E.B. arrived at my office through a roundabout route. He was a man in his mid-30’s, of Latin descent, and had originally sought a woman therapist. But the woman psychologist he first consulted felt he needed to see a male therapist, and referred him to me. Our first meeting was unusual and somewhat difficult: E.B. volunteered little information, except for what I specifically asked for, and he avoided discussing any distressing topics. His main concern, he said, was anxiety, depression, and difficulties with women. As I asked more questions, he went on to explain that both his parents were alive, and that he was the middle of three brothers. He worked at a blue-collar job but his dream was to be a writer. Although he lived on his own, he ate dinner with his parents daily, and his mother routinely did his laundry for him. He was unhappy about this dependency on his parents, and felt angry that his mother was “still buying my underwear.” From E.B.’s terse comments, I gathered that depression had long been a problem for him and that in his first year of junior college, he felt so depressed he dropped out of school. At that time, he described having a “nervous breakdown,” and so saw a psychiatrist. But after three months of treatment, he felt worse, entertained suicidal thoughts, and terminated therapy. He then discovered the Church of Religious Science and started studying A Course in Miracles. He found that both helped him to cope with his depression, and allowed him to resume his interrupted life. Seven years later, he sensed he had gone as far as he could on his own, and sought therapy for a second time. From his story and demeanor, I surmised that E.B. was very mistrustful of people, and suspected people’s intentions toward him to a degree that was almost paranoid.

After recounting these basic facts, E.B. insisted that he did not want to rehash past events in therapy. He sought a totally different treatment approach and requested working with a
female surrogate for sex therapy. I told him I thought such an approach would be premature at his stage of development and could create more problems for him. So I offered him an alternative treatment, a transpersonal one, based on guided imagery. E. B. was intrigued enough to return for a second meeting.

We then discussed the visualization technique I use, which involves the *chakras* (Gunther, 1983) and the "higher self." I explained the *chakras* to E.B. as the seven major energy points in the body, located at specific places, and involved in different aspects of life. The "higher self" I described as that part of each individual where there is neither reasoning or emotion—simply knowledge. I emphasized that throughout the guided imagery, E. B. would be leading me and that my role would be simply to accompany him and help him understand the process. E. B. was mildly familiar with the notion of the higher self and the *chakras* and felt comfortable about trying guided imagery. So the rest of this second session was spent in teaching him a relaxation process and ushering him into an altered state of consciousness.

The technique I used was to ask E.B. to focus on his breathing and become absorbed in it. Then I suggested he picture a cup over his head, filled with billions of crystals, glittering with energy and flowing like a luminous liquid. I asked him to picture that energy pouring over him and entering his body through the tailbone, flowing upward through his spine, and out of his head into the universe. I then suggested he visualize his higher self as anything he would like and whenever an image appeared, he was to ask that person, animal or object in the image if it was the higher self. I then requested that he tell me what he experienced.

In the third session, E. B. spontaneously visualized his higher self as a hare—an animal whose vulnerability and constant vigilance matched E.B.'s sensitivity and paranoia. I suggested that B.B. imagine himself as the hare and he did this willingly. He then started on a series of vivid images. The first was a fountain which he spontaneously said represented his emotions—all the feelings he tried to control and deny. The hare then drank from the fountain, and E.B. commented that this meant he had to be more open with his feelings, and not hide them from other people. Such mistrust kept him alienated from others. So I asked if the higher self could help us by showing what prevented E. B. from being more open. The next vision involved a black robe with a hood on it, and beneath the robe lay a heart with a knife through it. We spent some time visualizing the knife being removed from the heart and the
image soon changed. Nothing but darkness then appeared, so I asked E.B.’s higher self to help clear out the darkness. (This, I should add, is a technique I frequently used when an impasse or problem appeared in the visualization experience. I first suggested that E.B. picture himself removing the problem and, if he had trouble doing so, I asked his higher self if it would be all right for me to help. If the answer was yes, I made a suggestion or two and let E.B. choose between them. In general, I offered suggestions only about 5-10% of the time. For the most part, I simply asked E.B. to tell me what he experienced. In deciding whether to intervene or simply wait when an impasse arose, I relied upon my own intuition, depending on my own higher self, as it were.) At this point in the session, another image appeared, filled with light. A baby with diapers emerged bearing a name tag with, as E.B. put it, “my name.” This seemed like an opportune moment to complete the session, so I asked E.B. to return to ordinary consciousness and we discussed the symbol of the baby: it seemed to point to a new phase in his life, following the many years of dark depression he had experienced.

In the sessions that followed his first visualization exercise, E.B. experienced many vivid and dramatic images. They are too numerous to discuss here, so I shall highlight only some of the more important ones. Generally, the images were associated with particular chakras, and appeared when E.B. focused his attention on a specific body area. For instance, in one session, E.B. localized his emotional distress to the solar plexus area—the third chakra. When he focused his attention there, E.B. had the image of himself sitting next to a woman on a sofa. He became visibly tense, as he pictured the situation. So we worked together on releasing and counteracting this tension, using other images. Significantly, in the following week, E.B. reported being much more relaxed at work when women approached him, a change he was able to sustain. So his efforts in guided imagery had concrete, lasting, practical results.

In the fifth session, E.B. continued to focus on the third chakra area again. He had a variety of images that ranged from an erupting volcano, to a library and a floating sand castle, and on to a meadow with a butterfly. I later interpreted these images to him, suggesting that as he released the lava of his emotions, he could reclaim his dormant potentials, represented by the library. He could then realize his dreams and make his sand castle become real, if he chose. In essence, he could transform himself, the way a butterfly emerges from a caterpillar. Following this session E.B. began to smile more and he noted feeling a deeper calmness and a more enduring sense of purpose and direction than before.
I should note that I did not always interpret E.B.'s images. Often he spontaneously understood their symbolic meaning. When I did interpret the images, it was usually a session or two later: I preferred to let B.B. assimilate the images before discussing them. In this way, important associations often appeared between sessions, providing deeper material to work on. I also felt it was important for B.B. to experience the images in an emotional way, and not merely to intellectualize about them.

In a later session E.B. focused on the fourth chakra, and this experience became a pivotal one. He visualized a delightful lake setting. But a sense of heaviness soon crept into the scene, and E.B. located something fearful across the lake. He visualized himself swimming across the water and there found five large black boulders. They were labeled "Ugliness," "Pain," "Sex," "Rejection," and "Offending my mother." With encouragement from myself, and his higher self, E.B. pictured himself throwing all the boulders out of the lake setting. Following this session, E.B. opened up dramatically in therapy and he discussed his childhood experiences at length, for the first time.

E.B.'s father, he disclosed, was cold, rejecting and distant, not only to him, but to his brothers and mother, too. By contrast, his mother was solicitous to E.B. and he was, in fact, her "chosen" one. Despite the contrasts between his parents, he slept with them until he was seven, a "privilege" not accorded to either of his brothers. E.B. was so closely bound up with his mother, she used him as her confidante, and frequently expressed her fear of being left behind by her sons as they grew up and lived their own lives.

Soon after discussing these issues, E.B. began emancipating himself from his mother. He started cooking for himself, doing his own laundry, and he stopped his mother from buying his underwear. All the while he struggled with his fear of hurting her. He quickly realized how general this fear was and how it spilled over into anxiety about hurting other women, inhibiting him from starting any significant relationship. These insights were accompanied by concrete changes in his life: E.B. found a new job, and felt more trusting of other people. He experienced less of a compulsion to hide his personal feelings and opinions from people.

In the eleventh session, E.B. announced that he had been intimate with a woman. He had also spoken up for himself at work, confronting a co-worker who had been creating problems for him. E.B. began to feel a sense of power in his daily life that he had previously only experienced in guided imagery.
It was in this session, too, that he revealed the nature of his first experience with a psychiatrist. The physician had placed him on Thorazine and reserpine, which only made E.B. feel more depressed. Only later did E.B. learn that reserpine was infamous for causing deep depressions. He understandably became angry and mistrustful towards any mental health professional and thus turned to himself for healing. I was visibly stunned by what E.B. reported, and I noted how courageous he had been in seeing me, given his earlier experience with a psychiatrist. In the following sessions, E.B. continued to be more open and spontaneous, discussing issues dealing with his mother, women, and his paranoid fears of people in general. He no longer hid these troubling thoughts, but now wanted to understand them and change them.

In the sixteenth session, E.B. complained of insomnia and asked for some medication. When we discussed the matter, he indicated that his self-discoveries were causing him distress. I agreed with him, and noted that with the many changes he was experiencing-emotional, spiritual, and mental-his body might understandably be temporarily out of balance. I offered E.B. a mild sleeping pill, if he needed it.

E.B. used the medication twice, found it helpful, but then decided not to use it again unless he were really desperate. Instead, he increased his meditation, and daily self-affirmations. He began evaluating his job situation, and realized he wanted something better. His insomnia remitted and E.B. found he could handle many of his paranoid thoughts by dismissing them.

At this time, the issue of presenting his case at a symposium of transpersonal therapy came up, so I asked him for permission, guaranteeing him anonymity. He was pleased that I considered our work to be so valuable and was delighted that I wanted to include him in the decision. He consented readily.

Working with E.B. certainly created a challenge for me. Indeed, my initial reaction was expressed nicely by Monty Python’s gag line, "Now for something completely different!" I had used the transpersonal imagery technique for some time in my practice, with gratifying success, but usually in the middle of therapy, at an impasse in a more traditional psychodynamic approach. With E.B. this stalemate occurred in our first session. Because of his previous negative encounter with a psychiatrist, he had no desire for a conventional approach. Fortunately, he was familiar with transpersonal concepts, from his experience with the Church of Religious Science and A Course in Miracles. The transpersonal imagery approach was
therefore a natural therapeutic choice. If we began from a transpersonal standpoint, though, we soon addressed pre-personal issues like those about trust and autonomy. The two dimensions—transpersonal and pre-personal—were constantly interwoven in complex ways. Transcendent images led E.B. to insights about basic psychological problems and these insights probably would have taken much longer in traditional psycho-dynamic therapy. E.B. himself shifted from transpersonal themes (Wilber, 1981; Vaughan, 1985) to personal and pre-personal problems without my prodding. Indeed, over the course of the therapy, E.B. turned more and more to more pragmatic personal matters.

Naturally, not everything was sweetness and light in the therapy. Occasionally, a darker side intruded, accompanied by anxiety and depression. As I mentioned before, for instance, E.B. had temporary problems with sleeping when he struggled with intensely personal issues. And between sessions, E.B. sometimes experienced many negative emotions, triggered by the images of the previous session. In general we handled this in several ways. Sometimes we focused our discussions on more concrete concerns and moved away from the guided imagery, or I offered him interpretations. I also emphasized that a shadowy, dark side was present in all people, and that it was quite human to struggle with these negative feelings. At other times, I suggested E.B. focus his attention on that part of his body which seemed to be the center of his negative feelings. After he localized the area, I would ask him to visualize his negative feelings, and then picture clearing them out of his body. Sometimes, we also asked E.B.’s higher self for help, for example, to fill the troubled area of his body with something less noxious. Although E.B. generally felt much better after these exercises, I reminded him that the problem could easily reappear later. But the exercise of locating the problem in his body, visualizing the negative feelings, clearing them out and discussing the matter offered a technique he could use whenever a problem arose.

Unlike more traditional therapy, E.B. and I did not address the transference. Our therapeutic relationship was more that of co-workers, collaborating on a project. Indeed, I feel I learned as much from our meetings as E.B. did. On several occasions, E.B. and I worked in double sessions. We arranged this when the material was too rich for a single session and E.B. was intensely involved in therapy. Usually E.B. knew when he needed more than a single session, and readily agreed to my suggestions.

E.B. made extraordinary progress very rapidly with long-standing emotional problems. And time has demonstrated that
his gains were enduring. Working with him has surely taught me the power of transpersonal psychotherapy and the healing resources that lie waiting, just beyond the ego.

REFERENCES

