DISCUSSION

David Lukoff:

Listening to Ronald Jue's case presentation, I was reminded of a lecture by Joseph Campbell (1981) on the "mystic androgyne." Campbell told the story of Teiresias who, while on a walk, placed his staff between two copulating snakes and was transformed into a female. She lived as a woman for eight years until she again came across two snakes mating, placed her staff between them and was transformed again back into a male. Later, Teiresias was called upon to settle an argument between Zeus and Hera as to whether the man or woman enjoys sexual intercourse more (a piece of knowledge denied even the gods!). Teiresias answered that the woman experienced nine times more satisfaction. This response angered Hera who, at once, struck him blind. Zeus, feeling somewhat responsible for this outcome, gave Teiresias inner sight, the vision of a prophet.

The archetype of the androgyne exists in everyone. It can be traced through the Bible (Eve inside of Adam), Plato's account of the origin of the sexes, Native American mythology, alchemy, and the creation story from the Upanishads. However, an individual who physically manifests the archetype, as Jue's hermaphroditic client did, may suffer the tragic fate of being seen as a "freak." Given the impossibility of a cure for the physical condition, a psychotherapist using a narrow medical or behavioral model might have treated this client for anxiety or depression, perhaps with medication. Jue's transpersonal approach addressed several of the client's needs from different levels of Maslow's hierarchy. Jue worked with the client's anxiety which indicated difficulty with basic safety needs. The client's problem with self-acceptance reflected unmet self-esteem needs. His client's desire to delve more deeply into the unconscious in order to better understand his situation suggested needs in the self-actualization area. As Zeus gave Teiresias inner vision, therapy gave Jue's client sight-insight. Interestingly, visualization was the major modality employed in the therapy.

Joan Halifax (1979) has observed that "there are numerous
instances of shamans becoming, to greater or lesser degrees, androgynous" (p. 27). Women shamans have dressed as warriors and joined war parties, and men shamans have braided their hair and adopted the female role. Their quest was to unify the opposites: life and death, earth and sky, light and dark, male and female. The shamanic power to heal depends on this ability to become the totality by transcending the confines of the human condition—including gender. Using visualization, Jue enabled his client to tap his very deep knowledge of the conditions of femaleness and maleness.

The gaining of knowledge is part of the Return stage of the Hero's Journey. This stage is also marked by the giving back to society of a gift which often manifests as a mission to bring about greater harmony in society. Jue's client seems to have left therapy with a sense of mission. He has begun to speak publicly about his condition and is writing the story of his life in the hope that he might help others in similar situations. Along with the gods, most of us have been denied extensive knowledge of life as the other sex which remains hidden deep within us. This story, which Jue's client began telling in therapy, should make for interesting reading for all of us as he shares his gift of insight into androgyne.

REFERENCES


Ronald Wong Jue:

I found Anna Spielvogel's case fascinating because, to me, it illustrates the interpenetration of the transpersonal into the personal realm of the client. Given the information in Spielvogel's case, I would classify Chris as a borderline patient in his difficulty in establishing ego boundaries and intimate relationships; yet the dreams and inner life reveal the odyssey and mythic journey of the puer aeternus, an adult with unresolved conflicts with women, while struggling with issues of dependency. By working with the patient's dream life, Spielvogel reveals another dynamic of the puer aeternus which is that these individuals have a certain kind of spirituality which comes from a relatively close contact with the collective unconscious. In this case, Spielvogel shows that all these levels need due consideration. On the personal level, the client's ego needs to be strengthened, and on the transpersonal level, the mythic elements need to be played out, acknowledged, and
integrated into the personal level of awareness. It is only then that a client can experience a deeper grounding to his personality and be effective in the interpersonal world of everyday living.

William Foote:

Rather than offering comments on the other cases, I would like to raise some questions about each of them which highlight general issues in transpersonal therapy. With respect to Jue's case, for example, I wonder how quickly the patient was able to integrate his past life experiences into everyday life, and how he accomplished this. Did working on the autobiographical book help, for instance? The assimilation of extraordinary experiences, of course, is a major challenge in transpersonal therapy, and creative work often assists in the integration.

Spielvogel's case depended upon a good working relationship between her and Chris. I wonder if visualization exercises would have speeded up the process— or perhaps threatened that relationship. This raises the basic question of how various transpersonal techniques alter the transference, and how to manage those effects. I also wonder if it might have been helpful to explore the notion that Chris was a person displaced in time and space. After all, one strength of transpersonal therapy is looking beyond traditional notions of identity, although the result may seem unorthodox.

Finally, with Lukoff's patient, I wonder if imagery exercises would have been therapeutic even in the psychotic state, or whether they may have exacerbated Bryan's disorganization by bringing up too much material from the unconscious. In general, the problem of titrating exposure to transpersonal experiences is an important one, and a structured approach may be essential, such as Lukoff adopted.

Anna Spielvogel:

I was impressed by the paradox presented by Foote's case. A patient who had major conflicts over trust and who accordingly led an extremely isolated life was nevertheless able to trust Foote quickly. It appears that Foote's patient was able to be vulnerable and open in therapy, in spite of continued struggle with paranoia in his outside life. How can we understand this? And what might this suggest about the effect of transpersonal techniques, like the visualization procedure Foote used, on intense pre-personal issues?
In reflecting on Lukoff’s case, two points come to mind. The first has to do with the role that art plays in mediating between pre-personal issues and transpersonal experiences. Lukoff’s patient, Bryan, used drawings (presented at the Symposium) to capture some of the transcendent insights he gained from psychotic episodes. Although pre-personal and transpersonal elements were thoroughly confused during these psychoses, Bryan was able to preserve transpersonal elements through his drawings and writing. Art provided a window for him into the transpersonal, past many confusing pre-personal issues. Even more dramatic examples of the “window” role come from two of my patients in Jungian analysis. Both suffered from major, unresolved psychological problems—in one case, an eating disorder superimposed on a highly chaotic life, and in the other, a confused sense of personal identity. Yet both individuals had access to transpersonal experiences, which they were successfully able to communicate in their excellent work. These examples, I think, also question the usual view that transpersonal experiences can be integrated only after pre-personal conflicts are resolved. Art makes for a more complex relationship between the sublime and the mundane.

The second point I want to raise is whether the Hero’s Journey is a paradigm mainly for men. In my experience with psychotic women, especially pregnant individuals, a different theme comes to the forefront—that of being the Mother of the World Savior, or the Madonna. (Sometimes, the reverse occurs—the individual believes she is the mother of the World Destroyer, or the Antichrist, and so must kill her child.) The theme is by no means limited to pregnant women. In analysis, for instance, I have seen many women with dreams of creating or giving birth to some numinous power, vital to the world. The theme here is not the hero’s ordeal and eventual victory, but of being receptive and generative, of submitting to some (often masculine) power, and then bringing forth a new and even greater element in the world. Indeed, the paradigm is closer to Persephone’s tale, more than that of the young Hero.

Question from the audience: All the cases seem to involve prepersonal problems, more than transpersonal ones. How do the panelists see their work as being transpersonal?

Anna Spielvogel:

My own orientation to therapy as a Jungian is transpersonal. But in addition, I consider this case to be one of transpersonal therapy because the central problem that Chris struggled with involved transcendent archetypal material. He had unusual
a mixture of pre-personal and transpersonal elements

David Lukoff;

The three parameters of transpersonal therapy---content, process, and context (Vaughan, 1979)--were all incorporated in my work with Bryan.

Content. Bryan's psychotic experiences with their many transpersonal dimensions were the focus of our work. Of all the major schools of therapy, perhaps only the transpersonal would encourage the exploration of regressive, delusional and visionary states in psychotic patients. Yet I have found that addressing their altered states of consciousness and positive experiences has great value for patients. Therapists who ignore these features of manic-depression are unlikely to create the strong clinician-patient alliance so necessary for enabling patients to cope effectively with their disorders (Jamison et al., 1980). It is not necessary for the patient to espouse a spiritual orientation. Creative individuals with manic-depression are good candidates for transpersonal therapy because of its positive evaluation of nonordinary experiences.

Process. I did not utilize specific transpersonal techniques such as visualization or meditation. However, Maslow's hierarchy of needs guided my development of a treatment program to maximize Bryan's functioning and well-being. I could assess which needs were not being met and determine the direction in which Bryan's life needed to change. In general, the self-actualization needs of patients with major mental disorders are ignored. While Maslow's theory mandates beginning with the lowest level of unfulfilled needs, the higher levels should be addressed progressively over the course of therapy. Patients with psychotic episodes have been given glimpses into mystical, visionary and creative realms. The therapist can use these experiences in dealing with the patient's need to self-actualize.

Context. Psychotic experiences can be treated from the transpersonal contexts of mythic journeys (Lukoff & Everest, 1985), Jungian archetypal symbolism (Perry, 1976), or spiritual emergencies (Grof & Gref, 1985), among others. In this case,
Bryan's valuing of his psychotic experiences lay in their fantastic nonordinary nature. He was interested in transforming those raw experiences into artistic creations that would provide aesthetic experiences for himself and others. Certainly, the aesthetic experience itself can be seen as transpersonal (Maquet, 1986). However, it is important to tailor the therapy to the patient's orientation and values. Rather than imposing a language of myth and symbols which would have brought out Bryan's resistance, I drew upon his well-developed ability to express himself in images. Bryan would deny there was anything transpersonal about his experiences; nevertheless, I was aided in conducting therapy with him by my transpersonal perspective.

According to Scotton (1985), transpersonal psychotherapy seeks to establish "a conscious and growth-producing link between the patient and the transpersonal experience." I believe that Bryan has gained some insight into his own tendency to initiate manic states, and thus, will be better able to control his disorder. However, since manic-depression is usually a recurrent disorder (Zis & Goodwin, 1979), Bryan may undergo other psychotic decompensations in the future. Should this happen, I am certain that a brief course of creativity therapy would again help Bryan to return to his active lifestyle as an artist living independently, productively and meaningfully in the community.

I have been impressed at the flexibility of the VA mental health system in accommodating Bryan's therapeutic needs. He has been provided with a livable stipend, classes which met his creative needs, a responsible position as a teacher, hospitalization and medications when needed, and the opportunity of seeing me for individual therapy. These are substantial treatment tools especially when compared to the case management provided at most community mental health centers (usually limited to dispensing medication and helping with forms). Unfortunately, transpersonal therapy is seldom employed in the treatment of major affective and psychotic disorders at the VA or other psychiatric facilities. This case study of Bryan demonstrates that combining traditional therapeutic techniques (including medication) with transpersonal therapy provides a powerful multi-modal approach.

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**William Foote:**

Although E.B. spent much of his time dealing with personal and pre-personal issues, I consider our work to be transpersonal in nature. E.B.’s orienting context and mine were transpersonal from the outset, given his long-standing interest in spiritual disciplines, and my own transpersonal approach to therapy. The central process of our work also depended upon reaching a state of awareness beyond ordinary *ego-consciousness*, using guided imagery. This altered state helped E.B. see more clearly into the issues he needed to deal with, in the form of vivid symbols and dramatic images. Through such visions, E.B. could *experience* his psychological problems, and not merely think about them intellectually. His insights thus reverberated more deeply in his psyche. Perhaps most importantly, by relating symbolically with his higher self, in the form of the hare, E.B. could approach painful personal issues from a more centered, calm and transcendent standpoint. He did not have to depend only on his ego. And after his experience with his first psychiatrist, he was most certainly not going to depend on that of another therapist! Lastly, in working with E.B., as with other clients, I find myself relying upon intuitions from my own higher self. I personally needed to be open to the transpersonal. Often this openness took the form of trusting parapsychological events. For instance, I found that I often saw E.B.’s images myself, sometimes even before he described them to me.

**Ronald Wong Jue:**

My own definition of transpersonal therapy comes from recognizing the many layers of reality and consciousness within my clients that go into making up the fabric of their personalities. The challenge for me has been to work with these internal
realities in such a way as to help a client to form an integrated sense of identity. Transpersonal therapy isn't so much technique as it is in the creation of a transpersonal context whereby the therapist as well as the client is able to experience and work with these levels of consciousness. I don't believe that a therapist can work effectively with these levels unless he, himself, is intuiting the patterns of consciousness and able to work with these patterns from a point of inner knowing.

I also see transpersonal therapy as being holistic in nature in its interplay between right-brain phenomena (dreams, metaphors, and archetypal images) and left-brain reporting and analysis. In this approach, the inner constructs, introjects, and mythic visions are far more important in understanding the individual than his cognitive structure, but it is his linear mind that creates the necessary integration. A person's cognitive structure is often dwarfed by the vastness of the inner life. From this perspective, symptoms are like the tips of icebergs, where inner dynamics are composed of far greater forces than one can imagine. It is from the recognition of these forces that I find that one important dynamic in transpersonal therapy is the acknowledgment of a transcendent function by which individuals can articulate and gain a different perspective on their situation, and begin to acknowledge and realize the spiritual side of their nature. Thus a basic goal of transpersonal therapy, as I see it, is to help individuals to get in touch with that function and to integrate it into their lives. In other words, a goal of transpersonal therapy is that it is a set of strategies that transforms an individual into a wisdom-body, a point of total functioning, that places him into balance with the world around him.