeling that one individual is entirely responsible for support.

Finally, in addition to the benefits of learning by doing and learning from each other, this model was developed so as to avoid hierarchical client/therapist relationships, which rely on a one-way relationship between support and the supported. By rotating roles so that each individual spends more time in a supportive role, participants move away from simply receiving therapy while another is supposed to simply provide it. Here the responsibility is on the triad and one helps the others as much (or more) as one helps themselves.

Intermediary Group Analysis

Between each 15–20 minute session, before participants switch roles, it is important that time be given to analyze the session that just occurred. This is often done by asking the the narrator who just finished their session to reflect on it, discussing how tools were used, doing emotional check-ins, and examining potential friction: defensiveness or resistance to questions or responses from supporters. However, one should keep in mind that analysis is not used to discover fault, to blame, or to give advice. It is dedicated to pointing out successful tools and improving the support given to each other.

The Fourth Chair

If groups are interested, they can choose to implement an addition aspect of a MAST triad called a "fourth chair." Behind the narrator and outside of the physical triangle in which the triad sits, there can sit a "fourth chair". Although a triad can work without it, the fourth chair is a facilitator who has already gone through MAST and has demonstrated prior understand of tools. The fourth chair is there to help the supporters if they run into difficulty, to facilitate post-session analysis, and to keep time.

This role will be discussed at more length in a subsequent section, but it should be noted that more recent MAST sessions have experimented with rotating the fourth chair role: triad members have taken turns at acting as the fourth chair just as they take turns at the narrator role or supporter role.

Re-Group And Project Analysis

After the work in each triad is finished, all MAST participants regroup. After rejoining the larger group, participants discuss issues brought up during their analysis, general issues and insights, and specific difficulties or successes that can add to the MAST project. As a final note, it is important to remember that MAST is not only a moment of learning but also a time for invention and improvement. Each triad is an experiment and can be an opportunity to improve MAST as an ongoing project.

The Script and Spontaneous Moments

In the first few sessions, the members of the triad listen to and ask questions about each other's "script." Having been repeated many times before both privately to themselves and to others, the narrator's script designates a recounting of events with unacknowledged cognitive distortions and biases. Everyone uses scripts and they are generally useful and healthy. A script usually consists of a narrative that makes sense to the listener and often is neutral or seemingly objective. Scripts also tend to repeat ideas, phrases and/or concepts. Often, scripts are said relatively effortlessly, with relaxed, though animated, body language that includes eye contact. There is nothing false or inherently wrong with scripts. All events or situations must pass through our existing cognitive frames or schema and the biases that come with them. It is simply a default behavior.

On the other hand, when recounting events within a script, the embedded cognitive distortions may prevent the narrator from seeing the generating beliefs and schema behind them. These distortions can negatively affect behaviors and reactions because one is unable to adequately reflect on the recent past, which will help them assess what actions to take in the future. The cognitive distortions that underpin our scripts are often influenced by the toxic institutions of western society; shaped by Christianity, anti-Blackness, colonialism, misogyny, and capitalist interests, and the coercive and violent underpinnings of these ideologies.

One of the goals of using the MAST tools is to prompt a spontaneous moment, a deeper, "unscripted" understanding of the unconscious belief system that generates the emotional and behavioral traits that the narrator wants to change. Trying to prompt or elicit a spontaneous moment is often referred to as "breaking the script".

Breaking the script and spontaneous moments are closely linked and often occur either in sequence or in relative proximity to one another. Spontaneous moments also tend to revert to script very quickly after emerging. Some signs of a spontaneous moment during a triad may include: change in body language (less animated and/or less at ease); change in eye contact (for example looking away to the side or looking to the floor); a break in the tone and flow of words (for example there may be long pauses or the tone may drop significantly); emotional cues (for example tearing or skin flushes) and the use of unexpected metaphors (for example: "I feel I am being buried in beach sand") and the unexpected use of emotional, loaded and often negative words (hopeless, rage, guilty, etc.). After doing a triad for a bit, it will become easier for a supporter to identify these often subtle changes. These moments are windows for the narrator to start identifying the underlying generating belief. They are also opportunities for supporters to apply a specific set of tools and techniques, ones which assist the narrator in articulating and examining here-to unremarked beliefs.

Spontaneous moments are sometimes difficult to elicit and “breaking the script” may take many tools and some time to get them to surface. Depending on who is narrating the event or situation, the script might be concise or simplistic, or saturated with lengthy contextualizing, lush details, and asides. Because scripts are so natural, supporters themselves can often get drawn into their details and become distracted from MAST tools. Also, if the individual speaking or recounting a script is exceptionally good at storytelling, the detail, the mood, and even the humor added to the script may distract from the task or even absorb a good portion of the time given to therapy with little actual work getting done.

MAST’s tools are aim at gathering the appropriate evidence on the situation, clarifying emotions and terms used by the one receiving support, or finally breaking the script. Because scripting may seem natural, a supporter’s behavior in a triad may not seem natural. As a result, it is important for supporters to understand some basic guidelines which help clarify the process of discovering generating beliefs.

Key Considerations

**Attendance*

It must first be said that building trust, supporting each other emotionally, and co-learning requires a serious and committed disposition. Therefore, participants are expected to attend all sessions to help develop some basic continuity, which, if lacking, hinders the process of building trust and camaraderie within the relatively short time participants will have together.

Do Not Give Advice

Giving advice during a triad is often counterproductive, since the goal is for the narrator to determine for themselves what is the generating belief and the best way forward in resolving their concerns/ problem. Advice can lead to a counterproductive give and take between the supporter and the narrator. It also inhibits the agency of the individual receiving support. Change is difficult and has a greater chance of success if the course of action is self-generated. Triads seek to keep a collegiate and egalitarian atmosphere, which could be endangered by advice-giving.

Set Aside Sympathy

To set aside sympathy should not be confused with being unsympathetic. Sympathy can easily lead to misreading a person’s issue or generating belief by connecting it to your own feelings or experiences, personalizing the issue. Sympathy may lead you to believe you understand the situation when you really don’t. We should be supportive and encouraging of the narrator without being sympathetic.

Interrupt

The main role of the supporters is to intervene in the “script” with specific tools to move the process along. Triad sessions are intentionally kept short to motivate supporters to intervene and use the tools to speed the process up and not get distracted by the situation and the details. Thus, it’s important at times to interrupt. This does not mean that there should never be any moment of silence, or that supporters should not listen. A good moment to interrupt is when stories begin to repeat, or when relevant data become extraneous detail.

Focus on the Emotional/Behavioral, Not on the Situation

The supporters use the tools to keep the focus on the narrator’s emotional/behavioral concern and the underlying beliefs. The focus is not on the details of the situation. The supporter needs to know very little about the actual events in order to effectively use the MAST tools. Details of the situation can deflect from the generating belief and spontaneous moments.

Identify and Stay with Spontaneous Moments

If signs of a spontaneous moment occur (and different people may exhibit different combination of signs), remember it. It is not uncommon for the person to return to script (unconsciously) very quickly and you may need to prompt them back to that moment. You want to use tools focused on that event.

Identify Friction

Friction, typically known as “resistance” in therapeutic parlance, can occur in sessions when the person in the narrator role seems to be working against their own goals or the supporters themselves. Often this behavior can provide rich material for further learning once it is identified, if there is a receptivity to discussion. If a supporter feels there is friction, they should point it out to the person. If there continues to be friction, the narrator should be allowed to do so and another track should be taken. Triads are not interrogations or confessions.

Don’t Predict a Generating Belief

A supporter should not try to identify or describe the generating belief for another. It is also good practice not to try to guess or suggest what a generating belief might or might not be.

Don’t Assume You Understand the Meaning of an Emotional or Behavioral Word

Our language is quite imprecise at times and most people use simple or ambiguous terms when describing charged emotional states. The supporter should be using the tools to get clarity on these words or ideas and not assume they know what the person means. A person can say they get “angry” at their mother, but the supporter has no idea what actually means in terms of emotions and behavior. It is important for the supporter to help the narrator identify exactly what they are talking about and even if that is the right word/s for the phenomena.

Confidentiality

MAST does not rely upon legal contracts, professional ethics boards and the false sense of security they seem to provide. Within the context of radical mental health, confidentiality could be seen as behaviors, sensitivities, and foresight about privacy, which develop trust between individual participants. In light of this, the larger group and each triad should discuss and work out what confidentiality means to them and how it is to be respected. Often what seems like common sense to one person may not be to the other, and this is no different when it comes to privacy and confidentiality.

A triad is not a confessional or interrogation, and each person involved is free to consider and behave in accordance with their desire for privacy. The responsibility to maintain confidentiality falls on individuals, each triad, and the MAST group, with equal measure. To help us consider how to be responsible to this issue and express desires and concerns, the whole group and each triad should discuss these questions:

Who does confidentiality cover?

What kind of information should be confidential?

What information stays within the triad; what is brought to the whole group for analysis when triads regroup; what information stays confidential outside of MAST?

When does a triad end, our self-therapy begin or other forms of socializing begin?

How do we let others know if we feel confidentiality is becoming an issue?

Where or in what context would discussing MAST be inappropriate?

This discussion should be had, and is a key part in creating the serious and supporting environment needed to help and rely on each other.

Difficulties of Forming a Triad

Based on previous sections, it appears that MAST is best when participants are not personally involved in the scenarios being described by narrators. Another aspect of forming a triad is being honest and aware that this ideal situation is rare. At times, we are more entwined in each other's lives than what might be ideal for therapy. This comes to be of key concern when participants are members of the same community, and more so in smaller communities where it may be difficult for participants to be closely involved in each other's lives.

When forming a triad, members should feel that they are not forced to be in triads with people with whom they feel they have existing problems, which would hinder sessions altogether, or which may risk privacy, safety or other obligations. As a group, it is necessary that participants be willing to accept that they may not be the ideal candidate for a given triad. In accordance with this awareness, a person's request not to be in a particular triad is not necessarily an insult to others but instead a sign of respect for the work and to each participant's benefit. In many cases, it would be better to have no triad than one that may result in more harm than good to those involved. The group should discuss this together before forming triads. Or, if need be and if one is available, it could be good to discuss this with a facilitator or "fourth chair."

How to Start a Session

Starting a session can be difficult. It is up to two supporters to ask questions if the person receiving support does not have an exact problem. Some ways to start are to ask if a person has a specific recurring experience or feeling on which they want to work on. These problems can be either major or minor. The problem one begins with does not have to be a major one because initial problems are just starting points to get to negative generating beliefs and only a first step in transforming them.

Beginning one's session can be a challenge even after the first week. Often people forget past sessions or incorrectly believe that everything has been resolved. It is unlikely that a negative generating belief or the kinds of problems it creates will disappear after one 15 minute conversation. Supporters can remind the person they are assisting of prior issues or themes brought up in past sessions, or ask about how problems from past sessions changed or evolved. Also, discussing homework and self-therapy tools worked with between each session can be a great way to start and often improves the dynamic of each session.

Finally

The triad model is not a perfected form but an ongoing project, which can and should be adapted for the context in which it is being applied. As mentioned before, MAST and the triad model are experiments, and improvements are necessary and welcomed. MAST is not a dogma but itself a tool in which the triad model makes up one part. We hope that each MAST group takes the lead in their pursuit of mental health and struggle. Each group is capable of discovering new tools and methodologies for them and for others. This requires not only that we learn but that we trust our intuition and creativity.

Chapter Three: Considering Our Beliefs

Generating Beliefs, Intermediate Beliefs, and Automatic Thoughts

During each session of MAST, the narrator will be providing a "script." The goal of each MAST session is to work with the script provided by the narrator. The script is the language the narrator uses to describe their emotional and mental life. This script will be the primary or initial material with which the triad will work. The belief(s) that underpin the script are what will be modified and changed by MAST. The goal of MAST is to change the belief(s), and therefore the script, in order change the behavior and emotions articulated and over-determined by the script. In the theoretical model MAST employs, the script is divided into three interrelated levels. They most often appear in this order: automatic or situational thoughts; intermediate, thematic, or conditional thoughts and beliefs; and finally, generating beliefs.

Generating beliefs are defined as fundamental, inflexible, absolute, and generalized beliefs that people hold about themselves, others, the world, and/or the future, which seem to generate and dictate other thoughts. When a generating belief is inaccurate, unhelpful, and/or judgmental, it will have a profound effect on a person's sense of self, sense of efficacy, and promotes susceptibility to harmful behaviors. Generating beliefs typically spring from "I am" statements ("I am undesirable," "I am incompetent," "I am trapped"). The greatest amount of change, which can be maintained over time, results when people identify unhelpful generating beliefs and work with their supporters, using cognitive therapy strategies, to develop and embrace a workable and beneficial replacement belief system.

Generating beliefs are much more difficult to elicit and modify in cognitive therapy sessions than the situational or the automatic thoughts they produce. Generating beliefs usually develop from messages received, over time, during a person's formative years, oftentimes during childhood but sometimes during times of substantial stress during adulthood. Some people receive harmful messages from their peers when they are teased or bullied. Some people who had adaptive belief systems develop during childhood and adolescence, went on to experience horrific events as an adult that had a profound impact on their generating beliefs. Society, media and school can also create unwanted generating beliefs. Identification of the pathway by which generating beliefs develop can provide multiple points for consideration and intervention.

Understanding how generating beliefs are understood in cognitive theory will allow supporters to understand and articulate to each other how to work with the tools for the desired effects from modifying generating beliefs. Generating beliefs are embedded in a larger construct, schema, or frame. Frames or schema are persistent arrangements of past notions and experiences that are used to organize new information in a meaningful way, and therefore affect how new notions and experiences are perceived and understood. In other words, schema or frames not only influence what we believe, but also how we process the information that we encounter in our daily lives.

Generating beliefs are beliefs that illustrate or represent a person's frame or schema. When a schema and its corresponding generating belief(s) are activated, people experience life in a biased manner, such that they tend to assign importance to, label, and remember certain notions and ideas that better match their schema, and they overlook information that is inconsistent with the generating belief. Thus, there is a mutual relation between experiential biases caused by one's frames and generating beliefs, such that frames strengthen a person's generating beliefs, and that generating beliefs strengthen information processing biases. schema and their corresponding generating beliefs give rise to both automatic thoughts, and intermediate beliefs.

Intermediate thoughts, which are conditional rules, attitudes, and assumptions, often unspoken, that plays a large role in the manner in which people live their lives and respond to life's difficulties. In many instances, they are worded, as "if-then" conditional statements that prescribe certain rules that must be met in order for the person to protect him- or herself from a painful generating belief. For example, a person with an "I'm a failure" generating belief might live by the rule, "If I get all A's, then I'm successful," which is viewed as a positive intermediate belief because it specifies a path toward a positive outcome. However, that same person might also live by a negative intermediate belief. Intermediate beliefs that do not use conditional language are often expressed as emotionally charged attitudes or assumptions about the way the world works. The problem with these rules and assumptions is that they are rigid and inflexible, usually prescribing impossible standards to which one should live her or her life. Failing to account for life's unexpected events and challenges, invariably affects one's ability to achieve these standards. As with generating beliefs, they exacerbate experiential biases that reinforce unhelpful generating beliefs, and conversely, experiential biases strengthen the rigidity of these rules and assumptions.

It is not surprising, then, that schema and their associated generating beliefs, intermediate beliefs, and information processing biases create a context for certain automatic thoughts to arise under particular circumstances. People in similar situations can report very different automatic thoughts, and the explanation for those different thought patterns is that these people are characterized by different sets of generating beliefs and intermediate beliefs. Information processing biases only serve to further increase the likelihood that a person will experience negative automatic thoughts in stressful or otherwise challenging situations. When these thoughts are activated, they feed back into those biases.

People do not have just one frame or scheme nor do they have just one set of generating beliefs. Instead people tend to have several systems of schema, generating beliefs, intermediate beliefs, automatic thoughts, and biases that are assimilated into a larger mode. Some modes influence how we deal with life necessities such subsistence and stability. Others influence our ability to build satisfying relationships. Some modes influence daily or specific activities such as reading, writing and driving. But unhelpful belief systems have the potential to be harmful in all different parts of ones life.

Working on generating beliefs plays a large part in modifying belief systems so as to add flexibility and autonomy to the rules and assumptions by which a person lives their lives. In turn, it is hoped that such flexibility will decrease unhelpful or harmful thoughts from becoming automatic in stressful or challenging situations. Adding flexibility to a belief system might decrease the weight that unhelpful schema carry when people function in various modes and decreases the extremity of experiential biases.

Although some people can often identify a generating belief very quickly, many need some time before they can identify it and are ready to work on it. Some people have difficulty identifying cognition that is related to averse emotions, so they require practice with the more-easily-accessible automatic thoughts before they have a sense of their underlying generating beliefs. Others find the articulation of their generating beliefs to be overly threatening and painful, and working with situational or automatic thoughts first allows them to develop a sense of comfort before they begin to focus on more intermediate or fundamental beliefs.

For these reasons, most work begins with situational or automatic thoughts and later moves to finding generating beliefs. When supporters work with each other across several sessions, focusing first on situational or automatic thoughts, they can be vigilant for the presence of generating beliefs through several means. For example, automatic thoughts that provoke a great deal of emotion or feeling have the potential to be generating beliefs in and of themselves, or be a direct manifestation of a generating belief. People who systematically track their automatic thoughts across a longer period of time can begin to identify themes in their automatic or situational thoughts, which may provide a clue about the nature of that thought's generating belief. When a person spontaneously reports recurrent experiences that remind them of others they have had, the supporter can take this opportunity to identify the threads that link these experiences together and the messages internalized from them—both of which could reflect one or many generating beliefs.

Recognizing Cognitive Dissonance

Not all of the components of our mental scripts are bad; we hold many useful, reasonable, and well- adapted thoughts. These well-adapted or neutral thoughts are not the target of MAST. MAST works with thoughts attached to distressing behaviors and situations, which the narrator has in some way agreed, do not benefit them. These thoughts often result from faulty, distorted or untested negative thinking styles. We must first identify which thoughts result in unwanted emotions or behaviors. We will begin by identify some common distortions and faulty thinking styles which can lead to unwanted behaviors or situations.

Automatic Thoughts

Understanding the way we think about things is crucial to understanding how and what we feel. Many times when thoughts are negative, we accept them as truth, when in reality they are irrational and lead to negative feelings. If we can get in the habit of recognizing the thoughts we have, we may be able to see the connection between them and these negative feelings. If we're able to do this, we may be on the road to being able to replace the negative thoughts with ones that help us rather than hurt us.

Our thoughts are hypotheses or guesses that can be reality-tested. It's not the thoughts that unnerve us but the meaning we give to those thoughts. We often think "if I think this, then it must be true." After we get good at noticing our thoughts, our next steps are: looking at the validity of these thoughts then and offering yourself a more rational, balanced, open-minded alternative view. Supporters can help the narrator by using the tools to collect data and counter-evidence (discussed later) to question the validity of these automatic thoughts.

The goal with negative automatic thoughts is to identify, examine, and replace. If a narrator can't "catch" their negative thoughts, they can't examine and challenge them. This can be very difficult to do on one's own at first, so support people play an important role in helping the narrator spot these.

Even when a narrator knows their thoughts are negative, they often still believe they are rational and accept them as correct; this is due to cognitive bias and distortions. The goal of the supporters is to allow the narrator to question these unquestioned assumptions. It is not the supporters' role to provide the answer.

Typology of Cognitive Dissonance

***Generalizing** : using "always" or "never" statements to make an all-encompassing rule out of a single incident. e.g. you tell yourself you're hopeless after making a single mistake.

***Mind-reading** : Thoughts that we know what others are thinking, without any real evidence. One common example is a belief that other people agree with our negative opinions of ourselves, without them saying or doing any thing which would provide proof. e.g. "I can tell they feel they think I'm annoying."

***Magnification and Filtering** : People tend to believe the negative details and filter out all the positive ones.

***Polarized (Black and White) Thinking** : e.g. if a narrator's performance falls short of perfect, they see themselves as a failure.

***Catastrophizing**: People often expect disaster over-estimating the likelihood of calamity and underestimating their ability to cope. e.g. "What if I were to get arrested? It would ruin my life."

Personalization : When a narrator believes that everything others do or say is a reaction to them. This also includes comparing oneself to others, to determine who is more committed to the cause, smarter, etc. e.g. Someone complimenting another person's talents sends the narrator spinning into self-criticism.

Blaming : Holding others responsible for our pain, seeing ourselves as victims. Narrators often feel unable to change their circumstances. e.g. "She has made me feel terrible" or, "If she hadn't done that, I wouldn't have reacted that way."

Self-Blame : Feeling responsible for the pain or happiness of everyone around you.

Rigid Thinking : Subscribing to a list of unbendable rules as to how the you and others should behave. This can also be called "Fairy Tale thinking," where the narrator sets up an image of what life is expected to be.

Fortune Telling : Negative expectations accepted as fact even before they happen. Expecting a certain outcome often becomes a self-fulfilling prophecy.

Chapter Four: Phase One

Tools, Techniques, and Questions

These tools are used within the framework of each MAST team session, as well as in a modified form when participants are engaged in self-therapy. MAST tools are categorized by phase. The first set of tools is used to engage with what is called the script: a combination of unexamined cognitive content (descriptions and details), situational thoughts, cognitive distortions and automatic thoughts both positive and negative, and are meant to move toward identifying generating beliefs. As a more transitional phase, Phase 2 begins with transitional questions and ends with mapping describing, narrating, and externalizing the identified belief. Next, Phase 3's techniques are used to modify and replace the generative beliefs.

But, in addition to these three pragmatic divisions, there are important aspects to consider throughout the entire process. First of these is that the tools although discussed in various stages can be used through out and phases do not always occur in a linear fashion, often going back and forth. The second are "spontaneous moments," which may occur at any point within the course of MAST. The final aspect is that the use of these tools is fluid and improvisational, and takes the form of a conversation between equals. Even though the tools are conversational, they differ from everyday talk and take some getting used

Collaborative Discussions

MAST is not interested in correcting faults in the narrator's script per se. Much of a script will be peripheral to understanding the narrator's emotional reactions; their beliefs about themselves, others or the world; or how these play out certain contexts. So supporters and narrators collaboratively engage in conversation and inquiry to comb through only a specific area of the narrator's script, with these goals in mind:

- Developing relevant content.
- Data/Evidence collection.
- Shared understanding of key words and concepts.
- Moving toward elucidating a Generating Belief.

In these collaborative discussions, supporters act as guides to help narrators: focus the conversation on relevant areas even if it might be uncomfortable; understand the cognitive assumptions and biases at work and their relation to specific emotional states and behavior; and describing the generating belief.

MAST team members strive to be direct, curious, and open-ended. Sessions are driven by the supporter's genuine curiosity to understand the narrator's viewpoint, not a manufactured curiosity that wearily assumes that one is going to hear all the expected answers. Questions should be phrased in such a way that they stimulate thought and increase awareness, rather than requiring a single correct response (e.g. respectively, 'Do you know why you take criticism so badly?' versus 'Criticism makes you believe you're inferior, doesn't it?'). Also open-ended questioning enables the narrator to provide her own answers rather than rely on the interpretations that might be offered by supporters, which can make the narrator feel they should compromise and oblige the supporters–in that it is simpler to agree than to disagree, or to seem ungrateful or difficult. If the narrator believes she is in a 'compromising position', she may be reluctant to reveal additional thoughts that might improve an understanding the problem.

Asking questions in the most straightforward way and is often effective at eliciting negative automatic thoughts. For example: 'Do you know what was going through your mind at that moment to make you so nervous when you were asked to take over an important project?" This approach can quickly establish if the narrator has the ability, at the present time, to detect such thoughts. The narrator's introspection can be aided by the supporters' clear and specific questions, instead of vague and rambling ones. While repeating some basic facts from the story can be affirming and let the narrator feel heard, getting into details of what you heard or asking for more is wasting time and can even take the work off track.

Pacing and Interrupting

Supporters should be wary about responding too quickly to the narrator's seeming inability or struggle to answer a question. Responding too quickly is often based on a supporter's awkwardness with protracted silences or impatience with the narrator's slowness. But, the reverse can also be a problem. Often out of politeness or insecurity about being supporters, both good and bad these can prevent us from interrupting and asking relevant questions, in a timely manner. We should listen actively, but also be okay with being interrupted, by a question even if we had not finished telling everything.

These collaborative discussions are crucial to MAST, and it takes a lot of practice to be proficient. Also, it is important to work together in the process and although there is a goal, how we get there can vary. Remember MAST is neither an investigation nor a debate room. If the questions seem to go in circles, it then requires a different set of tools, and can be discussed in the analysis after the session. With this attitude of collaboration in mind, the triad can proceed to the next step, which is to develop relevant content.

Developing Relevant Content

Difficulties can arise over which content is relevant and should be examined. All participants should be reflexively asking whether or not particular content in the narrative is relevant. In MAST reoccurring negative content (negative thoughts, feelings, and problems) is the first type of relevant content that narrators and supporters work to distinguish and examine. This is because it is the easiest to detect, and is often the result of negative generating beliefs. This does not mean that narrators will offer only these when they present their script.

When narrators discuss their problems it is often in a jumbled manner (understandably so) with no clear separation between situations, thoughts and feelings. The supporters should move quickly from situational details and context to feelings and behavior. How did the narrator feel during the event or after? What behavior did they exhibit that was different?

Often the narrator will seek out solutions in these early conversations and this should be avoided. Supporters must remind the narrator the task is to understand the emotions first before an alternative can be sought.

Data collection is key during these early stages of the conversations. The data the supporters are collecting (as is the narrator hopefully) is not about the situational aspects of the events but the emotional. Emotional words can be vague and mean many different things so the supporters ask questions to gain greater clarity of what is meant. There are a number of tools to do this. This can cause discomfort during the triad as the questions seem to obvious but supporters can remind the narrator they are just trying to clarify so they can really understand what and how this emotion impacts their lives. Some narrator's may become combative with these type of questions wishing to move on with their script, again the supporters should remind the narrator what might be obvious to them can be confusing to others.

It is not common in these first few sessions will supporters and narrator get beyond identifying a few automatic thoughts and cognitive distortions. This work is useful and will be helpful during Phase 2. The goal of conversation is to elicit spontaneous or unscripted moment that can lead one to a generating belief.

Typically, as a first step, the conversation seeks to distinguish within the negative content that what could be confirmed or observed by the narrator (the events and situation) from that what was thought, felt, or interpreted by the narrator. Or more simply what seems to be more objective from what seems to be more subjective. Here is an example:

Confirmed – 'My partner has told me she's having an affair'.

Observed – 'I saw my partner touch my friend's shoulder several times while talking to her'.
Conjecture or Interpretation – 'I just know my partner is having an affair. You know when you're just sure you're right?'

Supporters need to stress the limitations of each type of content above and the potential problems affirming them as "true". For example, a person accusing their partner of having an affair, based on an interpretation of what was observed, or just a vague feeling could trigger a crisis in the relationship. Once these types of content are distinguished, supporters can ask questions about how what is either confirmed or observed relates to the thoughts and feelings of the narrator. This provides for the step of distinguishing the external events and situations from internal feelings/ thoughts. This will prepare the narrator and hopefully promote more effective communication in later sessions.

Useful conversations explore a narrator's inner experiences and beliefs – how they reach their views about themselves and the world, the meanings they attach to events. Thus, categorizing content helps the team recognize and understand the scripts relation to events in the external world and our experience or emotional upsets. Therefore, supporters are constantly moving between the external and internal worlds of the narrator's script and trying to uncover private meanings about public events, which is often the cause of distress.

MAST makes these distinctions between our interpretations of events, the events themselves and our emotional reactions to create a space for mental struggle; therefore it is important that make this connection if a narrator is to benefit from MAST.

After making these distinctions between events or situations verses how they could be interpreted, one part of developing relevant content from a script is to make sure we cultivate clear, mutually understood language and descriptions of events, which does not naively assume that we all share the same ways or words to describe our emotional or mental states. Thus being specific and conscientious about language becomes a crucial part of getting to what may be important.

Cultivating a Shared Language for Feelings and Thoughts

Clarify Terms

The practice of clarifying terms helps focus both supporters and narrators on the imprecision of their language, and of language in general when describing ourselves and even more so when describing our problems. For example, a narrator whose good idea for a project was rejected by others states: 'Because they didn't like it, this makes me a total idiot.' A supporter might ask, what makes a person an idiot, Or describe what an idiot is? And then possibly ask if that description of definition of being an idiot actually matches himself or herself, or how often does one's ideas need to be rejected before they are an "idiot".

I "Feel" Vs. I "Think"

Inserting the word 'feel' into a sentence does not turn the sentence into a feeling. People frequently say 'I feel' when they actually mean 'I think', such as 'I feel that my partner and me are slowly drifting apart.' People might be annoyed if they were frequently corrected when they misused 'I feel' statements: 'When you say "I feel that my partner and me are slowly drifting apart" what you really mean is "I think that my partner and me are slowly drifting apart".' However, in MAST it is crucial to make such adjustments (but not incessantly or condescendingly) because by modifying dysfunctional thoughts distressing feelings are moderated; so narrators need to learn to distinguish between genuine thoughts and emotions. Also, if this distinction is not made, narrators will believe that their 'feelings' are being challenged when it is their thoughts that are actually being pointed out for examination.

Get To A Feeling

Often, if it takes a narrator more than one word to describe a feeling they may be describing a thought. For example, a narrator might say 'I feel like I'll never be able to overcome this problem', which might be converted by a supporter into 'You have this thought that you will never be able to overcome this problem. How do you feel with that thought in mind?' The narrator might reply with another 'feel' statement: 'I feel that therapy won't be able to help me.' The supporter can point out that the narrator has now given her two thoughts and then ask again how she would feel with those thoughts in mind: 'Depressed.' It is important that narrators connect with their thoughts and feelings, such as 'I'll always be a failure' or 'No one likes me', rather than distance themselves from them by using an impersonal voice: 'One would be a failure in those circumstances' or 'Everyone thinks at some time in their life that no one likes them'.

Expand Short-Hand

But, the inverse may also be the case. Some narrators may use one word to describe their feelings such as 'bad,' 'crap,' or 'shit.' Unfortunately, these kinds of one-word descriptions, though vivid, do not pinpoint which emotions supporters are looking for. By asking the narrator about her thoughts (e.g. 'I let down my best friend when she needed me. He's always there for me. I behaved very badly') and behavior (e.g. 'I keep on trying to make it up to her in all sorts of ways'), the supporter is able to reveal the narrator's 'shit' feeling as guilt – the narrator violated her moral code of how she should behave towards her best friend ('I should always be there for her like she is for me and I wasn't there when she was in serious trouble'). The narrator can then decide to use the term 'guilt' or stay with her own idiosyncratic usage.

Some negatives can be 'composed of just a few essential words phrased in telegraphic style: "lonely … getting sick … can't stand it … cancer … no good." One word or a short phrase functions as a label for a group of painful memories, fears, or self-reproaches.' Just as when they are phrased as questions, negative thoughts phrased in a telegraphic style will be difficult to examine and respond to. As an example: A narrator who was angry about not getting a job, says she was angry that this situation was "typical." A supporter could just assume what "typical" means, but since "typical" could have several meanings, it is better to get a full sentence. For example the narrator could be upset because this typically happens to him. Or she could be angry that it is typical for employers to get peoples hopes up and not give them work. Since these are very different causes of anger, it is up to a supporter to ask how is this "typical" or what makes this "typical."

Not Just Semantics

Some narrators might complain that defining terms is just semantic games (e.g. 'Change the words around and then I'll feel better, is that it?') but, in fact, it has a very serious purpose. Using words like 'failure,' 'useless,' 'worthless,' or 'no good' to define oneself are not only dangerous generalizations – but are hopelessly inadequate and inaccurate in capturing the complexity and uniqueness of the self. Semantic precision helps narrators to be clear and accurate about events (e.g. 'I've failed my driving test twice') and what can be done about them (e.g. 'I'm going to try for a third time') instead of focusing on what they believe they are, (e.g. 'I'm totally useless. I might as well give up now') which will prevent them learning from their mistakes and restricting their self-development such as not persevering in the face of setbacks. The supporter needs to keep narrators on their toes by asking them to define their terms instead of letting them assume the meaning of the terms is mutually understood and agreed upon.

Avoid Infinite Regress

However, it is important that supporters do not become 'meaning maniacs', (i.e. asking their narrators what they mean by the terms that they use and then asking for the meaning of the new terms that the narrators use to explain the old terms … and so on) as this will develop into an infinite regress of meaning about meaning. This process will exhaust both supporter and narrator without reaching any helpful conclusions about which terms are meaningful in discussing problems (e.g. rating only the specific behavior or action) and which are meaningless (e.g. rating the self). Defining terms is not an end in itself: it is a means of establishing semantic clarity so that a more informed discussion of these terms could be undertaken. This will also be something to remember for Phase 2.

What is doing the most damage? Not all negative content is useful for a conversation. Therefore, supporters need to sift through this cognitive outpouring, listening to the narrators carefully in order to pinpoint the content that is 'doing the emotional damage.'

General To Specific (Situation)

When a narrator talks about her problems in general terms it can be difficult for the supporter to tease out her emotions because concrete examples of the problems remain elusive. Also, emotions are more intensely felt in specific situations (e.g. 'I felt scared when it looked as if I was going to be late for the meeting') than they are at a general level (e.g. 'I'm concerned about my poor timekeeping'). For these reasons it is important for supporters to anchor the general problem in a specific context:

A narrator might say that they are "just a worrier." One of the supports might ask them what they are worried about currently. This way they can get a specific thing that the narrator is worried about, instead of what it is to be a worrier.

Scaling

Scaling To Understand Intensity Or Frequency

Scaling is a tool frequently used in getting relevant content, as well as in rebuffing negative thoughts. Although it may seem odd at first, scaling provides important content for both the supporters and narrators.

Scaling is a tool were a supporter asks the narrator to rate and place their feelings or thoughts on a scale. Often, this entails creating a scale of "0 to 10" ("0" being no intensity and 10 being the most intense). It is also important to give examples of what "0" and "10" are in terms of behavior. For example, for the feeling anger, "0" is nearly or no change in behavior, while "10" would be throwing a chair across the room. This has many results. Scaling can also be used to gauge the frequency of events, and it can also be used to see how often an emotion occurs. For example the supporter may ask, "How much of the time would you say you are angered by this kind of situation?" or "How often do you feel angry after this happens?"

Scaling can be used to gauge probability or likelihood of events. For example, when a narrator is asked to rate the degree to which she believes her negative thoughts and the intensity of their emotions using a 0–100 per cent scale. These ratings are important in order to determine collaboratively the cut-off point for investigation, (e.g. thoughts and feelings below 50 percent may not be as important). The narrator rated how much she believes her negative thoughts at 80 percent and the intensity of her anger at 85 percent. This allows the supporters and the narrator to commit to further investigation into feelings and thoughts with specificity. However, if some narrators get bored with providing ratings, as it can become mechanical, then the supporter should drop the procedure (narrators often know which are the key thoughts and intense feelings to focus on without the ratings).

Scaling To Understand Intent To Change

Scaling challenges black and white and either-or-thinking. It also challenges 'tacking' or when a narrator is providing conflicting descriptions. A supporter may first ask the narrator to place their feeling on a scale of 1–10, being clear about what 1 represents and what 10 represents. Then they may ask where they want to be on that same scale, and what prevents them from getting there, and finally what it would take to get from where the narrator is to where they would like to be. Scaling is a versatile tool. It can help to set up the use of other tools, or help inform what comes after a tool already used. Because of this versatility, scaling is often combined or synchronized with other tool discussed in this section.

Identifying Cognitive Distortions

Common cognitive distortions or biases, such as mind-reading, labeling and jumping to conclusions, often occur when a person is emotionally upset. It is helpful to point out these distortions and to remind each other that these reflect normal fluctuations in our thinking styles, and that they only become a problem when the bias is chronic or too extreme.

For example, a narrator with social anxiety said: 'I know that when I walk into a room people are thinking, "He's boring, so I'll keep away from him" or if they do start talking to me then they quickly move away because they're thinking, "He's so uninteresting."'

Another key distortion of the narrator's was all or nothing thinking: 'People are either boring like me or very interesting and fascinating to talk to as most people are.' The narrator found it hard to see the middle ground between these two extreme positions: that people can be seen as both boring and interesting. Once the narrator had learn to direct more of her attention to the external environment and away from her excessive self-focus on her assumed inadequacies, she found over time that she could be reasonably interesting to some people some of the time, and not everyone she met held her transfixed with their supposedly fascinating conversation.

Some supporters, particularly those new to MAST, might believe (incorrectly) that as soon as they hear the possibility of a cognitive distortion in narrators' accounts of their problems, they have to challenge it immediately rather than letting their narrators have their say. The unfortunate effect (of this over-zealousness) is that of micromanaging the narrators' thinking, and this can cause a strain in creating a non-judgmental relationship. By contrast, over time, MAST participants learn to take note of some of the key comments their narrators are making, respond tactfully, and learn appropriate pause or interruption to discussion and to summarize the sorts of negative cognitive content that the narrators are revealing.

Perspective Tools

Perspective tools help the narrator take distance from their situation and externalize their problem. This allows the narrator to see other possibilities that might have been missed in their constructed script. Perspective tools such as modeling, helicoptering, and telescoping enable the narrator to differentiate between the situation and the distortions that pervade their script.

In helping a narrator to develop reasonable and examined responses, it should allow her sufficient time to think things through, as this might be her first attempt to formulate a constructive reply to her negative cognition. Slowing down our thinking allows us to see both the mental moves we have made in order to subscribe to these ideas and the alternative perspectives that are available to us. Encouraging narrators to look at the situation in more critical ways reduces the intensity of their distressing feelings.

Helicoptering

Helicoptering is a perspective tool that can help the narrator to see their situation differently and develop neutral or positive responses to their negative automatic thoughts or biased beliefs about themselves in a particular situation. As the other perspective tools, helicoptering also assists the narrator to slow down their negative automatic thoughts and differentiate between the actual situation and their own script. With helicoptering, supporters ask the narrator to zoom out of the situation so that they can see their script from a different perspective. As an example: The narrator talks about how anxious she felt when she was in a meeting with new people. She thought that people did not pay attention to what she said, and were dismissive towards her. She found an excuse and left the meeting thinking that, "others do not like her" and "she should not go back to these meetings again."

In the above example, supporters may ask how the situation might seem to someone outside the situation. Supporters may also ask what would have been better for the narrator to have done, and what would have made the situation in general better. This allows the narrator to see the situation from different perspectives that she might have missed when she was involved in the situation, and might help her revise her immediate reaction and notice the effects of cognitive distortions, such as mind-reading.

Telescoping

Telescoping is similar to helicoptering, but instead it is used to look both backward and forward in time to compare how perspective shifts when looking into the past or future. For instance, supporters may ask the narrator what they think the chances that the negative effects of this situation might wear off after a relatively short amount of time, or the narrator might ask how long this situation might stay negative (a week, a month, a year).

Another type of telescoping might included asking the narrator if they have experienced situations and distressing emotions like this in the past, or if they might imagine how they might respond to this situation in the future if it occurs again. Maybe something seems unbearable today that not too long ago did not seem to be a big deal, or maybe something seems unbearable years ago that presently seems no big deal. The goal of telescoping is to remind the narrator that one may over-evaluate or over-interpret the importance of the present, while forgetting what has happened before and how they might change in the future. For example: The narrator talks about how much pain she felt after her break-up with her partner, and thinks that, "he will not be able to recover from this separation," and "this pain will not go away."

In the above example, supporters may ask if the narrator had a similar experience in the past and how she coped with it. This allows the narrator to remember that the negative effects of a situation might change over time, and may help her to become aware of the effects of cognitive distortions (in this case: catastrophizing).

Modeling

Modeling is another perspective tool that allows the narrator to externalize their problem by obtaining an outsider point of view. Supporters may break the narrator's script by asking modeling questions such as what the narrator would say if a friend asked their advise in a similar situation. They may ask the narrator to imagine how they might discuss their emotions, behaviors, and situations, if they were in fact someone else. Thus, modeling provides a kind of self-talk that imagines what advice or consolation the narrator might give to a friend or loved one in a situation similar to theirs. Externalizing the problem through modeling enables the narrator to distance themselves from the situation and to see the other possibilities that might have missed their notice. For example: A narrator blames herself for her eight-year old son's injury while playing outside with her friends. She thinks that,"she could have prevented it if she was paying more attention," and, "she is not a good mother for letting this happen."

Instead of advising the narrator that she should not blame herself, supporters may choose to apply the modeling tool and ask her what she would tell her friend or neighbor under similar circumstances. This allows the narrator to autonomously gain new perspectives and notice cognitive distortions in their automated thoughts.

Detours

MAST focuses on challenging the generating beliefs that drive some of our psychological distress. Frequent interruption is important for finding holes in a psychological narrative, but this isn't the ideal approach for all problems. When processing trauma or grief, it is more important to create an environment of safety and support than it is to interrogate the narratives driving the problem. In these cases the problem is often quite clear.: something horrible has happened. Feeling comfortable to experience the difficult emotions that come with trauma and grief allows someone to learn to relate to those events and their aftershocks in less painful ways.

Trauma and grief are common parts of life, and in seeking to destroy an oppressive state, anarchists are more likely to experience trauma at the hands of the state or its proxies. Any method for dealing with mental health issues focused on anarchists is incomplete without a way of dealing with trauma and loss.

Our method for dealing with this is to create a safety valve for using different approaches. We call these detours.

Suppose that the narrator begins by telling the supporters that they have just been beaten by a cop during an arrest and it has been difficult for them to deal with it. The narrator states that they just want to talk about it without being interrupted. The triad takes a detour, and the narrator says what they need to say with minimal interruption. If the narrator feels comfortable, they can always return to the regular MAST approach, but that is up to the narrator and their desires.

This creates a sense of safety, which is difficult to maintain with frequent interruption. It also puts the power in the hands of the narrator as to how they experience the therapeutic process. Detours were created to approach trauma, but the principle can be expanded as new needs and new approaches to dealing with them arise.

Chapter Five: Phase Two

Spontaneous Moments

Spontaneous moments are in-session linguistic/emotional/behavioral changes that often represent edging towards a generating belief. These changes can occur at any point in each session. Generating beliefs are mostly located in the unconscious (or rarely, pre-conscious) and thus can be very difficult to simply access consciously. During waking states, the conscious often overlays the unconscious, making it very difficult for the unconscious to maintain for any length of time.

The supporter needs to be alert to these shifts from the script as they are important entry points into the narrator's thinking. These shifts can be obvious (e.g. becoming angry) or subtle (e.g. narrowing eyes). The narrator may be talking about an issue in a non-emotive way when the supporter notices something in her manner that she infers is an emotional change. These changes are called spontaneous moments, because they break the script and often only last a short period of time before the script returns. Spontaneous moments are often signals to the supporters that the secession is moving past automatic thoughts toward generating beliefs and that it may be a moment for supporters to use transitional questions (described below).

Every spontaneous moment is different, but there are some common elements that can guide a supporter when one is occurring. These elements include change in emotion, change in body language, and change in language. Changes in emotion usually tend to be heightened responses and tend to be followed by a sense of relief that in are in contrast to the normal emotional pitch of the script. Body language changes can include loss of eye contact, fidgeting of limbs and extremities and other unconscious movements that don't regularly occur while the narrator is talking. Language cues are probably the most common indication of a shift from script since the triad is mostly about exchange of communication. Unusual metaphors, long pauses before answering, speaking in fragments, and changing the tone and volume of speech (usually lower) often accompany a break from the script.

Deviations from the script only last for a very limited time. It is crucial that the supporters use this time effectively by employing transitional questions. For some narrators, it might be emotionally painful during these moments. It is not useful for the supporters to try to keep people in the spontaneous moment, and they should allow the narrator to return to the script when they no longer feel comfortable.

It is often useful for supporters to address and focus on an earlier spontaneous moment after the narrator has returned to the script. Transitional questions can reference a previous spontaneous moment even if the narrator is not in that moment at the time of the question. As an example: In a previous session a narrator teared up when talking about how she feels "haunted" by her mother's expectations. The support person in the next session remarks that it seemed the narrator went below her usual complaints about how her mother doesn't understand her choices. The support person asks the narrator what she meant by using the term 'haunted.'

The above example shows how the support people are preparing to move into transitional questions that will hopefully elucidate and describe the underlying generating belief. It is crucial for the support people to be able to recognize spontaneous moments so they can use the brief amount of time to start asking transitional questions.

Transitional Questions

Transitional questions are a key set of tools used to help the narrator go beyond specifics and negative automatic thoughts and reach a spontaneous moment. Transitional questions should be used after the evidence gathering and clarifying questions and moves the reflection closer to the generating belief and the emotional characteristics associated with it. This is why they are called transitional questions.

The supporter asking the narrator "so what?" allows the narrator to reflect on the underlying meaning of the negative automatic thought or impression. The question asks what the meaning of holding such a belief is. What are the consequences (emotional and behavioral) of this belief? This type of transitional question can be perceived as being aggressive or uncaring or even sometimes judgmental by the narrator and must be used cautiously. It should only be used by supporters who have developed a positive relationship with the narrator. For example: A narrator is talking about how drinking makes her more acceptable to the people she is with. The supporter can ask so what if you were not acceptable. The narrator responds that she would be alone and the loneliness would be unbearable.

In the above example the so what question changes the discussion from drinking to the narrator's fear of being alone and her inability to handle such a state. This allows the supporters to explore that more emotional territory which will more likely elicit a spontaneous moment than the mere matter of fact statement of 'I drink to be more acceptable.'

Another transitional question is to directly ask the narrator to reflect on the emotional impact of an automatic thought. This can be difficult for some people to reflect on and they will sometimes just rephrase the question. The good thing about this transitional question is that it is very direct. For example: A narrator keeps talking about how she feels unheard at various meetings, especially by men. The support person asks her to reflect on the last time this happened, and ask the narrator how she felt. What emotion/s she was experiencing?

In the above example, the support person helps the narrator connect emotionally to her issue she has brought up multiple times. It is without judgment and doesn't suggest how she should have felt, which can lead to further reflection that may create a spontaneous moment that departs from the script.

Sometimes the narrator may feel emotionally vulnerable or the emotions below the level they are talking are so negative there will be a great deal of friction to delve any deeper behind a negative automatic thought. This should be respected. If a supporter feels this is the case they can try a "What if it is not" question. A 'What if it is not' asks the narrator to imagine if the automatic thought was not true or accurate, what would be the emotion they would then feel (if any). This allows the narrator to reflect on something less personal or direct, but may still lead to the actual generating belief.

For example, a support person believes that the narrator is exhibiting friction when asked to go behind the automatic thought that, "She causes the verbal abuse in their relationship by her stupid/ thoughtless acts." The supporter asks her how she would feel if this ended up not being the case. What emotions would she feel when she and her partner fought? The narrator responds she would feel like she could breathe and not be self-conscious all the time. The support person responds, "So now when this happens you must feel very stressed and it must be hard to always be self-conscious like that."

The above example allows the supporter to deduce the emotions of the narrator while at the same time allowing the narrator to keep some emotional distance from re-experiencing them. It is also a useful type of transitional question if the narrator feels ashamed or foolish for having an automatic thought, or is feeling judged. The supporter should then rephrase the opposite to make sure they are on the right track. It is another way of getting the same information though indirectly.

With skillful use of these three types of transitional questions a support person should in most cases be able to get behind (or below) the automatic thought towards the generating belief. We have found these three tools to be the most useful. There are some pitfalls and limitations to transitional questions that participants must be aware of. The first is called "endless regress." This is when the support people ask a transitional question, get a response from the narrator, and then ask another transitional question. At times, this can go on forever, without adding any clarity to the generating belief. It is important to know when to ask the transitional question to break the script. A good rule of thumb is to ask the transitional question when scenarios or phrases repeat or carry over from one session to the next. Another possible problem with transitional questions is that the narrator may feel that you are pushing past or disregarding what they said before. It is important that you have developed a rapport with the narrator and that you are transparent about asking that particular question. A limitation of using these tools is that they will often elicit a spontaneous moment but they will not maintain it. Using the same question again also may not return to the depth it once did, and thus a supporter may need to use another type of question. Try to keep transitional questions concise and clear; the narrator's energy should go toward reflection, not trying to follow a supporter's question.

Overall, transitional questions are a key component for getting behind (or below) automatic thoughts to access the generating belief. If used intentionally, and at the right times, they can be the most effective tool to help the narrator start to reflect on the underlying generating belief, and to allow the narrator to move on to Phase II of MAST.

If transitional questions fail to elicit a spontaneous response — and there are a number of reasons why this may happen — it may be useful to employ symbolic tools (described in the next section).

Symbolic Techniques

Symbolic techniques can be a powerful tool both in MAST and in psychotherapy generally. Since Freud, we have known that much of what makes up our psychological problems lies beneath the conscious mind, in the unconscious. Symbolic techniques can be used to communicate directly with the unconscious and speed up the process of discovering generating beliefs. The use of symbolic techniques should be seen as an addition, not a substitution, to other cognitive tools in MAST.

The unconscious is structured in a very different way than the conscious, with its own rules, grammar and sequential logic. It also uses different parts of the brain's anatomy than the conscious. We are all familiar with some of the strangeness of the unconscious through the universal experience of dreaming. Dreams are often highly symbolic – that is, people, places and things represent multiple ideas, emotions or experiences simultaneously – and they forego the normal cause-and-effect logic of waking thought. Their metaphorical and non-linear structure makes dreams difficult to understand with the conscious mind, and also easily forgotten, since the narrative is often so strange from normal experiences and rational thought.

There are two ways of using symbolic techniques: authoritative and permissive. Authoritative use is exemplified by psychoanalysis, which analyzes the unconscious manifestations (dreams, unconscious slips, free associations, etc.) of another. The therapist or analyst uses categories and sampling to read each unconscious manifestation and provides an analysis to the client. The permissive approach believes that each individual's unconscious is substantially unique, made up of personal experiences and expectations from family, friends and society; using its own set of symbols and metaphors. With a permissive approach, the therapist attempts to elicit unconscious responses for the client to analyze, with no interpretation from the therapist.

As part of our attempt to create models of mental health help that are aligned with our political principles, we utilize the permissive approach when using symbolic techniques in MAST. Below, we will focus on when and how MAST Triads can employ symbolic techniques.

When should support people (or the fourth chair) in a triad use symbolic techniques? Symbolic techniques are most useful near the beginning of a series of sessions. If support people are having trouble getting the person to really identify the problem (and the generating belief under it) by using the various triad cognitive tools, it might help to try symbolic techniques. If a triad is going to use symbolic techniques, it should be decided beforehand, so one of the support people can be identified as the person to employ the symbolic technique (since as you will see below, it requires a different form of attention than traditional employment of cognitive techniques). The symbolic technique should be used only to help create the "spontaneous event," and then the support people will use the cognitive techniques/tools to identify and develop an alternative generating belief. Symbolic techniques are not useful in these latter parts of the MAST process.

Additionally, a symbolic tool should not be the first tool used in the MAST session. The session should begin with cognitive tools and approaches. This gets the unconscious mind engaged in the problem at hand. Once some time has been spent trying to get at the problem or generating belief, a symbolic tool can be productively used.

Symbolic Tools

The "Open Drawing" is a technique that requires paper and some writing instrument. The support person (Sally) starts by drawing something on paper (usually off center) and hands the paper to the person receiving support (John). Sally asks John to draw one item at a time, usually asking the person to draw a total of no more than 4–6 items. In addition, Sally would ask John to label part or all of the drawing with a single word. During this process, John should be holding the paper in such a way that Sally cannot see it. In fact, at no point should Sally or the other support person see John's drawing, for it will interfere with the process by allowing Sally to interpret the drawing in her way. It is important that Sally does not give John too much time between each element of the drawing. The whole drawing process should only take a few minutes.

After the drawing, Sally will ask some open-ended questions about the drawing, trying to solicit an analysis of the drawing from John. There are three types of questions that can elicit this type of analysis. The first involves emotional states, including questions such as: What is the mood of the drawing? If someone else (a specific person) saw this drawing, what would they feel? What does the person in the drawing feel? The second type of question concerns relationships between elements. These include: Which element in the drawing is the largest/smallest/in the center/closest to another element/ etc? What is the relationship between two elements (specifically, how does element A feel about element B)? How are the elements related to each other in time (which element was there first or last)? The last type of questions that can be asked are out of context questions. These questions bring in elements from outside the drawing and require extrapolation, and sometimes confusion. Examples include: What will happen in an hour? What would you say to one of the elements? If this were an illustration for a story/movie/card what kind would it be? If the drawing were hanging in an art gallery, what would be the title?

Some tips on utilizing Open Drawings to make them more effective: first, have them a draw a person of their gender as one of the elements. Do not use the word "you" or "yours" in the exercise. Give them a discrete element, like a tree, as opposed to a forest. Add something to the person that is not a specific noun; for example, say, "give the person something that a traveler would have," as opposed to saying, "draw a hat on the person." Explain you will not be looking at the drawing. Build suspense about the drawing, and end the drawing before any conclusion is reached.

Parables

The parable tool is a story told by the support person (Sally). The key is to use a word the person (John) has used in the early part of the session in a different and/or more open way. For example, if John is complaining about people "diminishing" her work; Sally might tell a story about a tiny elf, using the concept of smallness in a very concrete way.

Fairy tales, fables and other similar types of story structures are useful. The story should have at least two characters and be open-ended (not reaching a final conclusion or ending). The story should only be a few minutes long, and it should build suspense but frustrate the individual by not providing a clear-cut conclusion. The first question is usually, "What do you make/think of that story?" Then Sally would ask other questions related to the story; for example: What was the character feeling? What happened to the character afterwards? What was the relationship between this character and that character? What does this story tell you about the world where the character lives? What would you say to the character if you met them after the story ended? Etc.

Some tips on using the parable tool include: do not give proper names to the characters or locations, feel free to repeat actions or words in the story, add at least one surprise or twist to the story, and make use of eye contact, hand gestures and sounds (like rapping on the table for a knock).

How To Use Symbolic Tools As A Supporter

If you decide to use symbolic tools in a triad it is important to let the other support person know, along with the person receiving support. Everything should be as transparent as possible, and this will not diminish the impact of the symbolic tools. The symbolic supporter must take a different approach to support than the cognitive supporter.

The symbolic supporter must practice inattentive listening, which is the ability to listen without being drawn into the narrative. The symbolic involves listening to words, but ignoring the context and details of the words. The symbolic supporter can drift in and out of listening to the person, so as not to get the whole narration or context. This is important because the best symbolic tools come from the unconscious mind of the supporter, not the conscious or engaged mind.

You can do this by splitting your attention, like by writing down every word, thinking of something else periodically, become distracted, etc. You will need to interrupt (which you should already have experience with by being a cognitive supporter). It is important to use eye contact to try to build a quick connection to the person. This may also involve repositioning yourself closer to the person, speaking at a slightly louder volume, using hand gestures, and showing positive facial expressions such as smiling. Tell them you would like to "try something different," then start with one of the tools.

All the tools involve open-ended questions being asked by the symbolic supporter. They should continue to do this until interrupted by the cognitive supporter. The cognitive supporter should stop the questions as soon as they feel the script is broken or insight is reached. This usually occurs within five questions. At this point the cognitive supporter takes over, and the symbolic supporter now returns to being a cognitive supporter by actively listening.

You should only use one symbolic intervention per triad session. It should usually occur near the beginning of the session, to provide enough time to discuss and analyze. Again, the person being supported should know ahead of time that you plan to use a symbolic tool during the triad. Often it is easier for the Fourth chair to use symbolic support then the two support people in the triad. Consider using symbolic tools when it is hard to penetrate a script, when a problem is vague or seems like a fake problem, or if the person receiving support is having difficulty identifying a generating belief. This can be a powerful tool to speed up the process of MAST in a triad format.

The appendix includes examples used by Dr. Milton Erickson that you can use to develop your own symbolic tools.

Chapter Six: Phase Three

Phase three utilizes the self-therapy tools in MAST. It is characterized by substituting an alternative belief for the original, unwanted, generating belief. The role of the triad significantly changes during this part of therapy.

Phase one involves uncovering automatic thoughts and encouraging spontaneous moments.

Phase two is the detailing of the problematic generating belief and how it interacts with various symptoms (positive, negative and neutral), the environment, and the overall goals of the narrator's life. In addition, Phase II seeks to create an equally detailed map/schema of an alternative generating belief to serve as a preferable substitute for the original generating belief. Phase III involves reducing the occurrence and emotional and behavioral impact of the original generating belief and ultimately substituting the alternative generating belief.

Phase three is unlike the other two phases in that the majority of the work during this period is not accomplished in the triad but outside of it.

The Role of the Triad in Phase Three

Phase III represents the self therapy part of the process. While there still remains a single narrator and two supporters, their roles and tools change significantly from the earlier phases.

To start with, in the earlier phases the supporters try to limit sympathy and maintain an objective perspective, so as to help the narrator reach their goals. During Phase III, the supporters may find it helpful to be sympathetic and bring in their own life experiences regarding making hard changes, patience, relapses, etc. The objective perspective is not completely eliminated in this section but it now combines with active encouragement and other motivational techniques. Explicitly expressing acknowledgment and appreciation for the difficulty of change is a common supportive tool during this phase. Supporters also seek to focus attention on successes that may be difficult for the narrator to perceive, or which the narrator may be embarrassed to enjoy. A similarity to other phases is helping the narrator focus attention on using phase-specific tools to achieve their goals (e.g. generating belief substitution). For example: The narrator wishes to substitute an old generating belief that she is a danger from attack with a new belief she is capable of dealing with threats. The narrator is complaining that she went to a peaceful demonstration which went fine until the end, when she felt panicky while passing alone by some rowdy police on her way to the bus. The supporters point out that it was impressive that she was able to participate in the demo without being afraid, and that soon, even the panic at the police that occurred at the end of the demo may subside. They remind her that it will take time to recondition her emotions and behaviors, and the fact that she could manage her fear without thinking during the demo is a very positive step in the right direction.

In the above example, the supporters acknowledge incremental success, and they suggest that it will take time for the narrator to complete the entire process.

Diminishing the Power of Old Generating Beliefs

To successfully substitute an alternative generating belief it is essential to reduce the power of the old generating belief. By power we simply mean that once the parasympathetic nervous system is engaged, it will reinforce the generating belief, thus making it more difficult to substitute a new one. Many generating beliefs are quite old, and thus they are fairly resistant to being diminished. It can take some time to reduce the role an old generating belief plays in a person's emotional/behavioral life.

The most powerful way of tackling this problem is for the narrator to know as much as possible about how the generating belief affects their emotions/behavior. For example, they can identify what automatic thoughts accompany and reinforce the generating belief. Simply identifying and labeling what is happening can severely reduce the emotional and behavioral power of the generating belief. Below are some tools that can be practiced by a narrator to help achieve this.

Active Journaling: Especially at the beginning, old generating beliefs will be triggered, and with them will come an immediate cascade of automatic thoughts and unwanted emotional and behavioral symptoms. When the person is calm, they can write an objective account of the event, looking to identify automatic thoughts, cognitive distortions and other elements that lead to the unwanted result. The less time that passed between the event and the journaling about the event, the better. This tool can be used alone or in conjunction with Alternative Journaling (see below).

Exposure: Many triggers for generating beliefs happen randomly and without warning. Exposure involves purposely coming into contact with limited doses of trigger variables, in order to notice the flow of automatic thoughts, cognitive distortions, emotions, behaviors, etc. For example, if a narrator has trouble in crowds, they may choose to purposefully expose themselves to a small crowd for a few moments, and then reflect on what they felt and what behaviors they did. Then next time, they may seek a slightly larger crowd, or stay for a slightly longer time. The key for this to work is that there are no other demands put on the experience except for the exposure itself.

Generating Belief Log: The narrator can use a simple log as a feedback mechanism to chart progress and understand more about which parts of the generating belief are more resilient. The log should be simple, so it can be done in a few seconds after an event; a sample log sheet is included in the appendix.

Goal Setting: Goal setting is a powerful tool that can be used to reduce the power of a generating belief. The key to successful use of this tool is for the goals to be simple, quantifiable and time- limited. The goals should be things that directly contradict the old generating belief or support the alternative generating belief.

Managing the Environment: Many of the same characteristics of goal setting apply here as well. The target of management should be something discrete, simple, and focused on either reducing the negative effect of a symptomatic emotion or behavior, or reinforcing a positive element of the alternative generating belief.

Reflection and intentionality are key elements of all of these tools and successful completion of this last phase. It is possible and expected that eventually the narrator will be able to forego these formal tools and accomplish their effects within their own psyche. Reflection is simply identifying how a generating belief manifests through specific automatic thoughts and cognitive distortions and how it affects the emotional/behavioral outcome of the event. Intentionality is being able to think ahead about what cognitive frames can be put in place to change an unwanted pattern.

Tools for Supporting Alternative Generating Beliefs

These tools should be used by the narrator simultaneously with tools to that diminish the power of the old generating belief. There is an inverse relationship between the strength of the alternate generating belief and the original belief it seeks to replace.

Alternative Journaling: The difference between this tool and active journaling is that after the event is written about, the narrator rewrites it while removing automatic thoughts and cognitive distortions, and imagining what change to the emotions and behaviors that would produce.

Generating Belief Log: Instead of only logging automatic thoughts and cognitive distortions of the old generating belief, one can also log about thoughts related to the new alternative belief.

Reinforcements: Find something positive to reward yourself with when you recognize the influence of the alternative belief in practice. The most successful rewards are small, incremental and temporally close to the event. They need not bear any relation to the alternative belief, but may simply be something you enjoy.

Restating the Alternative Belief: Repeating the alternative belief in as many forms as possible during this phase. It can be saying it out loud, drawing a picture, writing it out, putting it as a screen saver, texting yourself, etc. Try to keep the wording consistent.

It takes time to substitute a new generating belief. It is not always a linear progression, and a narrator should be prepared for periods during the transition when it seems that the generating belief is gaining strength. If a person has difficulty with patience and following through, they may need to devise a plan for these difficulties in addition to using the above tools on the generating belief. It is not uncommon for it to take 3–6 months to fully substitute an alternative belief. Successful substitution is characterized by the tools no longer being needed and the process of reflection and intentionality being used instead.

It is also common for other unwanted and related generating beliefs to make themselves known to the narrator during the belief-substitution process. It is important that the narrator focuses on completing the first substitution before beginning to tackle the other unwanted generating beliefs.

Chapter Seven: Post-MAST

Relapse Reduction

People can change for the better, which is why we do therapy, but addressing the likelihood of relapse or lapse is perhaps equally important. A relapse refers to a complete return to a previous problem state, while a lapse denotes a partial return to a previous problem state. When therapy is drawing to a close, participants will have learned (if they did not know already) that change is not a smooth, linear process, but rather a series of advances and setbacks – some of which they have already experienced in therapy. In that vein, believing that we can always prevent relapses promises too much. We prefer the term 'relapse reduction,' as this term more accurately describes the post- therapy progress of fallible human beings. Relapse reduction is a realistic strategy to pursue by pinpointing potential future situations (e.g. interpersonal strife, intense negative feelings, being alone) that could trigger a relapse, and helping participants develop plans in order to deal with these situations. These plans involve the tools and techniques they have already learned in therapy.

Participants should imagine themselves in these situations and rehearse their strategies. These exercises can be practiced as if they are happening in the present rather than the future. For example, a participant who said that she would be tempted to resume drinking after a row with her partner, because she would have difficulty tolerating her anger, wrote alternative thoughts and behaviors on a card: "Call a friend from MAST to talk things through"; "Go to a quiet part of the house to calm down"; "Listen to relaxing music"; "Go to the gym"; "Forcefully remind myself that I don't need alcohol to help me through a bad situation. I am determined to face it with a clear head."; '"When I've calmed down, talk to my partner without name-calling, self-condemnation, or shouting, and apologize for any unpleasant behavior I may have engaged in."

Participants can learn that a lapse (e.g. having a drink, not following a diet) does not have to lead to relapse – there is no slippery slope inevitability if they are prepared to deal with lapses as soon as they occur. Helpful responses to and beliefs about lapses include: accepting that lapses are part of progress, drawing out lessons that can be learned from the lapse to improve strategies in future vulnerable situations, recognizing that changes are not complete, believing that relapse is a product of choice even if the choice is not always apparent or conscious and avoiding all-or-nothing thinking such as, "Once a drunk, always a drunk" or "As I've wrecked my diet, there's no point keeping to it," as these kinds of thoughts increase the likelihood that a lapse becomes a relapse. Relapse strategies help participants understand that slips are opportunities for learning rather than signs of personal inadequacy, and that after a slip they can put themselves 'back on track'. Reframing a relapse as a learning or natural experiment, i.e. what happens when the participant does not follow the guidelines for maintaining progress after therapy has ended, helps participants see that lapses/relapses are incidents in the change process, not the whole story of change, despite what discouraged participants may believe when they lapse.

The End of MAST

The end of MAST can be discussed at the beginning; and it can be framed as a process wherein by working with each other, participants will learn a range of self-therapy skills to implement both during and between sessions, in order to become their own problem-solvers, and end MAST with a more fully developed self therapy capacity. As participants gain confidence and competence in managing their difficulties, sessions should only continue to be performed on the basis of the participants' needs. It can be useful to have a 'countdown' approach to MAST, by reminding the participants in each session of how many sessions are left in the agreed treatment program, to gain maximum therapeutic benefit from them. An unplanned or unconsidered end to MAST can have negative effects on participants' gains from MAST.

For this reason, it is important that the process of completing MAST be handled as effectively and as smoothly as possible. When the conclusion of MAST is handled well, each participant is more likely to consolidate their gains and generalize strategies for handling future problems.

Participants can be asked to summarize their gains from MAST, including the ideas and techniques they found especially valuable. It can also be helpful for participants to record these gains. For example, a participant says, "Putting my thinking under the spotlight really showed me how much of an all-or-nothing thinker I really was." Two ideas she will particularly hold on to are: (1) Thoughts are usually hypotheses, not facts, and "'therefore I can change them by examining them"; and (2) I can choose how I react to situations: "Before MAST, I believed that situations made me angry, but now I realize I have more options to choose between in deciding how I want to react." A technique she found very helpful was progressive muscle relaxation (systematically tensing and relaxing the major muscle groups of the body while maintaining a slow breathing rate) "as I can't be angry and relaxed at the same time and I'd rather be relaxed." An action plan was developed to deal with future problematic situations, which might trigger prolonged angry outbursts.

Participants often have concerns about ending MAST, which they need to address. Some of these concerns are:

"I won't be able to cope on my own." The participant has already been acting on their own by carrying out homework assignments; also, we will still be able to remember the contributions of other participants providing encouragement and support, so they will not be psychologically on our own. They can engage in an imagined consultation with another participant in times of difficulty. Each participant can view predictions as in need of empirical testing (like all other predictions in therapy) by striking out alone.

"Not all my problems have been sorted out." MAST is not intended to sort out all of the participant's problems, just some of them. The participant's self-help skills can be applied to other problems post- MAST; to have resolved all participants' problems before we leave MAST undermines the idea of becoming our own self-supporter and risks participants becoming dependent upon MAST to do all our problem-solving.

"I'm not cured yet." Again, MAST is never intended to 'cure' participants, but to reduce the frequency, intensity and duration of our problems; in other words, to succeed them more effectively. Self- management becomes more effective through participants applying our MAST skills in problematic situations and learning from our experiences.

"I haven't told you what the real problem is." This statement can give the impression that MAST up to this point has been a prelude to the 'real stuff' being explored, but now it is too late as MAST has come to an end. The supporter can explore briefly why the participant has revealed this issue at the last minute and choose whether or not to extend or create more options. Participants should not feel trapped or blackmailed into automatically extending MAST. Regardless, the participant should have learned skills from MAST that will help her work on any undisclosed negative Generating Beliefs without the support of the Triad.

"I'm getting all anxious again, so it can't be time for me to go." As MAST nears its end, some participants feel understandably apprehensive about going it alone and see themselves 'falling apart' post-MAST. These fears trigger a reactivation of their presenting symptoms which gives the impression to these participates that they are actually getting worse, not better. They can be reminded that feelings are not facts (e.g. 'Just because I feel that I will relapse as soon as MAST ends does not mean that I will'); that this is a common experience; that they have made considerable progress as self-supporters despite their present apprehension; and that what happens after MAST is not yet 'written'.

While participants are usually appreciative of the support they have received ('I couldn't have done it without everyone's help'), it is important for supporters to resist the temptation of taking too much credit for the a narrator's success ('Well, now you come to mention it …') and place the major credit where it belongs – with each participant. Pointing out that we have been working on each others problems during MAST, and that we each deal with our problems for 24 hours a day, seven days a week while MAST is only a session time of, for example, eight, ten or twelve hours.

Retaining the Gains from MAST

Achieving one's goals is not the same process as maintaining them (e.g. getting fit, then staying fit; losing weight, then keeping to the new weight). Some participants might believe that once MAST is over their gains will 'magically' stay intact without any further input from them, that they deserve a prolonged rest after all their hard work, or that MAST was a discrete, crisis-driven episode that they now can thankfully put behind them. We can quickly fall back into old self-defeating patterns of thinking and behaving by taking by not practicing consistently our hard-won MAST skills – so we need to develop a maintenance outlook to reduce the chances of such an outcome occurring.

To initiate a discussion on this issue, we should ask ourselves: 'How will we keep your progress going after MAST ends?' or 'Does ten sessions of MAST provide us with a lifelong guarantee that we will never slip back?' In essence, a maintenance outlook, idiosyncratically tailored, is required to keep and strengthen each participant's successes. For example, one participant's maintenance message was 'use them or lose them' while another participant's was 'check regularly my cognitive circuits' (he worked as an electrician). Participants can schedule self-therapy sessions, modeled on MAST sessions, where each sets an agenda which would include designing and reviewing MAST tasks, assessing their situation, dealing with current difficulties and troubleshooting future ones. Participants can record the dates for self-therapy sessions.

Participants can be alert for warning signs that they might be heading for a setback and have a prepared action plan to hand (family, friends, and comrades can also be involved in looking out for warning signs). Here are some examples:

A participant feels hot and uncomfortable in a supermarket queue and has the urge to 'run outside' to escape an imagined catastrophe. However, the participant vigorously reminds himself that her panicky symptoms are harmless, not dangerous, based on the experiments she conducted in therapy: 'My panicky feelings will pass quickly like they've always done and I'll be fine as always, so keep calm.' she also remembers the five-minute rule she learned in therapy:

If you stop scaring yourself with anxious thoughts, panic can't last more than five minutes. It's a medical reality. Because adrenaline from the fight-or-flight reaction is metabolized in five minutes or less, panic will end if new anxious thoughts don't cause the release of more adrenaline. (Controlling her thoughts controlled her panic; the participant stayed in the queue and her symptoms subsided.)

A participant's partner points out that 'you're doing it again, darling', i.e. brooding on mistakes she made at work. Past mistakes resulted in low mood and self-condemnation. Now, her partner's 'nudge' encourages her to go over a valuable lesson from therapy: 'Mistakes are inevitable; getting upset over them is not.' With this thought in mind, she makes a few notes on how she can rectify and learn from her mistakes.

A participant starts to feel 'clingy' again in her relationship as old fears of being unlovable and abandoned resurface. In order to strengthen her belief that she does not need love in order to be happy or to prove her worth, she spends some time alone. This reaffirms her ability to enjoy her own company. As the participant tells her partner: "When the clinginess goes, we can have a much better time."

Another way of maintaining and strengthening therapeutic gains is for participants to teach others some of the MAST skills they learned in therapy, e.g. explaining to a friend that she should consider all the factors that contributed to the end of her marriage instead of blaming herself for the break up: 'I learned in therapy to look at the whole picture, not just my part in it'. Through teaching others, participants continues to deepen their understanding of these valuable problem-solving methods. However, it is important that participants do not present themselves to others as a 'know-all' or paragon of problem-solving wisdom as this is likely to alienate rather than encourage them to listen and learn. Participants can also use their MAST skills in other problem areas of their life they may have been avoiding tackling or which have recently arisen – e.g., respectively, standing up to an overbearing work colleague or firmly requesting new neighbors to turn down their loud music.

Self-Therapy

> "All therapy, in its essence, is self-therapy." — Carl Rodgers, Psychologist

The Triad is a limited arena for assessing change because of its removal from the narrator's everyday experience. When done in parallel with the Triad, Self-Therapy allows individuals to test and modify their maladaptive thoughts and beliefs in real-life situations. Self-Therapy tools allow individuals to apply the skills learned through MAST with increasing confidence and competence. Also, without it, participants become 'emotionally backed up' (waiting to 'tell it all' at the next session) instead of dealing with the 'it' (difficulties) as they arise. Because of this, MAST participants are encouraged from the first session onward to carry out self-therapy tasks rather than delay the implementation of these tasks until they feel comfortable with the MAST format.

It is encouraged to view self-therapy as an integral, vital component of treatment. It is not just an elective, adjunct procedure. Self-therapy is a crucial component of MAST, in that it allows for not only long-lasting changes to occur but also to continue to improve one's mental health without reliance on the Triad and the dangers of becoming dependent on the supporter for answers to their problems. It should go without saying that the Triad with its short intervention it is not sufficient in enacting sustainable change for severe or deeply rooted mental health issues. The Triad is a means to an end; that end being self-therapy.

Self-therapy is a set of techniques that allow the individual to use the tools learned and practiced in Triad sessions to effect change in themselves. Self -Therapy allows individual participants to develop as a self-supporter in tackling their problems thereby reducing the chances not only of a full-blown relapse (the re-emergence of the original problem).

The model remains the same but the techniques of how to employ them are obviously different when alone. Self-therapy works best when the individual designates a designated time each week to practice it. Once a week for about forty-five minutes to an hour should be more than enough time to effectively employ the techniques and reflect on them. This formal self-therapy should be augmented by spontaneous moments when an individual is struggling with unwanted emotions or behaviors on an as-needed basis.

In self-therapy the individual plays both primary roles in a triad; narrator and supporter. All the techniques require the individual to switch between these roles to effect change. There are different techniques used for different parts of the process; for example techniques for uncovering a generating belief will be different than creating a substitute belief which will in turn be different than those used for replacing the old generating belief with a new alternative belief.

Creating schematics of situations is an effective way of understanding the cognitive elements in an event and identifying disruptive cognitive distortions. The individual simply writes a brief narrative of a situation that ended in unwanted emotions or behaviors (thus enacting the narrator role). Then the individual attempts to identifying the stimuli, cognitive distortions, any beliefs that impacted the understanding the stimuli and finally the behavior and emotion elicited by the beliefs/distortions identified. This simple and versatile technique allows one to take a narrative and experience and break it out into its parts. Then each of those parts can be subjected to various tools learned in the triad; for example, one could use data collecting or contra-evidence tools. Utilizing schematics is a good first step in self-therapy and relatively easy to accomplish.

The "So-What Onion" is just one technique for uncovering a generating belief. After an individual has done a number of schematics they may see similar or recurring beliefs. These beliefs are rarely generating beliefs. More likely these belief statements from schematics are the narrative rationalization or the conscious understanding of the "cause" of the emotional/behavioral response. An individual takes one of the recurring intermediate beliefs and starts asking "so what" focusing on the worst outcome. One will often have to repeat the "so what" question a few times going deeper each time to get to the generating belief. For example one might find being in social settings makes them anxious (emotion) and they stop talking (behavior) because they feel they are being judged. They would write the answer to "so what". They may respond with "people will think I am stupid". If they ask so what again to that answer, they may get "People don't want to be around stupid people". If they do it a third time they may get, "If they think I am stupid they will leave me and I will be alone". One can see how that answer is more telling "People will judge me" and brings the person closer to the generating belief. It is like peeling an onion each layer revealing a more potent sub layer of the belief.

A good technique for developing an effective alternative belief is to use the modeling tool that had been practiced in the Triad. Select a person you think would handle the situation (stimuli) in a way you would like. Write down exactly what behaviors and emotions they would demonstrate in your opinion. It is often useful to even talk to that person and ask them what they would think or feel in that situation. Then try to understand what parts of your generating belief would have to change to make that consistent. Start by writing your generating belief and then changing words to bring it in line with the behaviors/feelings you want to achieve. Make as few changes as possible (this will make it much easier to implement). Scale each change you make (something you should have learned and practiced in the Triad) this will give you an idea how difficult it will be to substitute this belief. Write the belief somewhere you can easily access when you need to refer to it again.

Visualization and Journaling are key techniques in successfully substituting and alternate belief for the old generating belief. Visualization is simply creating a scenario and writing out what emotions and behaviors you would expect to have with the new alternative belief. One can start by looking at events in the past and speculate with the new alternate generating belief how the outcome would have been different. This allows the alternate belief to be reinforced without having to wait for natural events to occur. Journaling allows you to keep accurate. account how many times the old generating belief or the alternative generating belief were employed. It will take some time but one should see the alternate belief becoming more prominent as the old generating belief loses it influence. Journaling provides powerful and reinforcing (by making it conscious) the process of substitution.

One can use multiple techniques on different issues, which may be at different stages of the therapeutic process. One doesn't have to work on just one problem at a time. Obviously if one is working on multiple issues at once each self-therapy session may be longer in duration. There are a number of other techniques one can use to reach the same ends. This chapter just illustrated one from each step of the process but there are many different types for each stage. One can find other examples in books and web sites devoted to Cognitive psychology; CBT, DBT and RET: and Psychology in general. This is a crucial part of the process and can't be skipped if one is to have lasting results from MAST. In addition, this manual includes sections describing tools and ideas from other schools of Psychotherapy that members of Jane Adams, have experimented with either individually or as a group.

On-Going Support for Self-Therapy

Individuals may find it difficult to continue effective self-therapy after the MAST sessions. This is quite common and, to some degree, is to be expected. Life's challenges and busy schedules can quickly overcome best intentions so it is good to develop a realistic plan for maintaining self-therapy and incorporating it into one's life. For some, this is best accomplished by obtaining support for one's own self therapy.

Support for self-therapy can take many forms. First we will deal with supports one can put into place by one's self and then how to seek outside support. Obviously one can combine these approaches to maximize the support available while working on changing generating beliefs.

Becoming interested in the general ways the human mind works is a good way to support the specific techniques of self-therapy you are doing. This works by integrating psychology into more aspects of one's life, thus making it easier to be conscious of the techniques you are employing in your self- therapy. If you're only thinking about your own psychology when you are doing self-therapy it is easy for it to get put on the back burner or forget about it all together. In a sense you become alienated from it because it is a departure from your daily life. Reading about general psychology through books, blogs, articles in media, etc. will help keep the mind in a psychological frame. The psychological content need not be directly related to cognitive psychology or the techniques you are using for it to be an additive to the work you are doing.

Creating a standard schedule for self-therapy is an excellent way to support your self-therapy. Setting aside fifteen to twenty minutes a couple times a week to work on self-therapy techniques you have learned in MAST will be quite effective and help maintain your progress. Some have found doing before going to sleep is more effective than at other times of the day, but it will provide valuable support for your work at any time. Setting an alarm on your phone or putting it in a planner are easy ways to help you schedule time for this type of reflection and work.

Keeping a weekly or even monthly report of the effects of your self-work is an excellent and easy self-support. For maximum effect, you should read one or two previous entries before you write the newest. This puts you in the right mind-set for reflection. The style of the writing is generally unimportant; it can be narrative or simply data points; typed, hand-written or even voice recorded; detailed accounts or a summary; linguistic or pictorial; personal or detached; etc. This support will motivate you to keep working on yourself and also provide you important feedback of your continual progress. This support can also be useful in providing you guidance on what techniques seem to work better than others for your work.

Meditation and mindfulness techniques seem to work as an adjunct to self-therapy. There are numerous mediation techniques and many can be utilized without years or months of training. Meditation which quiets and focuses the mind is a useful resource for supporting self-therapy. Mindfulness is a relatively new set of practices developed by therapists to ground a person and focus on the thoughts and feelings being experienced by the individual. While it is not the same as meditation it provides a similar support for self-therapy and can be easily learned and employed by anyone.

The environment you are in when doing self-therapy can have a deleterious or supportive effect on your progress. For many, having a safe, comfortable and orderly place to do self-therapy is important and can directly add to it efficacy. If you live in a space that doesn't have these properties it might be beneficial to find a place that does for doing self-work.

Self-therapy doesn't lend itself to multitasking, fatigue or over-stimulation. When you are working on self-therapy one should connect from the many distractions of life including phone, internet, music, email, etc. Additionally, doing self-therapy while tired can be at times counter-productive. The fatigued brain is less likely to absorb new information or to be very accessible for self-examination. Drugs and alcohol also do not support self-therapy and create various neurological obstacles. It is best to do self-therapy when you are well-rested, unplugged and sober.

There may well be times when you believe you need extra outside support to maintain your self- therapy. This can come in two forms: informal and formal. Both of these supports can act as adjunct to temporarily get you back "on the track" of self-therapy when motivation wanes or you are feeling stuck by lack of progress. External supports should be used when you have tried the above supports and they are not sufficient. In the end MAST is about self-efficacy and when possible external supports should be used only sparingly.

Informal external supports include comrades, friends and family. For some it is easier to continue the work of self-therapy by sharing it with others. This often includes insights, struggles and sharing of desires. It can also include receiving feedback from an external person about perceived progress. For this to be effective, it is necessary for the other person to know what you are trying to change and how. Explaining the old generating belief and the alternative generating belief and the techniques you are using are essential to make this type of support useful. One should limit these conversations to about a half-hour at any one given time, otherwise it can be overwhelming to the other person. It should also only occur every other time you meet with the person (or less), or you risk changing the relationship. It goes without saying this should only be done with people you have developed a strong trust with. Unlike MAST sessions, most informal supports will be prone to give out advice. You may want to tell the person you are not seeking advice but just want to share what you are working on with someone. If you feel you need more external support than what informal support can provide you may wish to seek formal external support.

Formal external supports include therapists, counselors, life-coaches and other similar professionals. The relationship is defined as unidirectional and structured support (unlike informal supports) which may or may not include payment for services. Formal external supports can be exceptionally useful when other supports have failed and/or you need an intentional outside perspective. Formal external supports can also be used without risk of damaging a relationship and used for much longer periods of need be. They are also useful if you don't currently have available relationships that are sufficiently safe or trusting.

Some preparation helps ensure external formal supports will be effective. One should do is lay out what one hopes to gain by using external support. Be as specific as possible. This should include things like: how long you intend to receive the support; what style of support would you find most beneficial; what areas in self-therapy are you struggling with (motivation, reflection, etc.); how will you know when you have received the support you are seeking; and how will you know that the relationship is not working. You should be able to answer those clearly and directly. You may include other things like the gender of the supporter, cost, location, etc. Once you have this written down you can begin to search for a support person. When you meet your support person (in person or on the phone) you should ask them some questions and also tell them about your prepared expectations. This will allow for clear expectations on both sides. It is worth re-evaluating these expectations after every four or so sessions. If a formal support person is not willing to answer your questions or agree on expectations you should find another one.

Finding an external support can be difficult and time consuming. You should know what insurance you have and what it covers related to mental health. Usually you can call the number on the back of the card (including Medicaid) for this information. Many insurance companies also have a list of therapists, which can be emailed to you or can accessed on their website. It is not uncommon for these lists to be out of date so always check when you call. If you can get a recommendation from friends and reading online reviews can be useful in choosing a provider, but in the end, you will have to go with your gut feeling when you meet them. It can often take a number of weeks to get an intake appointment. If there is an out of pocket co-pay you can ask them to waive it or reduce it. Most reputable therapists will do so if you are poor (you may want to bring proof like a SNAP award letter, bank statement or pay stub).

To get the most out of your external support you should always try to keep your appointments and to prepare ahead of time, knowing what you are going to talk about and even writing notes if that will help you. Do not worry about impressing or pleasing your external support person; you are there to improve the progress of your self-therapy. If you feel therapy is not working than you should seek to find a new external support.

Chapter Eight: Mutual Aid and Using Your Tools

It is expected that you will use the tools you have used not only on yourself but others in need. Mutual aid is an important part of this entire process. By helping others, many find their own skills improve and, in a sense, they help themselves. Throughout our lives we will run into people we care about who could use some mental clarity, and we can use these tools to help. You need not run a formal MAST session to utilize the tools to help others. Remember: transparency is a key aspect of the process and explaining any tools you use informally with friends will help them more. You can start by saying something like, “I had a similar problem and when I went through MAST I learned about cognitive distortions and I think you may be experiencing that.” You can ask questions similar to the support people in a MAST session and point out when there are spontaneous moments or cognitive distortions. If they seem interested you can suggest they check out the Jane Addams website or give them this book.

You can also start MAST circles in your neighborhood and communities. All you really need is the book and a quiet place. You can start by going through the book together and doing sessions. That’s how we started! There are no experts in MAST; it’s an open-source and ever-evolving set of techniques that help people make changes in their lives.

Conclusion

Mutual Aid Self Therapy has been a grand adventure for us in the Jane Addams Collective. We have had the pleasure of watching so many of our comrades make amazing changes in their lives over the past number of years. We ourselves have also been changed by the experience of doing MAST, running MAST sessions in our communities and writing this book. MAST is not the solution, but part of a broader attempt to take our mental health seriously in radical communities. We believe to be effective activists we have to be effective humans first. No one comes out of this dysfunctional and oppressive society undamaged. Way too often we have seen comrades leave our communities because of mental health issues that could have been resolved. We need everyone!

We hope this book is helpful to other radical communities. We hope that people will continue to evolve the process and make it their own. If you have used it, we would love to hear from you about your experiences.

Love & Solidarity,

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The Jane Addams Collective
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2019

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