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EDITOR'S NOTE

Five years have passed since we published a special issue of the Journal, entitled *Transpersonal Gerontology*, remarking at that time (2011) that the first wave of *Baby Boomers*, those born in 1946, were reaching their 65th birthday. This year (2016) marks a further milestone for this purportedly largest cohort in history: They are turning 70 years old. The impact this group has had on society, coupled with the subtle and not so subtle theme of growth potential that permeates the transpersonal perspective and literature, offers fertile soil for the future.

Unlike some spheres of life where the torch is passed on to the future generation and the “old guard” retires, sometimes into oblivion, the transpersonal movement necessitates a confluence of fresh voices alongside the experiential and continually emerging transpersonal development of the seasoned. Holding the proverbial torch in tandem, all have potential for layers of further transpersonal growth. Accordingly, articles in this issue offer a balance of seasoned as well as new authors, all of whom—with a transpersonal lens—engage the reader in research, thought, and/or action in navigating the challenges as well as potential we continue to face as a human species.

Long time scholar **Harry T. Hunt** from Canada opens this issue of the Journal. Building cumulatively on his decades of research, integrated with that of others, he invites the reader into some deep considerations and differentiations regarding transpersonal development/realization. He combines systematic analysis along with both critical and contemplative reflection in considering transpersonal spiritual development as a higher form of social-personal intelligence—in short, as a neo-Piagetian formal operations in affect.

Another pioneer of the transpersonal, **Thomas B. Roberts**, well-known for his writings on entheogenic paths to spiritual development, offers a clarion call and invitation to professors to update their courses and to religious leaders to consider how they could benefit from what he terms the entheogenic reformation, a movement that he compares to the Reformation of 500 years prior that witnessed the advent of text based religion. In contemporary times, he suggests, a movement toward experience-based religion has emerged in which entheogens, and the strict process of using them that has developed, is resulting in deeply intense sacred experiences for many that benefit society.

Next, newer authors such as clinician/scholars, **Catherine Sinclair** Western Sydney University, Australia, and **Carla Clements**, Naropa University, Boulder Colorado, offer articles that have been incubating within both of them for years.

Sinclair adds a fresh dimension to the ever-evolving discussion on spiritual emergence and spiritual emergency. Employing a post-structuralist lens, she situates such experiences as embedded within a cultural context and norms and within a discourse of what is considered normal or not within a society, especially

in differentiating between a spiritual emergency and mental disorder. Her study, which involved those having experienced spiritual emergence and emergencies, as well as therapists who have facilitated clients with such experiences, focused on and illuminated how the experience is constructed and within what kind of discourse.

Clements, over the years, has continually received questions from both students and clients, who often ask: “What is psychological illness?” “How do people get such an illness and how do they get better?” and “What does emotional health look like?” Aligned with the transpersonal, and contrasted with the DSM, she has constructed a hypothetical transpersonal model of psychological illness and health, provided examples of its use, and calls upon both clinicians and researchers to further explore and examine.

Another first time author with the Journal, also from Australia, **Zohar Berchik**, a Voice Dialogue clinician, supervisor, and trainer teams up with **Adam Rock** and **Harris Friedman** to illuminate this therapeutic approach in which an individual’s “many selves” are not only recognized but honored and given voice, thus offering a process, they explain, for increased transpersonal awareness. Their phenomenological inquiry uniquely focused on what the experience is like for seasoned Voice Dialogue clinicians in the role of being facilitated as clients or recipients in Voice Dialogue.

Three book reviews are included in this issue: First, since art expresses the transpersonal in a characteristically unique manner, **Renn Butler’s** review of *Modern Consciousness Research and the Understanding of Art: Including the Visionary World of H. R. Giger* by **Stanislav Grof** incorporates visuals, extracted from the book (with permission, of course), to accompany the narrative and draw the reader into a deeper understanding of the book’s scope and aim. Next, **David Lukoff**, long time editorial board member and transpersonal pioneer, offers a personal review (what he terms an “appreciative” review) of and introduction to *Spiritual and Religious Competencies in Clinical Practice*, authored by **Cassandra Vieten** and **Shelley Scammell**. Readers may be familiar with Lukoff’s seminal work in this territory. Finally, **Mateus Soares de Azevedo** reviews **Samuel Bendeck Sotillos’** anthology entitled *Psychology and the Perennial Philosophy: Studies in Comparative Religion* that he suggests addresses an array of modern day challenges and how one might address them.

As always, concluding the issue, our unique Books Our Editors Are Reading section not only offers a peek into what our Editorial Board members are reading but also provides resources for your continuing inquiry. Also, it is always fascinating to see that some editors are reading the same book, often unbeknownst to each other. We encourage you to communicate with us.

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“THE HEART HAS ITS REASONS”: TRANSPERSONAL EXPERIENCE AS HIGHER DEVELOPMENT OF SOCIAL-PERSONAL INTELLIGENCE, AND ITS RESPONSE TO THE INNER SOLITUDE OF CONSCIOUSNESS

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ABSTRACT: There has long been a view of transpersonal states as abstract forms of social or emotional intelligence (Scheler, Mead). While some have posited their post-formal developmental status, the more parsimonious view, expanding on the notion of multiple forms of intelligence, would be that these states show a more basic “formal operations” in feeling (despite Piaget’s own skepticism). Here transpersonal development is understood in terms of a decentering, reversibility, and progressive equilibrium among Ricoeur’s inner forms of personhood as their higher realization. The growing self-awareness of an inner “stream of consciousness” in adolescence (James, Vygotsky), with its resulting sense of existential aloneness, serves both as abstract impetus and egocentric barrier to this formal operations in affect. Thus its often intense psychodynamic conflict and wide variations in developmental timing – from occasional childhood precocity, to the adolescent vision quests of traditional cultures, to the later life delays more common in contemporary secular society.

KEYWORDS: taking the role of the other, generalized other, mirroring, formal operations, representational vs. affective intelligence, egocentrism, metacognition and accommodation, numinous emotion, Schilder on body image, chakras, personal essence, Being experience, nondual mysticism, stream of consciousness.

The idea that spirituality – here understood as transpersonal development – is a kind of intelligence – specifically an abstract or higher form of social-personal or emotional intelligence – has been around since the early 1900’s. The phenomenologist Max Scheler (1874-1928) and the developmentalist James Mark Baldwin (1861-1934) both saw mystical experience as a higher form of “fellow feeling” or “sympathy,” the felt sense of the *inner form* of society, potentially universalized to include all human beings and the physical cosmos. For Scheler (1926/1970) transpersonal experience goes beyond the egoism of a “bodily centered identity,” extending that into a sense of the “godlike within all created beings.” For Baldwin (1915/1975; Parsons, 1982) these states are an abstract development of the “affective logic” that represents the social and reaches a “new form” in the experiential “hyperlogic” of the nondual mystical traditions. Baldwin saw such traditions as the equivalent within an intelligence of feeling to mathematics in the representational intelligences of science.

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The social-psychologist George Herbert Mead (1863-1931) similarly understood spirituality as the abstract “carry over” of our social attitude to a higher sense of reality. For Mead (1934) our adult self-aware sense of being a person is based on “taking the role of the other,” simultaneously creating a social “me,” and “you,” through the experience of the other’s response to oneself. This turning around on the self, always in process, moment to moment, can never be fully completed, and so leaves the background sense of a spontaneous, continuously emerging “I,” which Mead identified with William James (1890) on the background “fringe” of the “stream of consciousness.”

More recently the psychoanalyst D.W. Winnicott (1971), now well supported by research on neonatal mirroring behaviors (Meltzoff, 2002), located the first beginnings of Mead’s process in the infant’s response to the gaze and demeanor of the “mothering one,” who reflects back or “mirrors” to the infant its own state, simultaneously beginning an echoed sense of “this is me” in response to that resonant gaze and “that is you” for both the identity and difference of the other. For Winnicott, there will also be a similar background sense of ongoing “beingness” or “feeling real,” which later in development can become a nascent sense of the “sacred.”

For Mead (1934), as would appear also for Winnicott (1963), mystical or ecstatic states result from a later potential for an abstract or metacognitive awareness of the greater totality of this “I” of spontaneous beingness, which Mead sees as reaching its maximum fullness in the figures of Jesus and Buddha. In ecstatic states this background “I” of immediately unfolding consciousness mirrors a “generalized other” that has also been extended past our more practical sense of the everyday social values of society to a potential identity with Being, God, or universal cosmos. Mead sees such states as rendered fully conscious through the abstract metaphors of light, energy, and flow derived from physical nature, to be later developed as the “quasi-physical” sensations/metaphors of mystical states by Laski (1961). These for Mead allow a nonverbal sense of “carrying on a conversation” with the universe as a kind of cosmic consciousness.

Transpersonal Experience, Affective Intelligence, and Piaget

More recently Robert Emmons (2000a, 2000b) and myself (Hunt, 1995b, 2000, 2011) have independently suggested that spirituality and transpersonal experience could be considered as an abstract level of Gardner’s (1983) “personal” or “emotional” intelligences. Both argued that spirituality meets Gardner’s basic criteria for an independent intelligence – including widespread individual differences, with some genetic component (as reflected in research on imaginative absorption/openness to experience (Hunt, 2000); characteristic stages of childhood and adult development (as reflected in childhood synesthesias, vivid dreaming, and imaginary companions (Novoa & Hunt, 2009) and classical accounts of adult spiritual realization (Wilber, 2000); and some potential for selective childhood precocity—as reflected in more infrequent accounts of childhood mystical experience (Armstrong, 1984; Hunt, Gervais, Shearing-Johns, & Travis, 1992; Hunt, 1995b). Finally, there would need to be specifically defining cognitive/noetic

operations that would mediate such an intelligence, which Hunt (1985, 1995a, 1995b, 2011) has previously identified as the abstract levels of a cross modal synesthetic capacity that would underlie Gendlin (1978) on “felt meaning” and Langer (1972) on the “presentational” symbolisms of the expressive arts.¹

More generally Hunt (1995b, 2000, 2003), as further extended by Dale (2014), has suggested that adult transpersonal realization could be understood in terms of a Piagetian “formal operations in affect,” involving the same processes of decentering from egocentrism, reversibility and cross translation, and movement towards symmetry and “equilibration” that Piaget (1896-1980) located as beginning in adolescence for the representational intelligence of the external world, but here operating directly within feeling as a beginning shift towards the “universalized sympathy” of Scheler. On this approach the views of Wilber (1984, 2000) and Alexander et al. (1990) on spirituality as a “post formal” intelligence would be a step too far, both in terms of parsimony and an unintended but implied elitism inconsistent with a true multiplicity of intelligences.² Nonetheless Piaget himself would have rejected any view of transpersonal experiences as a formal operations in feeling, and this despite Dale’s (2013, 2014) careful documentation of the young Piaget’s deeply felt Bergsonian mysticism and his initial, still untranslated, empirical studies of childhood spirituality.

For the later Piaget (1962, 1963, 1981), at any rate, an abstract intelligence of feeling would be impossible, in contrast to its partial crossing with social representation in moral reasoning. Formal operations in representational thought about the physical world are only possible because of the resistance of an external reality, which forces a progressive and open ended “accommodation” that finally requires the decentering, reversibility, and continual synthesis of thought most fully illustrated in the developments of modern science and mathematics. Feeling, by contrast for Piaget, is a pure “assimilation,” and so lacks any inward pressure towards a synthesizing accommodation. The affective schemata as such remain primitive because an inwardly directed self reference will be limited by a necessarily projective use of concrete dream-like imagery:

...radical egocentrism makes consciousness of the ego impossible, and the only means by which the affective assimilations can then have any consciousness of themselves is by incorporating images as a support. (Piaget, 1962, pp. 211-212)

Not only does this ignore the possibility of an abstract imagery as reflected in Arnheim (1969), Jung’s mandalas (1950), and geometric chakra patterns (Govinda, 1960), but it also misses the likelihood that the seemingly cross-cultural existential crises of meaning in adolescence, midlife, and old age (Erikson, 1963; Erikson, Erikson, & Rivnick, 1986), as well as the sheer difficulty of spiritual techniques such as meditation, would force precisely the progressive accommodation in feeling that Piaget felt to be impossible.

Along these lines it is especially interesting that the older Piaget’s (1970) understanding of the pressure toward a continuous open-ended accommodation in representational intelligence was based on Gödel’s theorem of the incompleteness/inconsistency of all formal systems, which would result, in Piaget’s view, from the

inherent openness of the metacognitive or epistemological subject, such that no final “form of forms” in scientific or mathematical thought could be possible. Mead (1934) had already posited this same unfillable hole at the center of human self reference, but as fundamental to social-personal intelligence of the background “I” in the form of mystical experience.

Again, what Piaget would have missed was this same incompletable openness within Rudolf Otto’s (1923/1958) original phenomenology of the numinous core of transpersonal states. This is the sense of awe, wonder, and mystery in the face of a felt contact with an ineffable “wholly other,” metaphorically expressed in Laski’s (1961) non verbal and abstract images of light and darkness, heights and depths, fiery energy and liquid flow/dissolution. When these states are “said,” or in Otto’s terms “schematized,” they come out as the intuition of the highly abstract and obviously metaphysical concepts of God/Being/Absolute. These states also give rise for Otto to feelings of radical dependency and humility, which certainly sound like a decentering from affective egocentrism, otherwise referred to as “loss of ego.” In their recent phenomenology of awe, Keltner and Haidt (2003) similarly locate a sense of encompassing vastness that creates both the pressure of an open-ended accommodation and a “smallness” and humility of self. In its most extreme form this pattern of awe would lead toward and imply the finally ineffable “negative theologies” of the nondual unitive mysticisms. A form of Gödel’s incompleteness would thus be equally applicable to the affective schemata.

Nonetheless, for Piaget (1981), feeling and emotion remain too intense, fixated, and ultimately concrete to permit the decentering of a formal operations in affect – whether that would be interpreted as classical mystical experience or not. Feffer (1970), elaborating on Piaget, similarly suggested that the “oscillating behaviors” and “uncorrected centrisms” of ordinary role relationships would keep social-personal intelligence on the level of concrete operations. Feffer leaves open whether it would be the sheer intensity of affect, and its resulting tendency to a defensive drive-reducing behavior, that would hold back formal operations in feeling, or whether the lack of role equilibrium and symmetry in actual social relations would trigger intense affect, or both.³

However, as was already apparent to Scheler, Baldwin, and Mead, such considerations would explain the *difficulty* of a formal operations in affect in the form of spiritual realization, but not necessarily its *impossibility*. It would certainly explain comparative maturational delays in such development, and especially so in modern secular societies, with Jung (1934/1960) and Maslow (1962) locating a midlife/midlife crisis initiation for a naturalistically understood self actualization based on spontaneous numinous and peak experience. By contrast, traditional hunter-gatherer or shamanic societies, where directly experiential transpersonal development was a central cultural value, initiated the first stages of such development in the vision quests of adolescence (Walsh, 2007; Winkelman, 2000), where induced ecstatic states were the basis of subsequent adult identity. Meanwhile Starbuck (1899), in his early statistical study of adolescent religious confirmation experience in traditional New England, found transformative or “born again” states, with attendant effects of “unselfing” and heightened altruism, similarly clustering around the ages of fifteen and sixteen.

Accordingly, the most parsimonious developmental view of the varieties and stages of spontaneous and induced transpersonal states would be that they reflect multiple aspects of a formal operations in affect, as with Piaget's representational intelligence normatively potential in adolescence, and culminating in the radical synthesis and decentering of the nondual mysticisms.⁴ Yet it remained unclear to this author how to develop such a model with the further specificity it would require. This situation changed through the stimulus of Dale's (2014) recent treatment of Piaget, and my recent encountering of the phenomenologist Paul Ricoeur's (1913-2005) *Oneself as Another*. Ricoeur (1992), while not at all interested in transpersonal experience, provides an analysis of the separate dimensions of the basic concept of human personhood, such that their potential synthesis and completed symmetry would seem to offer the more precise template for transpersonal development as a formal operations in affect – as Scheler's "higher form" of "universal sympathy."

Ricoeur's Components of Personhood and Their Synthesis as Transpersonal Realization

Ricoeur's (1992) phenomenology of being an adult person, partly resting on Strawson's (1964) earlier ordinary language analysis of the concept of person, identifies four inter-dependent aspects which are always implied and partially overlapping in our experience of personhood: these are "self," "other," "mind" – in the sense of immediately present consciousness, and "body" – in the phenomenological sense of "lived body" or more traditionally "body image." Being a self-aware human person depends on the interaction and co-presence of these four aspects. No one of these aspects can be fully explicated without making more explicit its co-dependence on the other three – so that each must be understood as its own partial integration of the others. Thus, for Ricoeur our sense of self (Mead's "me") entails an awareness of others with their own sense of self, and for whom we are "the other." To be able to attribute a "mental" emotion or thought to oneself means that it can also be applied to others, and whomever we ascribe it to will also have their own bodily presence that both mirrors and is distinct from our own immediately given embodiment. Feelings, as forms of immediate consciousness of a mind (Mead's spontaneous "I"), are always of a someone who can be me, you, or him/her, and each with that stance of a particular bodily identity. Ricoeur is also struck by the way languages have their own built-in "reversibility" of pronouns, so that the subject who feels – whether as me, you, him/her, we/they – can be replaced by any other pronoun. This for Ricoeur already implies an implicit human solicitude and empathy which made fully explicit becomes the "golden rule" of "do unto others..."

We have already seen in Winnicott's (1971) account how each of these four aspects begins its interactive co-creation in early mirroring behaviors – with the infant's expressions of emotion in spontaneous bodily gestures reflected back, but only in part, by an "other" who thereby shows the baby its own "me," as well as its bodily location, *and* an augmented background sense of its spontaneous beingness (see Figure 1).

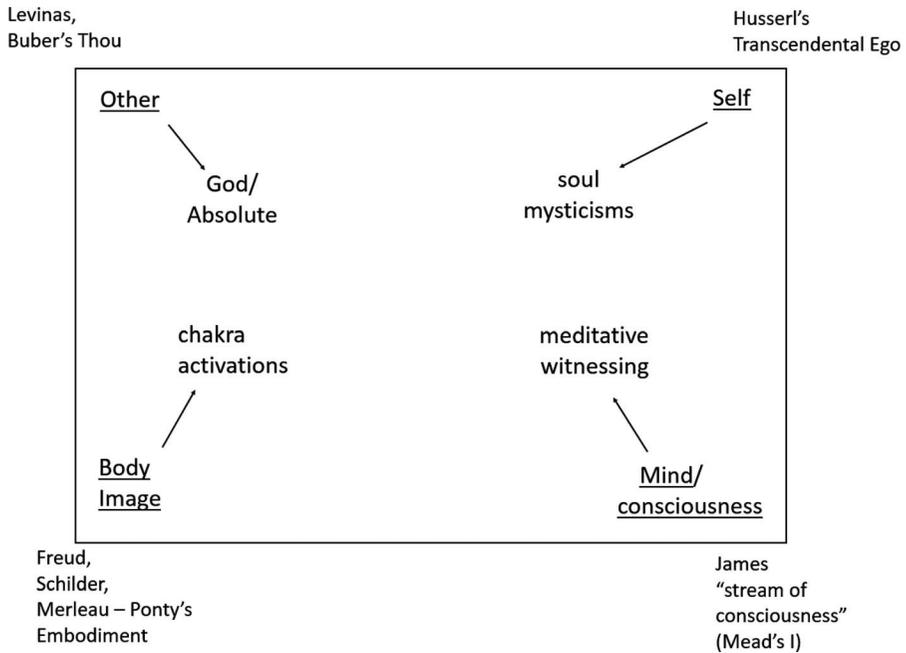


Figure 2. Competing theories of personhood/related transpersonal realizations.

mapped more precisely as the successive amplifications and increasing cross translations of Ricoeur's aspects of personhood.

We can begin to see how this might work with the sense of person as “lived embodiment” or “body image.” For Ricoeur this is the “anchor” of personal identity – the nonsubstitutable core of our normative emotional egocentrism. Accordingly, for the present analysis, it would become a major barrier to the decentering required for a formal operations in affect. That would entail precisely the dissolution of ordinary body image along the lines of its inner felt energies and emotional expressiveness that we do see in accounts of chakra activation, kundalini, and the synesthetic dissolution of body image into color, light, and open spaciousness – as in this account of inner light experience from Vihangan Yoga:

It's like you can feel the light as a soft touch. You can hear the light as a soft music. . . .As I keep staring at the light, slowly I start losing my identity and merging with the light itself. There ultimately remains no body, no thoughts or sense of “I”. Everything merges with the light and becomes part of. . .the joy of God in the form of light. (Prakash, Prakash, Sarkhel, & Kumar, 2009, pp. 130-132)

Such experience is often resisted as a feared disappearance of self associated with dying (Grof, 1980), and this may partly explain, on the one hand, how traditional religion might defensively displace such a decentering of the body image onto a body-less heaven or after-life, and, on the other, the hatred and physical mortification of “the body” in some spiritual practices. Both responses would reflect a misplaced concreteness that misses the more abstract process of decentered

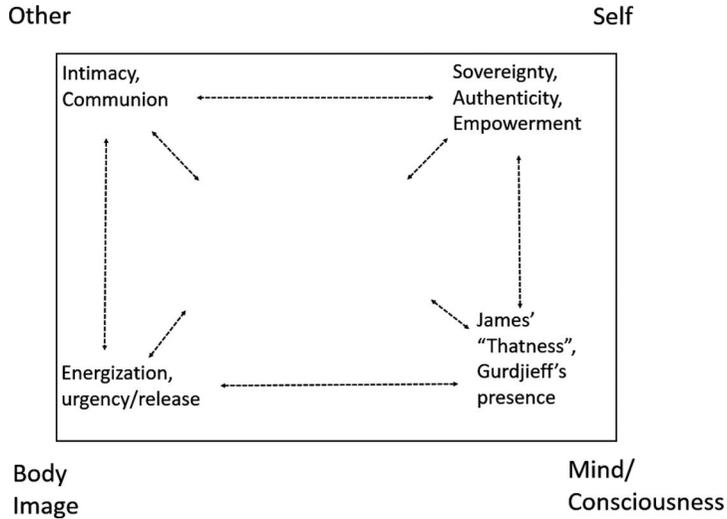


Figure 3. Spontaneous/access ecstasy (Maslow, Laski, Bataille).

feeling that is trying to complete itself through the opening of a contained and constrained bodily self-identity into a shared open spaciousness.

These transformations of body image in deep transpersonal states, and their resistances, are exactly what *should* follow—a major strength of the present model—if transpersonal realization entails the decentering from Ricoeur’s aspect of embodied identity as part of the formal intelligence of Piaget’s “affective schemata.” That decentering will be comparatively delayed and potentially terrifying in its challenge to the more fixated and concrete egocentrism of everyday social experience.

Varieties and Stages of Transpersonal Experience as Formal Operations in Affect

Access Ecstasy: Awe and Peak Experience

If the varieties and stages of transpersonal realization are to be understood as formal operations in affect, progressively abstracting and synthesizing the already partial integrations of Ricoeur’s (1992) fourfold structure of personhood, it should be possible to see these transformations of consciousness as simultaneously entailing the increased amplifications of self, other, immediate sense of mind, and lived embodiment – as a more direct manifestation of the inner form of each – *and* an increased cross-translation and symmetry among them. This does seem to become manifest in a potential developmental sequence that proceeds from an initial level of what could be termed, with Laski (1961), “access ecstasy” or peak experience (Figure 3), to more differentiated transpersonal patterns further abstracting the basic form of each component, along with a continuum of implied

and increasingly explicit symmetries with other forms (Figure 4), finally leading into their completed equilibration and synthesis as the various nondual mysticisms.

Figure 3 begins with these access levels of spontaneous ecstasy, numinous awe, and peak experience, following here the basic phenomenologies developed by Laski (1961), Maslow (1962), and the existential philosopher Bataille (1967/1991, 1976/1993), and also broadly consistent with the recent analysis of awe by Bonner and Friedman (2011). On the side of the enhancement of the form of “self,” Bataille describes the sense of a spontaneously enhanced sense of existential “sovereignty” in ecstatic states, while Maslow identified an increased felt authenticity of self in peak experience, and Laski spoke more generally of the sensed expansiveness of a “primal” self – all such descriptions fully consistent with accounts of shamanic “empowerments” emerging from encounters with spiritual beings in dreams or trance (Walsh, 2007).

These expansions in sense of self also turn out to be inseparable, on the side of “other,” from an enhanced sense of intimate connection and communality with others, a phenomenon especially emphasized by Bataille. More recently the experimental psychologist Keltner (Piff, Dietze, Feinberg, Stancato, & Keltner, 2015; Shiota, Keltner, & Mossman, 2007) has shown that in contrast to other positive emotions, feelings of awe (most commonly in response to nature) are statistically associated with an increasing sense of shared social identity and altruism. Not only does this cross-translation between a felt existential sovereignty and increased social intimacy fly in the face of more traditional psychoanalytic approaches that would see numinous experience (as in Freud’s (1930) “oceanic feeling”) as narcissistic, but it is also fully consistent with Durkheim (1912/1995) and Weber (1922/1963) on the sociology of religion as based ultimately on a “collective consciousness” and charismatic impact of ecstatic states. The transpersonal is intrinsically communal and societal (Hunt, 2003, 2010, 2012a).

On the side of personhood that Ricoeur terms “mind,” numinous ecstasy is associated with an augmented receptivity or “introspective sensitization” to moment by moment awareness – also related to Maslow (1962) on the “choiceless awareness” of peak experience. Phenomenologically, this is James’ (1912) immediate sense of “thatness” in a “primary experience” that undercuts the ordinary distinction between inside and outside, and so actually feels as though it is not done by oneself but by something “other.” James (1890) says in this regard that it would be more phenomenologically accurate to say of such immediate consciousness “it thinks” or “it feels” in the same sense as “it is raining,” rather than with the ordinary agency of “I feel.” For James, as for Maslow later, such enhanced immediacy of consciousness is inseparable from a sense of being-as-such, also reminiscent of Gurdjieff (1975) on the experience of spontaneous presence in “self remembering.” Here again this “presence” is as much “self” as it is “other,” cross translating as well mind and felt embodiment. It is open to being experienced as primarily centered in each of Ricoeur’s forms, and so begins to reflect the enhanced continuum and cross-translation among them.

Spontaneous ecstatic states are also associated with initial transformations of body image that Laski (1961) describes as pure “energy” related to Otto’s *tremendum*

aspect of the numinous, and often with an urgency and intensity of bliss that for Bataille (1967/1991) can overlap into a fear of madness. Such states are often inseparable from a felt expansion and even dissolution of ordinary bodily boundaries, as discussed above. Schilder (1935/1964), and later Merleau-Ponty (1962), understood the ordinary adult body image as a fusion of a felt tactile density and a more visually based identification with the demarked spatial form that we see in others – a notion also developed by the psychoanalyst Lacan (1981) as the “mirror stage” by which we come to identify a more fluidly kinesthetic self as having the same definiteness as how others look to us. Yet Schilder (1942), and early introspectionists such as Nafe (1924), found that immediate introspective sensitization to the actual tactile-kinesthetic sense of embodiment, while deliberately “bracketing” how we know we look “from outside,” elicited feelings of inner “hollowness,” channels and patterns of “flow,” and “expansion” extending out into surrounding space. These begin to overlap with the chakra and body image transformations of deep mediation (Chang, 1963; Govinda, 1960), as well as with Reich’s accounts of inner “streaming sensations” associated with “release” from ordinary “body armor” (Reich, 1949). The potential fear of such experiences of dissolution is also reflected in their negative inversion in the body image hallucinations of psychosis (Angyal, 1936; Stanghellini et al., 2014). Yet, the capacity for such heightened awareness of the open spaciousness of immediate bodily consciousness would be a necessary step in any “decentering” from the egocentric “anchor” of normative bodily self identity – as seen in the loss of body boundaries in the meditative states described by Blackstone (2012) and Atari, Dor-Ziderman, and Berkovich-Chana (2015).

Differentiated Forms of Transpersonal Realization

Figure 4 goes into the more differentiated forms of transpersonal realization, considered here primarily in terms of experiential attributes that further amplify the inner form of self, other, mind, and lived body, while also explicitly or implicitly increasing their cross-translation (reversibility) with one or more of the other components of personhood. These more differentiated forms of realization would have their own further hierarchic integration and completed equilibration in the multiple nondual unitive mysticisms.⁵ While the more conflicted aspects of such development are not the primary focus here (see instead Hunt 2003, 2007, 2014), it would also follow that each of these more specific forms will have its own “metapathological” spiritual imbalance and potential suffering stemming from its own partial incompleteness – and this also in the still broader context (below) of the more extreme decompensations of psychosis, understood as the destructive inversion of this inherently conflicted and challenged step toward a formal intelligence of feeling.

To begin again from the expansion of self in access ecstasy and moving toward progressively more unitive realization, we can locate Otto’s (1932/1962) inward “soul mysticisms,” initially in the felt synthesis of personal autonomy/strength and empathy/contactfulness with others that Almaas (2004) termed “personal essence” or the “pearl.” This is very similar to Maslow’s (1962) initial discussions of “self actualization” as its own spontaneous unity of autonomy and deeply felt nurturance.

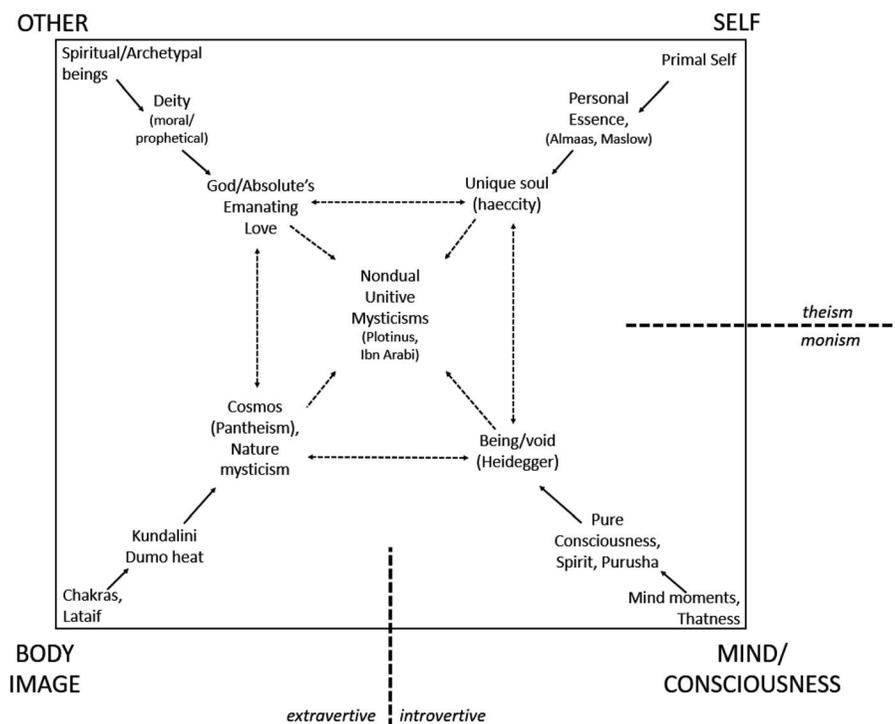


Figure 4. Transpersonal states and Ricoeur's aspects of personhood.

In keeping with the potential continuum already present within all these forms, personal essence also seems implicitly linked to chakra/lataif activations in the body image related to strength/will and compassion, as well as to theistic and Confucianist traditions of moral benevolence and kindness. On a still more abstract level of the form of self, we could also locate spiritual traditions of the uniqueness or *haecceity* of the soul, related to what Maslow discussed as the sense of one's unique personal identity as the direct expression of Being-as-such, and Almaas termed "essential identity" or the "point." It is often symbolized, as in Jung's *Red Book* (2009), as a star, and its further potential cross-translation and inner symmetry with the sense of God as "other" is well exemplified by Meister Eckhart (1260-1327):

The eye by which I see God is the same eye by which God sees me. My eye and God's eye are the same. ...you haven't got to borrow from God, for he is your own and therefore whatever you get, you get from yourself. ...God and I: we are one. (Eckhart, 1941, pp. 182, 206, 244)

Jung (1921/1971), also reminiscent here of the Sufi Ibn Arabi (1165-1240), saw this as the creation of God out of the individual soul, while Eckhart's pure detachment and openness of Godhood also evokes the originary emptiness and thatness of immediate consciousness, as well as the voidness of self in meditative Buddhism.

Again proceeding inward in Figure 4 from the increased sense of an ecstatic communality with both real and spiritual/archetypal "others," the more abstract

sense of a numinous “wholly other” appears as monotheistic Deity and Creator God, for Almaas (2004) the Supreme, also entailing both a unity of individual souls in varying extensions of “universal sympathy” and often some degree of separation from the “body” of a created cosmos. At the same time, God, as transcendent Other, is, in the words of Simone Weil (1957, p. 167) “. . . essentially subject. . . His name is ‘I am’”. On a still more abstract level, Deity, now explicitly as much first person as third, becomes the sense of an emanating Absolute or One, as for instance in NeoPlatonic and some Sufi mysticism. There, this emanating of a loving light of expressive creation entails an actual or implied pantheism – with the entirety of the natural world thus imbued with a “cosmic consciousness” (Chittick, 1994; Plotinus, 1991).

From the side of the dissolution of body image boundaries in ecstatic states, Bataille’s “excess” of energy/bliss can lead to the more fully energized patterns of chakra activation and the inner forces of Kundalini and Tibetan Dumo Heat (Chang, 1963; Eliade, 1958). Their spontaneous echo in Reichean bio-energetics (Hunt, 1995a) suggests that what is released here are the deep inner dynamics of emotionally expressive, synesthetic gesture, best conveyed by Laski’s quasi-physical metaphors of light, heights and depths, energy, and flow. These are also reflected in the external dynamics of water, wind, fire, and earth in the empathic experience of nature, and so become still more abstract and synthesized with the “other” of physical world in the shamanic traditions and various forms of nature mysticism. Here the more abstract levels of body image transformation become inseparable from the “cosmic consciousness” of a nurturing and light-giving Absolute, as in the Taoist-Confucian “one body of heaven, earth, and humanity” (Chan, 1963). This dynamic synthesis of body image and cosmos becomes central to Jung (1944/1953) and Hillman (1975) on the transformational spiritual meanings in alchemical imagery, as itself an abstract nature mysticism. Jung and Hillman in fact anticipate the more recent cognitive psychology of metaphor by Lakoff and Johnson (1999) on the necessity of physical metaphor not only for representing emotion but to fully feel it as such – as in one’s anger as “boiling” not “steeped,” or a “flash” not “explosion” of sudden insight. The difference with transpersonal experience, for Laski and Jung, would be the greater totality of its mediating natural metaphors – their all pervasive luminosity and darkness and flow. These, when partially put into words, become the highly abstract noetic or metaphysical insights of the conceptually schematized mystical traditions – further underlining their move into a formal level of a social-personal intelligence.⁶

Finally, to begin again in Figure 4 from the heightened receptive “thatness” or “givenness” of immediate consciousness in spontaneous ecstatic experience, its more formal development appears as the “pure consciousness” of meditative witnessing (Forman, 1990), variously conceptualized as the “universal mind” or *Nous* of Neo-Platonism, the more impersonal Spirit of some Judeo-Christian mysticism, and Yogic Purusha (Dodds, 1965; Eliade, 1958). In terms of its crossing with other forms, it can also be located by empathic extension in the omniscience of consciousness in the God of Medieval Scholasticism. Although certainly open to debate, the more abstract development of such a “consciousness without an object” would be to follow Heidegger in his development of Husserl’s phenomenology of consciousness, and suggest that the implied and so deeper intentional object of

“pure consciousness” would be the experience of Being-as-such – the open emptiness of Heidegger’s (1972) “it gives,” which, inspired by Eckhart’s void of Godhead, Heidegger saw as the felt core and implied object of Otto’s numinous (Heidegger, 1919/2004, 1938/1994; Hunt, 2012b). Here also, Being becomes a central attribute of God as divine “other” in medieval Christian and Sufi mysticism, as also for Brahman in the more pantheistic Vedic traditions.

The Nondual Mystical Traditions

The nondual unitive mysticisms, typified by Plotinus, Vajrayana Buddhism, Sufism, and Taoism, and the “negative theologies” of Christian mysticism, including Eckhart, would reflect the completion of a reversibility and synthesis among the most abstract forms of self (experienced as void), other (as Absolute), consciousness (as Being), and body (as dissolved into the “one body” of a living cosmos). Indeed, their full reversibility is also reflected in that each has also been used in various traditions as synonyms for the others, while at this level one could as easily switch which terms would fit better with Ricoeur’s forms. These nondual traditions can also differ, for instance on the primacy or illusion of self (as in Almaas, 2016), depending on which of Ricoeur’s four-some becomes the main point of entry into their more complete equilibration.⁷

It might seem, however, from some personal accounts of nondual realization (Almaas, 1995; Martin, 2015), and its potential confusion with more transitional “dark night” experiences (Hunt, 2007; Roberts, 1993), that such experiences might have left behind Scheler’s “universal sympathy” for a new level more radically impersonal and detached. Indeed, some individuals do pull back from nondual states since they are at least initially felt to entail an upsetting indifference to previously significant interpersonal relationships, loss of feeling for others, and a radical sense of aloneness. This sense of detachment is well conveyed by the Sufi Ibn Arabi’s dramatization of a form of nondual realization (Chittick, 1989, 1994). Here the Absolute, as incomparable, unique, and utterly alone in a preliminary non existence, emanates creation out of itself in a “sigh” of sadness, in order to become aware of itself through the multiple attributes of existence. The sage, whose meditation enables a self awareness deep enough to become “capable of God,” gathers these attributes as the mirror for God to see himself – thereby allowing God’s own Being-as-such to become manifest through us (Corbin, 1998). In becoming aware of this “primal solitude” and “suffering” of God, the sage becomes “alone with the alone.”

In fact, one can still see in such accounts an abstract inner realization of the form of society itself—in Ibn Arabi a reflection of the reciprocal mirroring of Mead’s universalized “generalized other” and openness of the background “I” thereby brought into full self awareness. We can see more of how nondual realization can be understood as the mirroring form of society itself, and so within a formal operations in affect, by re-considering in this light a recent discussion of Almaas (2014) on the nondual in Plotinus and Hwa Yen Buddhism. Almaas describes nondual realization as the experience of an all-inclusive oneness fully expressing

itself within each unique person and event, with each specific situation in turn containing/reflecting its own image of that whole, while at the same time:

Each particular manifestation is contained within all other manifestations as particular forms because I actually am every other thing in a direct and immediate way. (p. 148)

What is striking here is how this account *also* echoes Mead (1934) on the very structure of society itself, in which each person is a unique manifestation and expression of a collective whole, with each in turn also containing his/her own image of that “generalized other,” and finally each adult member of a society also containing within themselves a readiness or pre-understanding for all possible mirroring relations they might encounter with any specific other – good, bad, and indifferent.

How is it then that the meditative realization of the “mind moments” of immediate consciousness, arising from and receding into the radical openness of “pure consciousness,” would come to reflect that same inner form or structure of society – *as* the experience of nondual realization? Here it would be the open receptivity of the meditative attitude, exemplified by the predominance of a background theta EEG (Travis & Pearson, 2000), that signals the suspension of all more specific functions and capacities – cognitive and affective. This suspension would allow the very form of society, implicit in those functions and which in fact has played us like a musical instrument from infancy on, to be mirrored as such within immediate consciousness as the abstract social-personal intelligence of nondual realization. Where the more differentiated levels of the world religions most immediately mirror and “hold” the specifics of social-economic organization, the fuller mirroring of deep meditation, having suspended these more particular social realities, now reflects the most basic structure of all human society and the form of the social bond itself as Scheler’s “universalized sympathy” (see also Hunt, 2012a).

Although some might see this as a sociological reductionism of spirituality and the transpersonal in the manner of Durkheim’s sociologism, thereby echoing the false psychologism of Freud’s “oceanic” narcissism, it is important to realize that for the later Piaget (1970), as well as for the anthropologist Levi-Strauss (1966), there is no way to locate any causal priority between the metacognitive “logical structure” of individual mind and that of collective society – if for no other reason than that the human central nervous system and its socio-cultural context have developed together in a continuously interacting evolutionary dialogue. Instead it would seem that the metacognitive openness that Piaget (1970) locates as the source of accommodation in representational thought, based on Gödel’s incompleteness theorem, and the analogous openness to the unknown at the center of Otto’s numinous, both reflect the epistemological structure of a continuously self-referential mind. The truth value or ontology of what emerges within and accommodates to that openness as the “creative beyond” or encompassing context for both our representational and affective intelligences must have its own independent/participatory criteria for evaluation and development – and so will not be reducible in any obvious way to the social and cognitive structures that allow it.

Transpersonal Realization and the Inner Solitude of Individual Consciousness

On the more specific level of individual development, what would begin to push feeling toward the level of formal operations and so initiate transpersonal development – in traditional vision quests receiving its social support in the same adolescent years in which Piaget dated formal operations in representational thought? It seems significant that very young children do not have a self-aware access to any inner “stream of consciousness,” although they outwardly show in their behavior constantly shifting states of such sensitivity (Flavell, Green, & Flavell, 1993, 1997). The developmental psychologist Vygotsky (1965) suggested that the internalization of silent “inner speech” from the ages of seven or eight, and its gradual crossing with non verbal imagery, would by early adolescence generate a “new type of perception” based on a metacognitive or introspective “consciousness of consciousness.” It is this metacognitive capacity that will allow the deliberate reversibility and cross-translation of cognitive operations necessary for the “higher order thinking” of Piaget’s formal operations of representational thought. Its more presentational side would be the newly emergent felt sense of James’ continuous “fringe” of a “stream of consciousness,” also closely related to Gendlin’s (1962) ongoing “felt meaning,” now often sensed as frustratingly separate from what we actually end up articulating (Hunt, 2014). It is in these years of early and pre-adolescence that it first becomes possible to teach techniques of mindfulness meditation (Alexander et al., 1990), and it would not seem coincidental that the ages of fourteen and fifteen turn out to be the period of maximum hypnotizability over the entire lifespan (Morgan & Hilgard, 1979; see also Hunt, 2011). There is now a separate level of an ongoing personal consciousness in which it is possible to be absorbed.

However, this new level of self awareness will bring forward the characteristic existential crises of adolescence that will also create a pressure toward their own affective accommodation. There emerges a new level or intensity of felt aloneness/loneliness based on this metacognitive awareness of an “inner” or “private” consciousness now directly felt as egocentric and separate from others, who will have their own separate, potentially isolated inwardness.⁸ In addition, the inseparability of a sensed “stream of consciousness” from a new level of the experience of time, basic to both James (1890) and Husserl (1905/1964a) on the inner sense of temporality, brings forward an “existential anxiety” of the unknown of time ahead, now seen as ending in one’s own death and that of all others, and central to Heidegger’s (1927/1962) analysis of adult human existence (see also Langfur, 2014).

On the more socially extraverted side of living, to follow here the discussion of the psychiatrist H. S. Sullivan (1953), if one is fortunate in terms of earlier development, the impetus of this new level of loneliness will be more powerful than the social anxieties that will to some degree have fixated an earlier, more or less defensive self identity, such that the adolescent is pushed forward into the effort needed for a genuine intimacy and objective empathy with real others, increasingly understood as separate persons in their own right. On the more introverted side, and especially for those higher on imaginative absorption/openness to experience and its more typical childhood precursors (Novoa & Hunt, 2009), *and* where sensitivity to earlier anxiety is not too distorting,⁹ these same pressures for accommodation can lead to a

heightened receptive absorption in the structure of an immediate consciousness already structured socially in the form of “universal sympathy.”

The resulting openness to peak experiences and numinous awe can then become self-transformative – their inner social form answering and reconciling the sense of loneliness and isolation, while their sense of a timeless nowness and ongoing beingness transcends the existential anxiety of unknown time ahead. For those most prescient in the direction of a formal affective intelligence, these transformations can be the beginning of a life-long deepening of transpersonal realization. While initiated in adolescence under the stress of vision quests in traditional societies, in more secular societies it may be delayed until the later accommodation pressures of midlife (Jung, 1934; Levinson, 1978) or the spiritual crises of meaning in old age (Erikson et al., 1986). It should not be surprising then that in his research on immediate triggers of transpersonal awakening experience, Taylor (2013) found situations of emotional crisis and turmoil slightly ahead of contemplative experiences in nature and meditation – all of these entailing varying degrees of social isolation as part of their accommodating pressures.

Multiple personal accounts of transpersonal realization show that spontaneous numinous experience seems to require, at whatever stage of adulthood, an awareness and full acceptance of a distinct existential aloneness (Almaas, 1995; Krishnamurti, 1971). It is discussed by Chuang-Tzu on the sage:

After he had managed to see his own aloneness, he could do away with past and present, and...was able to enter where there is no life or death...Singular in comparison to other men, but a companion of Heaven. (1968, pp. 83, 87)

This aloneness is also mentioned spontaneously by modern subjects in experimental settings of meditation and heightened introspection as preceding and initiating numinous “altered state” experiences (Hunt & Chefurka, 1976). Krishnamurti (1971) on the necessity of accepting this felt inner aloneness, against which we normally defend, observes:

Mind is totally involved in chattering...because it has to be occupied. If not...what would happen? It would face emptiness...and this emptiness is the fear of your own loneliness...So go deep into the very depth of this loneliness just to observe it...then you will find that your mind facing this emptiness becomes completely alone...Out of this loneliness comes a quality of silence...without cause and therefore it has no beginning or end...What happens in that silence, there are no words to describe that blessedness...Then you are a light, and that is the beginning and the ending of all meditation. (pp. 92-93)

Along these lines, Almaas (1995) has described this same cycle of aloneness and unitive reconciliation at each stage of transpersonal development, based on a necessary letting go and mourning of one’s previous sense of self identity in relation to others that must re-establish itself anew, however transformed, at each stage of such realization, and then given up again for further realization. This cycle of aloneness and unitive realization offers its own evidence that this is a higher or abstract form of social-personal intelligence.

Conclusions

This view of transpersonal/spiritual development as a form of intelligence – as the abstract development of a formal operations in feeling – will have its controversial aspects.

On the one hand, it would be resisted by the varieties of contemporary “scientism” that see spirituality in cognitive terms as a projective and anthropomorphic “category mistake” (Boyer & Ramble, 2001), or in evolutionary terms as an anachronistic holdover from earlier cultural eras where religion provided an illusory social bond now maintained more “rationally” (Bering, 2006). Instead, if transpersonal realization, individually and collectively, is based on the same formal operations in immediate feeling states that make possible the abstract representational processes that lead into science and mathematics,¹⁰ then spirituality will have its own “truth value” (Hunt, 2006), based not only on that very level of formal operations, but also on its pragmatic effect on the sense of an encompassing meaning and purpose in human life – what Ferrer (2002) refers to as its “participatory” aspects. Once considered as its own abstract social-personal intelligence, these dismissals of spirituality as irrelevant to a modern secular/rational “reason” assume more the status of the “tin ear” that some have for other intelligences – such as music, art, or mathematics.

On the other hand, some transpersonalists, as well as many traditional spiritual teachers, who see transpersonal experience as a literal transcendence to a higher supramundane reality – which certainly is its numinous “wholly other” phenomenology – would see its consideration as an immanent human intelligence – in that sense like any other – as detracting from and falsifying that very phenomenology. Rather, what is being suggested here is that regardless of whether we understand transpersonal realization as the progressive equilibration with a Platonic reality of higher truth or as an immanent human construction – with this same debate similarly unsettled within higher mathematics (Penrose, 1997) – we will still need the present attempt at an epistemology of *how* it is, in Ibn Arabi’s terms, that we can become “capable of God.” That has been the primary task of the present paper. Meanwhile, if the immanent formal operations of mathematics selectively equilibrate with an objective scientific reality, a capacity still not fully understood, it can remain an open question for the similar “beyond” of a formal intelligence of affect.

Finally, the relative simplicity in principle of considering spirituality as the formal intelligence of affect, to match that of representation, combined with its sheer difficulty of personal realization, comparative developmental delay, and its potential distortion by the suffering involved in decentering from earlier anxiety based fixations in self image, actually seems to support a naturalistic version of more traditional religious notions of humanity as “fallen” or “incomplete” – a naturalistic version of the humility and “mystical poverty” of the traditional sage. It can appear that Socrates, Chuang Tzu, or Rumi are just being playfully “ironic” in telling us how simple their spiritual realization really is, when perhaps they are expressing a deeply humbling and somewhat unwelcome truth about the rest of us.

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Notes

¹Gardner (2000), it should be noted, rejects this notion of spirituality as its own intelligence, preferring to posit an overlapping “existential intelligence” of purpose and meaning, since, contrary to the phenomenologies of transpersonal states dating back to James (1902) and Otto (1923/1958), he does not see any intrinsic noetic aspect to the “oceanic” feelings of a “physical” state of trance. It will be part of the specific task of what follows to show that formal operations in feeling are inherent within such experiences.

²There has long been controversy in broader developmental circles (Pascual-Leone, 1990; Richards & Commons, 1990) over the necessity of positing any post-formal level for cognition, since various of its attributes, such as dialectical synthesis, relativity of multiple perspectives, and dynamic system fluctuation, are actually already implied, if not stated, in Piaget on formal operations. This is also reflected in Piaget’s later (1970) interest in Gödel on the intrinsic incompleteness/inconsistency of all formal systems. Arguments for the post-formal (Commons & Bresette, 2006) often confuse the formal-cognitive epistemology that was Piaget’s exclusive focus with recent ontologies of system openness, non linearity, and chaotic self-organizing systems, as newer versions of the systems theories Piaget (1970) had already discussed as included within formal operations. Meanwhile, the equation of post-formality with a later life “spiritual wisdom” (Bassett, 2006; Kohlberg & Ryncarz, 1990) or a societal altruism (Sinnott & Berlanstein, 2006) can be more parsimoniously seen, with Fowler (1981), as successive steps within the formal .

³The older Piaget’s (1981) tendency to limit the “affective schemata” to the energetic, motivational, and evaluative charge within and separate from the “representational” structures of *both* person and thing knowing, and so obscuring the potentially foundational differences of personal meaning and physical causation (see Hunt, 2009), is probably consistent with Vidal (1994) on Piaget’s later disinterest in the earlier hopes of James, Jung, and Flournoy for the empirical study of the mystical experiences that had initially been so central to his younger self (Dale, 2014; Launer, 2014). Since for Piaget these states become “autistic displacements” (Vidal, 1994, p. 201) of the motivational energy of moral content onto concretely egocentric symbols, the states themselves are private, nonrepresentational, and so without “cognitive” significance. A more general equating, basic to the present approach, of “affective” with the sphere of persons in society and “representation” with physical and mathematical knowledge bypasses this *cul de sac*.

⁴Meanwhile Hunt (1995b, 2011) has suggested that the relatively rare classical mystical experiences in very young children (Armstrong, 1984) are best understood as a developmental precocity in affective intelligence, in the same way that childhood “savants” in chess and mathematics show a selective precocity of formal operations in representational cognition. Selective precocity is one of Gardner’s (1983) criteria for his multiple intelligences.

⁵It is interesting to note how well this cartography of transpersonal realizations, based on Ricoeur’s (1992) conceptual structure of personhood, maps onto more traditional distinctions among the world mysticisms from Otto (1932/1962), Stace (1960), and Zaehner (1961) – in terms of introvertive (Otto’s “soul mysticisms”) vs. extravertive/outward (nature mysticism, pantheism), and theism (Deity) vs. monism (Absolute, One). It is central to the present analysis in terms of an intelligence of formal operations that each more specified position in Figure 4, while already an

integration of two or more of Ricoeur's aspects, can be further cross-translated with essentially any other form, implying continuous dimensions of empirical variation among the fourfold structure of socially patterned personhood. Of course any position within this potential experiential convergence on a fully nondual realization can also be shifted "outward" again as its own completed point of ethical resolution for ongoing social dilemma and conduct.

⁶"The body" is the shared "anchor" for both a gestural/metaphoric intelligence of social-personal meaning (Lakoff & Johnson, 1999) and, in its causal manipulative or motoric aspect, for the sensori-motor core of the representational intelligence of physical reality that was Piaget's predominant focus. See Hunt (2006, 2009) for how these two intelligences both partially cross in childhood in the forms of childhood animism (as precursor to spirituality) and a "participatory" teleology of nature (as precursor to technological usage), while ultimately pulling in the separate directions of transpersonal development (as abstract person intelligence) and physical science (as abstract thing intelligence) – very differently re-using metaphoric patterns afforded by the gestalt and flow dynamics of a primary perception.

⁷The present approach to the nondual mysticisms could be termed a "modified" perennialism, allowing for a differential cultural and cognitive shaping of what would most parsimoniously be regarded as a common, if still more rarely completed level of formal operations in affect. Hunt (2012b) has argued that Katz (1978), in his original critique of Otto's (1932/1962) version of perennialism in the various mystical traditions, went too far in simplifying Otto's multi-dimensional phenomenology of the numinous, reducing it to "trance" and making its felt meaning entirely relative to culture. Otto (1923/1958) himself understood specific transpersonal experience as invariably an emergent synthesis of the felt qualities of the numinous with its conceptual/valuative schematizations, such that the earlier critiques of Scheler (1923/1960) and Buber (1957) stand out as issues of relative emphasis, in contrast to Katz's (1978) ideologically based insistence on a complete social constructivism.

⁸There may well be an important difference between Vygotsky (1965) and Winnicott (1971) on a formal process of developmental "internalization," leading cross culturally to an existential crisis of aloneness, isolation, and separation in the adolescent self awareness of a personal "stream of consciousness," and a more specifically Western sense of that consciousness as "inside," "hidden, and so inherently "private" – as the further effect of our extreme cultural emphasis on the mature individual as "autonomous" and "independent." For Kristeva (1987) this leans into an incipient narcissism, as "an internality proper to each individual solitude" (p. 119), and so insulated from the more primary communality of other cultures. This exaggeratedly Western "privacy" of self and soul, adding its own further sense of "unreality" and disconnection from others (Langfur, 2014; Sass, 1992), will make the developmental transition to a formal operations in affect still more difficult and conflicted.

⁹Although the emphasis here is on the positive transition to transpersonal realization as a formal operations in affect, it is necessary to consider how it would be that such a "higher" development can be so conflicted that it can overlap into the psychotic-like states of spiritual emergency (Grof, 1980) and the mystical features of clinical psychosis (Lukoff, 1985); Boisen, 1936/1952). Both Almaas (2004) and the psychoanalyst Bion (1970) have shown how the diffuseness of early childhood trauma can be re-evoked by, and potentially block or distort, the later sense of totality in an adult experience of the "formless infinite." Hunt (2000, 2003, 2007, 2014) discusses some of the specific ways in which transpersonal realization must bring forward these similarly encompassing early instabilities in sense of self. In addition, in the vulnerabilities to psychosis that also characteristically begin to manifest in adolescence, it is striking how their early symptoms (Sass, 1998) precisely invert the more positively integrated aspects of access ecstasy. Instead of an enhanced sovereignty of self there is a diminished or depleted sense of presence; instead of the social communality of awe there is the malevolent isolation of uncanny emotion; instead of an expanded spontaneity and "thatness" of immediate consciousness there appear the intrusive "made thoughts" and "made feelings" of a helpless "hyper-reflexivity" (Sass, 1998); while the opening of body image boundaries in states of energy/bliss become bizarrely intrusive "body hallucinations," with their delusional/paranoiac interpretations. Here a potential, if difficult, expression of a social-personal intelligence suffers its make or break collapse, illustrating both the

difficulty involved and why those not called forth to it by an imaginative sensitivity would tend to buffer and avoid both its higher potential and vulnerabilities.

¹⁰The present discussion of a formal operations in affect, initiated in the adolescent vision quests of traditional shamanic cultures, might seem less certain if we question whether such peoples would actually attain a formal operations in representational cognition. While on the one hand this might entail a conclusion that the average member of a traditional culture is more advanced in terms of feeling, and less in abstract cognition, than the average secular Westerner, it is also the case that Piaget himself (in Bringuier, 1980) questioned whether the representational testing of native peoples suffered from a Western bias in its testing assumptions. Meanwhile, Levi-Strauss (1966) has demonstrated that the complex preparations of medicinal and hallucinogenic substances in mythologically centered cultures actually presupposes, at key points, the same systematic experimentation, reversibilities, and re-combinatory operations, characteristic of modern science.

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THE ENTHEOGEN REFORMATION

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ABSTRACT: In addition to promising leads for treating PTSD, addictions, depression, and death anxiety, 21st Century research at medical schools finds that with careful screening, insightful attention to the variables of set, setting, and dosage, psychedelic drug administration often facilitates significant spiritual experiences, meaningfulness, altruism, well-being, and similar pro-spiritual effects. This article calls for theologians, professors of religious studies, philosophy, sociology, and psychology to update their courses. It challenges leaders of religious organizations, “How can your institution incorporate these practices and benefit from them?”

KEYWORDS: theology, psychedelics, entheogens, history, future, new religious movements, religious studies, mysticism, transcendence

What is an entheogen? The *Oxford English Dictionary* defines it.

Entheogen

The term *entheogen* is used for psychedelics that are intentionally used spiritually, that is, they generate (*engen*) the experience of god (*theo*) within. *Entheogen* was listed in the *Oxford English Dictionary's* September 2007 release of new words: “entheogen. *noun*. a chemical substance, typically of plant origin, that is ingested to produce a nonordinary state of consciousness for religious or spiritual purposes.” (*Oxford English Dictionary*, 2011)

The Entheogen Reformation —A Historical Perspective

Can current religions benefit from psychedelic entheogens? Yes, but it is a culture-wide, decades-long task. If we recognize that entheogens are part of a process of making sacred experiences, often considered revelatory, available to many people—of democratizing them—we see that we are participating in another case of democratizing religion.

Democratizing Text—Around the Year 1500

Around 1500, moveable type and the printing press democratized access to religious texts. The Reformation and the Counter-Reformation followed. General literacy and public education became important so that people could read religious texts. The growing importance of words nourished reason and science. While older religious observances of the prior period continued, new word-centered activities such as reading texts and interpreting them overlaid and overcame the older religion-as-rite era. New interpretations resulted; new churches flourished. Most

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important, text became an increasingly powerful foundation of religious ideas and a standard for judging them. Over time the locus of Western religious activity shifted from rites to reading, from observances to Bible, from participation to verbalization. In *The Case for God*, religious writer and former nun Karen Armstrong (2009) marks the change this way:

The success of the reformers was due in large part to the invention of the printing press, which not only helped to propagate this new idea but also changed people's relationship to text. . . . [A]nd this would make theology more verbose. . . . Ritual was also downgraded. (p. 171) Instead of trying to get beyond language, Protestants would be encouraged to focus on the precise, original, and supposedly unchanging word of God in print. (p. 173)

We need only look at our current religions to see how accurate she is. In contrast to pre-1500, many people today tend to approach religion verbally—through words. Holy books, speaking, beliefs, sermons, catechisms, creeds, dogmas, doctrines, theology, and so on—all these are words. This overemphasis on words shows up today in the way we describe religions—as wordy sets of wordy beliefs. If we ask someone about his or her religion, we expect to hear about beliefs, not what rituals that person performs. The older rites certainly remain and remain important to many people but too often lie obscured beneath a five-hundred-year-year blizzard of words. As the 15th Century printing-based Reformation did then, today's 21st Century entheogen-based Reformation offers to enrich religions too.

Entheogenic enrichment extends to the sense of religious community and social service too, but these topics are beyond the scope of this article. “Raising Values,” Chapter 3 in *The Psychedelic Future of the Mind* (Roberts, 2013, pp. 37-54) discusses entheogen enhanced altruism, shifts in personal values, and related ideas of social service, while contributions to reformulating rituals, ethics, and organizational activities past, present, and future are considered at length in *Seeking the Sacred with Psychoactive Substances* (Ellens, 2014).

Democratizing Primary Spiritual Experience—Around the Year 2000

What do entheogens offer religions? First, it is important to realize that in the 21st Century a strict process of using them has been carefully developed. It is not casually simply “dropping acid” on a Saturday afternoon. Developed within the medical-psychotherapeutic research complex, current procedures call for extensive screening (not for everyone), hours of preparation with two session monitors, the sessions themselves (one person at a time with carefully selected, largely spiritual music), and follow-up sessions to integrate the experiences into their daily lives (Johnson, Richards, & Griffiths, 2008).

What do entheogenic sessions provide? This varies from person to person, depending largely on each person's mindset, but generally they can provide experiential depth to what had previously been abstract words. To most people who are even moderately experienced with entheogens, ideas such as awe, sacredness, eternity, grace, agapé, transcendence, dark night of the soul, born again, heaven and

hell, devotion, divinity, blessedness, adoration, holy, faith, forgiveness, and others take on new depths of meaning; they become alive.

Four questions and their respective answers illustrate the new stage of religious understanding that is unfolding—a transition from word-based religion to a new era of experience-based religion, one whose foundation is an intense, personal experience of sacredness.

Belief. *How would a direct primary spiritual experience affect someone?* A volunteer in a psilocybin study at the Johns Hopkins Medical School's Behavioral Pharmacology Research Unit answers: "The complete and utter loss of self . . . The sense of unity was awesome . . . I now truly do believe in God as an ultimate reality" (Griffiths, Richards, Johnson, McCann, & Jesse, 2008).

Spiritual Awakening. *If this happened regularly, how might wider society change?* Stanislav Grof, (1976, pp. 95-96), summarizing one of the effects of LSD psychotherapy, says: "Even hard-core materialists, positively oriented scientists, skeptics and cynics, and uncompromising atheists and antireligious crusaders such as Marxist philosophers suddenly became interested in a spiritual search after they confronted these levels in themselves."

Religious studies. *What if religious studies programs, divinity schools, seminaries, religious orders, and similar religious educational institutions could teach their students to know this?* Psychotherapist Frances Vaughan, describing her own LSD-based experience, conducted when LSD was legal (1982, p. 109): "I understood why spiritual seekers were instructed to look within . . . My understanding of mystical teaching, both Eastern and Western, Hindu, Buddhist, Christian, and Sufi alike, took a quantum leap."

Spiritual significance. *What if this happened fairly regularly?* Data from the fourteen-month follow-up (Griffiths et al., 2008, p. 626) of the first Johns Hopkins psilocybin study (Griffiths, Richards, McCann, & Jesse, 2006) indicate that "58% of 36 volunteers rated the experience on the psilocybin session as among the five most personally meaningful experiences of their lives, and 67% rated it among the five most spiritually significant experiences of their lives, with 11% and 17%, respectively, indicating that it was the single most meaningful experience, and the single most spiritually significant experience."

These things have happened, and, in spite of a begrudging society, others like them are happening to thousands of people. They appear to happen rarely in churches or during religious services or retreats. At religious educational institutions they occur only extracurricularly, even stealthily, but in some scientific research laboratories they are occurring regularly, assisted by psychedelics.

Moses: All my People Prophets

"What would be the impact if the reported positive behavior changes also turned out to be real?" asks Mark Kleiman rhetorically (2011). He is Professor of Public

Policy at the NYU's Marron Institute, a highly regarded specialist in drug policy, and author of *Drug Policies: What Everyone Needs to Know* (Kleiman & Caulkins, 2011). He answers his rhetorical question (Kleiman, 2011):

We might witness, within a few years, the fulfillment of Moses' prayer: "Would that all my people were prophets!" People unafraid to die might act differently than the currently accepted norm. Just how much enlightenment can our current social order absorb? We may be on the road to find out.

The Entheogen Reformation — Today's Perspective

We are transitioning from an era of word-based religion to an era of experience-based religion. This change may turn out to be as broad and as deep as the religious reformation five hundred years ago when text-based religion replaced the then dominant rite-based religion. Books on the entheogenic uses of psychedelics such as J. Harold Ellens' 2014 two-volume *Seeking the Sacred with Psychoactive Substances* and the anthology *Spiritual Growth with Entheogens* (Roberts, 2012) document this transition. Where do we see it happening? And Why?

Nones

Surprising at first, divinity schools and seminaries are one place. On October 17, 2015, Samuel Freedman wrote in the *New York Times*, about the "nones," as he called them: "students who are secular or unaffiliated with any religious denomination, commonly known as 'nones,' attending divinity school" (p. A12). They select these schools not for their theology or for their church-related affiliations, but because they offer perspectives in morals and in public service. Freedman fails to spot that for some nones (perhaps many) their entheogenic experiences are one root of their spirituality and their social concerns.

Experimental Evidence

In both of their 2006 and 2008 papers on the effect of psilocybin mystical experiences with carefully selected, mature, and healthy adults (Griffiths et al., 2006; Griffiths et al., 2008) the psilocybin research team at the Johns Hopkins School of Medicine reported that about 1/3rd of the volunteers said these experiences were among the five most spiritually meaningful in their lives, another 1/3rd the single most. Some volunteers felt confirmed in their beliefs about God; others interpreted their experiences secularly. As a whole, they also boosted their altruism, sense of well-being, positive attitudes about life, and openness (Griffiths et al., 2008). These are results seminaries and divinity schools might envy.

Spiritual, Not Religious

A third source of the Entheogen Reformation is people who describe themselves, "I'm spiritual, not religious." Like the nones, from their position, they prefer to

drop what they consider theological baggage and escape weighty ecclesiastical hobbles. Rather than seeing a church as a bridge to God or restricting their spiritual growth to textual sources, they prefer direct, personal spiritual experience in transcendental states of consciousness. Some alert current theologians are spotting this trend and are another flow into the Entheogen Reformation.

Harvey Cox's Moksha

Now-retired, Harvard theologian Harvey Cox notes in *The Future of Faith* (2009) that many people “who want to distance themselves from the institutional or doctrinal demarcations of conventional religion, now refer to themselves as ‘spiritual.’” He sees an emerging Age of the Spirit “in movements that accent spiritual experience,” “pay scant attention to creeds,” and show “resistance to ecclesiastical fetters” (p. 10).

In *Turning East*, a 1977 book, Cox described his peyote experience many years before:

What I felt was an Other moving toward me with a power of affirmation beyond anything I had ever imagined could exist. I was glad and grateful. No theory that what happened to me was “artificially induced” or psychotic or hallucinatory can erase its mark. “The bright morning stars are rising,” as the old hymn puts it, “in my soul.” (pp. 47–48)

Perhaps calling on this experience, in *The Future of Faith*, he questions (2009, p. 24), “Might the capacity for awe be enhanced by a drug similar to the ones that enhance memory or alertness?” Later Cox mentions a prayer: “Give us this day our daily faith, but deliver us from beliefs” from Aldous Huxley’s novel *Island* (1962) in which daily faith arose from a fictional entheogen, “moksha.” Psilocybin, ayahuasca, LSD, mescaline, and similar entheogens are today’s real-life mokshas.

Saint Thomas's Induced Contemplation

Probably the best-known—and the least followed—example of progressing from words to experience comes from the ultimate Catholic wordsmith, St. Thomas Aquinas. After building an army of concepts, an “infused contemplation” convinced him that everything he had written, thought, and argued “was no better than straw or chaff,” and he stopped writing on his unfinished book (Pius XI, 1923). St. Thomas’s preference for primary spiritual experience is widely echoed today.

Huston Smith's Empirical Metaphysics

Probably the most widely esteemed current reference to entheogens comes from Huston Smith’s *Cleansing the Doors of Perception: The Religious Significance of Entheogenic Plants and Chemicals*, (2000). Referring to entheogens, he titled his first chapter “Experimental Metaphysics.” In his Preface, Smith refers to Aldous

Huxley, “. . . nothing was more curious, and to his way of thinking, more important, than the role that mind-altering plants and chemicals have played in human history” (p. xv). He cites “[William] James’s point that no account of the universe in its totality can be taken as final if it ignores extraordinary experiences of the sort he himself encountered through the use of nitrous oxide.” “This entire book,” Smith adds, “can be seen as an extended meditation on those two ideas” (p. xv).

Good Fruit

It is mistaken to see entheogens as threatening current religion; they, like the printing press before them, present new visions of religion and, as with the printing press, it depends on how we use them. William A. Richards has summarized his decades of thought on this topic in his 2015 book *Sacred Knowledge: Psychedelics and Religious Experiences*. In addition to advanced degrees from Yale Divinity School and Andover-Newton Theological School and a Ph.D. from Catholic University, he served on the staff of the LSD psychotherapy program at Spring Grove Hospital and Maryland Psychiatric Research Center. Now he combines these backgrounds as a principal session monitor in the current Johns Hopkins Department of Psychiatry’s Behavioral Pharmacology Research Unit, which is doing legal psilocybin research.

Looking at scripture, theology including creeds and traditions, social dimensions, and religious experiences — in *Sacred Knowledge*, he writes, “Primary religious experiences may well provide wisdom and vitality that may illumine and strengthen these other religious pillars; however, in my judgment, they do not render them less important” (p. 27).

Later in the section “Underdeveloped Areas of Religious Thought,” he lists some examples of deeper understandings that entheogenic experiences contribute:

- theological scholarship — acknowledgement of both unitive consciousness and devotion to the divine in personal manifestations, Christ, Shiva, and others
- death of the ego — dying to the self and becoming a new being in Christ
- sin — redemption or salvation as establishing a conscious connection with the sacred dimensions of consciousness
- religious symbols — a metamorphosis from symbols as intellectual concepts to spiritual realities bursting with significance such as the Eucharist and sacredness of the altar
- prophets and prophecy — appreciation for the visionary realms that prophets encountered
- scriptures — written by humans who personally experienced alternative states of awareness.

Where do we go from here? Because the entheogenic path of spiritual growth is currently illegal for most citizens with a few exceptions, practice will have to wait, but becoming informed via reading is widely available. Eventually, “Perhaps the next step,” as Richards hopes, “would be to extend legal authorization to retreat

and research centers, staffed by professionals with both medical and religious training, who understand the art of wisely administering these substances to those who wish to receive them” (2015, p. 177).

Envoi

Children of a future age,
Reading this indignant page,
Know that in a former time
A path to God was thought a crime.
— after William Blake

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Started in 1981, Tom Roberts taught the world's first psychedelics course listed in a university catalog. In medicine, he is co-editor of the 2-volume *Psychedelic Medicine: New Evidence for Hallucinogenic Substances as Treatments*. In religion, he edited *Spiritual Growth with Entheogens: Psychoactive Sacramentals and Personal Transformation* and is a major contributor to J. H. Ellens's *Seeking the Sacred with Psychoactive Substances: Chemical Paths to Spirituality and God* (2 volumes). In the humanities, he formulated Multistate Theory in *The Psychedelic Future of the Mind: How Entheogens Are Enhancing Cognition, Boosting Intelligence, and Raising Values*. Most recently, *The Psychedelic Policy Quagmire: Health, Law, Freedom, and Society* (co-edited) addresses the complex of issues across these fields, notably academic freedom. He is Professor Emeritus in the Honors Program and in Educational Psychology at Northern Illinois University.

TRANSFORMATION AND SUBJECTIVITY IN SPIRITUAL EMERGENCE AND EMERGENCY: A DISCOURSE ANALYTIC STUDY

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ABSTRACT: Discussions of *spiritual emergence* and *spiritual emergency* have often revolved around the difficulty of discerning spiritual experience from mental illness. This post-structural approach attempts to move beyond these dualisms to a socio-historically contextualized account of how spiritual emergence and emergency are constructed. A qualitative design was based on in-depth, semi-structured interviews with 12 Australians – seven who identified as having experienced a spiritual emergence or emergency, four therapists who worked with the spiritually emergent, and one who identified as both. Participants constructed spiritual emergence and emergency as part of a transformative, meaningful movement of growth and evolution towards wholeness. The spiritually emergent self was constructed as dual – with a superficial self that could dissolve or shatter; and a true, essential self. An expanded sense of embodiment was associated with a reorientation to a more spiritual form of subjectivity. This study highlights problems with viewing spiritual emergence and emergency as individual conditions, and opens discussions of the multiple and contradictory subjectivities available to the spiritually emergent. Implications for treatment are suggested.

KEYWORDS: spiritual emergence, spiritual emergency, psychosis, spirituality, discourse analysis, subjectivity.

Instances of such confusion are not uncommon among people who become dazzled by contact with truths too great or energies too powerful for their mental capacities to grasp and their personality to assimilate. (Assagioli, 1989, p. 36)

The terms *spiritual emergence* and *spiritual emergency* were coined by Christina and Stanislav Grof, probably in or before 1980 (Prevatt & Park, 1989). In a spiritual emergence, spiritual experiences are seen to arise in ways that allow for a gentle integration and a gradual movement into new levels of awareness (Ankrah, 2002; Grof & Grof, 1991), whereas a spiritual emergency is a developmental crisis in which the sense of self is temporarily overcome by intense experiences (Collins, 2007). With appropriate support, a spiritual emergency may bring positive outcomes including increased personal functioning and a change of orientation to more spiritual aspects of self (Grof & Grof, 1991). Spiritual emergencies can be triggered by difficult life events, intense sexual experiences, drugs, spontaneous spiritual experiences or spiritual practice (Bragdon, 2013; Grof & Grof, 1989b) and involve “non-ordinary” states of consciousness with various perceptual, sensory, and emotional changes that often are related to mythical or spiritual themes (Grof & Grof, 1991).

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A number of therapist-researchers have proposed similar concepts that describe psychosis-like experiences that are transformative in nature rather than being solely destructive (Boisen, 1962; Lukoff, 2007b; Perry, 1999). Phillips, Lukoff, and Stone (2009) argue that spiritual experiences within psychosis have been ignored in conventional psychiatry but can be important aspects of a healing process if acknowledged, expressed and supported.

Discerning between a spiritual emergency and a mental disorder has been a point of discussion in the literature (Grof & Grof, 1991; Lukoff, 2007b) and has been considered particularly important for reducing the harm caused by inappropriate psychiatric treatment (Phillips et al., 2009). Brett (2010) and Clarke (2010a) question the usefulness of distinguishing between a psychotic breakdown and a transformative crisis (or spiritual emergency) whilst acknowledging the potential dangers of psychosis. Both are seen to contain experiences that are common and core to human experience, can have transformative possibilities as well as potential for bringing about vulnerabilities, and require appropriate treatment (Clarke, 2010a).

The classification of experiences as pathological or not highlights the importance of social, historical and discursive contexts in understanding the “nature” of conditions - an idea central to poststructuralist thought (Foucault, 1972). Poststructuralist explorations of psychosis and other mental health conditions (Blackman, 2001; Malson, 1998; Ussher, 1991) have problematized concepts of normal and abnormal, and the individualizing of conditions, because they rest on realist and essentialist notions of reality and of the subject. Poststructuralism assumes that the relationship between language and human subjectivities, power, and knowledge, is not transparent. Language is a precondition of thought and constitutive of reality (Burr, 1995) and conditions such as spiritual emergence and emergency or psychosis do not exist “out there” but are located within discourse.

A discourse is a group of statements, images, practices, representations, metaphors, stories, and so forth that produces a certain “truth” or version of people or events (Burr, 1995). Symptoms of mental conditions “are not things hiding inside the person which a psychologist can then ‘discover’ but are created by the language that is used to describe them” (Burman & Parker, 1993, p. 1).

One of the criticisms raised regarding constructionist, poststructuralist approaches is that, in some formulations, they have ignored extra-discursive reality and the material effects of discourse, viewing everything as socially constructed (Ussher, 2008). Material-discursive approaches, including concepts of embodiment, have responded to this schism by acknowledging the existence of extra-discursive reality, but see this reality as represented discursively and mediated by social, cultural and political factors (Nightingale & Cromby, 1999; Ussher, 2008). In this vein it is important to note that powerful experiences reached through such things as spiritual practices, psychedelic drugs, sexual experience, or psychosis are not reduced to mere constructions or discursive units, but on the other hand, acknowledge that they are represented within socio-cultural discourses.

In this article I will explore spiritual emergence and spiritual emergency through a poststructuralist lens, acknowledging both material and discursive. I will first briefly review literature on spirituality within Western psy¹ disciplines, including spiritual emergence and emergency, and discuss historical and cultural influences that have produced the spiritually emergent subject. I will then report on the findings of a research study that explores the discursive resources drawn on by people who are going through a spiritual emergence or emergency, and therapists who have accompanied them. My objective is not to provide an exhaustive discursive comparison between psychosis and spiritual emergency, but to explore how spiritual emergence and emergency are produced within discourse, making meanings for embodied, lived subjectivities. The use of a poststructural approach opens up discussions of the multiple and contradictory subjectivities available to people who are experiencing spiritual emergence and emergency, and their therapists. The findings of this study have implications for treatment.

Spirituality within Western Psy Disciplines

Cultures tend to favour either the rational or the intuitive with dominant and subjugated ways of knowing (Douglas-Klotz, 2010). In the West, great value has been placed on rational, scientific discourses (Fenwick, 2010) whereas spiritual and religious experiences have historically been pathologized, suppressed or ignored (Clarke, 2010b; Lukoff, Turner, & Lu, 1992; Tart, 1969). In three major psychological fields - psychoanalysis, behaviourism and rational emotive therapy (one of the main early forms of cognitive therapy) - spirituality and religion were seen as illusory or unimportant (Lukoff et al., 1992).

The development of Transpersonal psychology from Humanistic psychology towards the end of the 1960's took a different stance to the dominant psychological models at the time. It was concerned with the study of human beings' highest potential in relation to transcendent values, aspirations and experiences (Maslow, 1969) with spirituality viewed as an integral part of an evolutionary movement towards wholeness and realization of one's potential (Grof & Grof, 1989b). A transpersonal approach can also be seen as responding to the flourishing of experiences of altered states of consciousness related to the hippie era in the 1960's with the widespread use of hallucinogenic drugs (Fenwick, 2010) as well as the importation of Eastern spiritual practices and concepts into the West. Lukoff (2007b) comments that both of these factors triggered many *Visionary Spiritual Experiences (VSEs)*, an alternative term that he proposes for a form of spiritual emergency. Lukoff (2007b) suggests that the growing participation in spiritual practices and groups that promote spiritual concepts and practices in the West is likely to result in a greater incidence of such crises.

The biomedical model has dominated the conceptualisation and treatment of psychosis with a focus on symptoms, diagnosis, and medication. There has been no or very limited acknowledgement of social, psychodynamic, or spiritual factors (Cornwall, 2002) although spiritual factors are increasingly finding their way into

¹ Psychiatry, psychology, psychotherapy and related disciplines.

treatment approaches (Clarke, 2010b; Lukoff, 2007a). The spiritual content of psychotic experiences has been dismissed as “merely ‘illness’” (Clarke, 2010b, p. 2) rather than being part of a holistic approach that values individuals’ subjective experiences. Despite spiritual experiences being common within the population (Back & Bourque, 1970; Lukoff et al., 1992), those seeking assistance for religious or spiritual issues have often been viewed as displaying signs of mental illness (Lukoff et al., 1992).

The inclusion of spirituality and religion in the lives of people with serious mental illness has been seen as problematic for many mental health practitioners (Fallot, 2001). This stems from ideas that spirituality and religious ideation may exacerbate symptoms of disorganization, trigger self-harm or harm to others, and that the perceived rigidity of religious beliefs may worsen a person’s condition and promote lack of adherence to treatment recommendations (Fallot, 2001). Yet there is now strong evidence that points to the positive role spirituality and personal growth play in the treatment and recovery from mental illness (Jacobson, 2001; Lukoff, 2007a). In narrative studies of people experiencing mental illness, spirituality and religion were seen to help with coping and decision making (Brett, 2010; Sullivan, 1998), providing a sense of wholeness and cohesion (Fallot, 1998; Sullivan, 1998), providing social support and also supportive relationships with helpful higher beings (Fallot, 1998; Sullivan, 1998), bringing deeper meaning and knowing (Brett, 2010) and instilling hope on a difficult spiritual journey (Brett, 2010; Fallot, 1998). Drawing on the language and practices of discourses of spirituality has significant material effects in the ways that participants of these studies live their lives and experience themselves as subjects. This concept of *subjectivity* or selfhood will be discussed later in more depth.

There has been a growing paradigm shift in which spirituality and its place in mental health is being taken more seriously, although the phenomenological overlap between psychotic and spiritual experiences and recognition of the role of spirituality in psychosis is slower to gain acceptance as it does not fit easily with a traditional illness model (Clarke, 2010b).

Spiritual Emergency

The concept of spiritual emergency has been built on and influenced by a number of clinicians who have worked with alternative approaches to psychosis. These approaches have incorporated spirituality as an important and necessary aspect of human nature and also as an important part of the resolution of the crisis. For example, one of the purposes of analysis for Jung (1969) was to bring out experiences of the *numinous* in the client - experiences endowed with a quality of divinity. His approach to psychosis involved using the subjective experiences of the client to bring about healing (Perry, 1975). Pastoral counselor Anton Boisen (1962) proposed that many psychoses are problem-solving in nature and related to religious experiences. Julian Silverman has been a key influence to the development of alternative approaches to psychosis with cross-cultural research (1967), and alternative treatment approaches. He was involved in a medication free, supportive residential treatment program for those experiencing brief psychosis at

Agnews State hospital in California. He and colleagues undertook a large double blind study in which it was found that there was a large number of participants who improved without medication and did significantly better in terms of long-term functioning (Rappaport, Hopkins, Hall, Belleza, & Silverman, 1978). In the 1970's John Weir Perry ran a residential program, "Diabasis," based on a Jungian model, for young adult clients experiencing their first acute psychotic episode. He recognized rich mythological themes and patterns that were similar to the visionary states of societal leaders. He proposed that, to provide proper treatment, distinctions needed to be made between those who were experiencing a visionary state, those caught in a process of auto-reorganization, and those whose condition would deteriorate into schizophrenia (Perry, 1999). Mosher (1999) started a residential program, "Soteria," for people undergoing acute psychosis that was supportive of patients' altered states of consciousness. In addition, R.D Laing founded the first residential treatment centre of its kind in the United Kingdom. He believed that people undergoing a psychotic disturbance were experiencing a type of journey that could lead to increased authenticity, integration and alignment with divine principles through dissolution of a dysfunctional, superficial self (Laing, 1989).

In the mid 1980's a transpersonal approach emerged to psychosis-like experiences (Phillips et al., 2009) with Stanislav and Christina Grof (1989b) using the term "spiritual emergency" to denote a profound crisis point in a spiritual emergence. They defined ten types of spiritual emergency that are now broadly accepted (Bronn & McIlwain, 2015) including shamanic crises, kundalini awakenings, unitive or peak experiences, psychological renewal through return to the centre, psychic opening, past-life memories, communication with spirit guides and channelling, near-death experiences, UFO encounters, and possession states (Grof & Grof, 1989b, 1991). Around the same time Lukoff published his initial proposal for a category in the DSM: *the diagnosis of mystical experience with psychotic features* (1985). It examined the overlap between mystical experiences, similar to those noted in spiritual texts and non-Western cultural contexts; and psychotic episodes; and called for recognition of the growth potential of some psychoses with suggestions for differential diagnosis.

The Grofs' initial diagnostic criteria to discern a spiritual emergency from a mental disorder included good pre-episode functioning; perceptual alterations; themes related to mythology, birth and death, usually with a noticeable progression; experiences being viewed positively as spiritual or healing; the ability to relate to others, trust and maintain a therapeutic relationship; awareness of the interior nature of the experiences and ability to keep the experiences internalised (Grof & Grof, 1991). Lukoff's criteria for a *Visionary Spiritual Experience* (VSE) added ecstatic mood as a usual feature (2007b). In addition to good pre-episode functioning, and a positive and exploratory attitude towards experiences; acute onset with symptoms appearing over 3 months or less, with no risk of suicide or harm to others distinguishes a VSE from "ordinary" psychosis (Lukoff, 2007b). A strong relationship between psychosis and spiritual emergency was identified by Goretzki, Thalbourne and Storm (2014; 2009, 2013) who suggested that there may be no difference between the two; however, Bronn and McIlwain (2015) have recently shown that spiritual emergency is a distinct construct, crossing over with

positive aspects of psychosis but distinguished from the negative aspects by the absence of alogia.

Misdiagnosis of a spiritual emergency can be harmful due to inappropriate treatments being administered and a lack of helpful context (Bragdon, 2013; Grof & Grof, 1991; Phillips et al., 2009). Concerns from transpersonal clinicians about mental health professionals pathologizing distress related to spiritual experiences and practices became the impulse for proposals for inclusion of a category in the DSM-IV (Lukoff, Lu, & Turner, 1998). The acceptance of *Religious or Spiritual Problem* (V62.89) as a focus for clinical attention, rather than a disorder, underlined the non-pathological nature of the category. The proposal was based on the large number of spiritual and religious issues that people reported in therapy rather being specific to spiritual emergency. Inclusion in the DSM was a leap forward in the recognition of cultural and spiritual factors in psychological distress, a doorway for the recognition of spiritual emergencies, and a shift in perspective towards religion and spirituality (Lukoff et al., 1998).

Spiritual emergency literature draws on cross-cultural studies that describe how cultural and historical context has been shown to provide vastly different interpretations of whether an experience is deemed pathological or not (Phillips et al., 2009; Prince, 1992; Silverman, 1967). Experiences of people going through similar crises in non-pathologizing contexts have been cited to support the concept of spiritual emergency (Grof & Grof, 1991; Kalweit, 1989; Lukoff, 1985, 2007b). These studies have pointed to the recognition that psychiatric diagnosis is not an objective or value free activity, but is laden with cultural beliefs and impacted by the clinician's knowledge and assumptions (Fukuyama & Sevig, 1999; Johnson & Friedman, 2008). This has also been discussed by poststructuralist authors examining the construction of psychiatric illness (Foucault, 2001; Rose, 1979). Spiritual, religious, and transpersonal problems have been a particularly difficult area for differential diagnosis due to clinician's lack of cultural awareness or belief in these factors (Johnson & Friedman, 2008; Lukoff, Provenzano, Lu, & Turner, 1999). Therapists with a humanistic or transpersonal perspective tend to recognize these experiences more readily (Johnson & Friedman, 2008).

Context and cultural knowledge is not only important in diagnosis, a spiritual emergence is more likely to become an emergency when a) a person lacks a helpful context for the experience that assists them to understand and accept the experiences they are having, b) there is a lack of physical and psychological flexibility to allow the person to integrate the experiences into their life, and c) symptoms are viewed and treated as negative, psychopathological, and without growth potential by friends, family and professionals helping the person (Bragdon, 2006).

Appropriate treatments for a spiritual emergency should be supportive, involve grounding activities and diet, occur in a protected and calm environment, include expressive activities such as movement or art, may or may not involve medication, and would ideally involve engaging with the experiences supported by a transpersonally trained therapist (Grof & Grof, 1989a, 1991; Lukoff, 2007b).

The Spiritually Emergent Subject

The word *subject* has been used in poststructuralist writings to speak of experiences of self. Subjects are not seen as fixed or singular entities but are always located within discourses and discursive practices and produced by these (Henriques, Hollway, Urwin, Venn, & Walkerdine, 1998). In contrast, spiritual emergence and emergency literature tends to adhere to widespread notions of the subject that can also be seen operating throughout the psy sciences. This particular formation of the individual has been described as unitary, rational, self-regulating and autonomous, that is, divided from the social, cultural and historical norms that define it (Blackman & Walkerdine, 2001; Henriques et al., 1998; Rose, 1979).

Poststructuralist notions of subjectivity challenge the idea that individuals exist separate to discourse and society. Essentialist ideas of a hidden psychological truth within, divisions between internal and external phenomena, and ideas of surface and depth, are all seen as discursively constructed (Malson, 1998). Instead there is a conception of subjectivity as multiple, shifting and always constituted in discourse. In this way, the truth of spiritual emergence and the spiritually emergent subject must be seen as embedded in and in relation to certain cultural norms.

In an analysis of the DSM and the ICD, Parker, Georgaca, Harper, McLaughlin, and Stowell-Smith (1995), explore how these texts produce various pictures of the individual as “abnormal.” They describe the diagnostic categories as discursive complexes which powerfully define what is considered abnormal and normal in society. The complexes are created by professional organizations, serve a variety of interests, and have an historical and cultural context.

In order to discern a spiritual emergency from a mental disorder, clinicians draw on psychiatric and psychological discourses. Blackman (2001) describes the process of determining a “real” hallucination from a “pseudo” one, using what she calls the “conceptual armory” (p. 20) of psychiatric discourse. She refers to a constellation of concepts measured against social functioning and a person’s ability to recognize the interior nature of their symptoms that signal whether someone who is having auditory hallucinations is experiencing disease. Her key point being that these experiences do not “speak for themselves” (Blackman, 2001, p.28) but are embedded in cultural systems of meaning. She refutes the idea of an ahistorical and asocial, “timeless mind” (Blackman, 2001, p. 27) saying that psychiatry has always incorporated notions about normality and abnormality in reference to social functioning and social norms. Rather than being intrinsic to the mind itself - an essentialist view - these notions have been sourced by historians (Foucault, 2001; Rose, 1979).

Commonplace notions held in spiritual emergence and emergency literature such as transformation, spiritual evolution, change of identity, spiritual experience and the self are called into question as they are located socio-historically within discourse. Ideas of liberation, transformation and evolution are defining factors of spiritual emergence and emergency and are seen as an innate capacity in all of us (Bragdon, 2013; Grof & Grof, 1989b). Grof and Grof note that “spiritual development . . . is a movement towards wholeness, the discovery of one’s true potential” (1991, p. 1).

When located within discourse, transformation becomes a set of characteristics that is specific to particular social, historical and political environments.

Concepts of transformation in the psy sciences as mapped out in poststructuralist critiques are founded on two principal factors. The first revolves around ideas of the individual subject based on 19th century notions of the *enfeebled* personality elucidated by Rose (1979). He posits that with the development of concepts of intelligence and resultant mental testing, the individual was defined in terms of invisible psychological problems “inside” (which only experts and tests could discover) that were then linked to notions of biological lack. Individual psychology became a way of monitoring and classifying those who were socially problematic such as the unemployable or those that could not be schooled. Blackman (2001) sees the concept of *feeble-mindedness* as still prevalent in psy discourse today. Venn (1998) and Ussher (1991) also see this as the basis for more liberatory forms of psychology such as Humanistic psychology (and Transpersonal psychology), with its emphasis on self-actualization or self-transcendence, that in other ways subvert dominant psychological paradigms.

Blackman (2001) discusses how the personality became a site of possible breakdown and transformation in shell shock cases in the First World War, demonstrating how psychopathology could occur independently of brain damage. She says that notions of a “healthy ego” became important to tell the difference between “inner” and “outer” reality and an individual’s essential genetically-determined vulnerability to environmental stressors became an important factor in possible breakdown. Post war and in the 1950’s and 60’s, there was a growth of psychological methods for working on the “normal mind” (Blackman, 2001, p. 160) and a shift to the construct of the personality. Humanistic ideas of inborn potential abounded whilst an inborn vulnerability indicated the reasons for breakdown or malfunctioning. However, as Blackman (2001) posits, the type of individual understood to be a prevalent ideal in Western society, that is the rational, unitary, autonomous self, may actually be the cause of breakdown, as well as the incitement to transform. Secondly, notions of self-actualization and transcendence (usually seen as being separate to societal mores) are seen as the illusory goals of selfhood (Blackman, 2001; Henriques et al., 1998).

Spirituality is seen as something that can help a person evolve towards a complete self, a self that is “good, true, rational, authentic and unified” (Coombes & Morgan, 2001, p. 12) with an essence that is seen as beyond culture, gender and history. Enlightenment, the peak of spiritual life, is viewed as a humanizing and evolutionary process focusing on the subject’s ability to separate him or herself from the influence of the external world (Blackman, 2001). Ideas of the subject as separate to society, and thus discourse, have been shown to be untenable in the light of poststructuralist discursive approaches. However it is this idea, naturalized as “normality” in psy discourses, that is so formational in creating subjects (Henriques et al., 1998).

Michel Foucault sought to deconstruct ideas of the transcendental subject both in psychology and in Christian theology as well as the unities (in this case God and the transcendent ideal of psychology) that he saw as restricting and regulating

humanity (Carette, 2000). Foucault's approach to unity was to show how knowledge was obtained only in relation to cultural forms. Constructs of unity, wholeness and self-realization are widespread and can also be seen in various religious and spiritual texts, often with different (and discourse specific) ideas of what it means to be a person than those already discussed.

Method

This study used a qualitative design based on in-depth, semi-structured interviews with people who identify themselves as experiencing a spiritual emergence or emergency and therapists. A discourse analysis was applied to interview transcriptions. The research project was undertaken as part of a Postgraduate Diploma of Psychology at Western Sydney University in Australia. Interview questions were designed by Catherine Sinclair and Danielle Bagoien and six interviews were conducted by each researcher. Analysis of interviews and research papers were written up separately.

Participants and Recruitment

Twelve participants were interviewed, seven with people who described themselves as going through an experience of spiritual emergence or emergency (four women and three men) and four therapists (two men and two women) who described part of their role as working with people undergoing such experiences. One additional interview was with a man who was questioned both in his role as therapist and as someone who identified as having been through a spiritual emergence and emergency (defined in interview excerpts as "therapist and SE"). Both therapists and the spiritual emergent were interviewed as it was deemed important to see how both parties utilized language and contributed to the discursive production of spiritual emergence or emergency.

Participants were aged between 26 and 51 years. They were not selected in line with any diagnostic criteria suggested in spiritual emergency literature but designated themselves as spiritually emergent. The reasoning behind this was to explore the contradictions and ambiguities that arose with people who identified with the concept of spiritual emergence in its social setting, rather impose our own ideas of the "real" nature of spiritual emergence and emergency.

After ethics approval was received, spiritual emergence and emergency participants were contacted through a variety of sources: at a conference on spirituality and mental illness (posters that detailed the study and asked for volunteers were placed on noticeboards), by making themselves known to the researchers when spiritual emergency was mentioned in conversation, or were personally known to the researchers through prior contact. Therapists who were known to work with people who were spiritually emergent were contacted personally. Both groups were given information about the study, and if they expressed interest, were given consent forms to agree to take part.

Procedure

In-depth, semi-structured interviews of approximately 45 minutes each were undertaken. Spiritual emergence participants were asked about their experiences of spiritual emergence or emergency and their sense of identity. Therapists were asked about their experiences of working with people undergoing spiritual emergence or emergency, their methods of working with them, how they helped them to come to a sense of their identity in such an experience and how they perceived differences between mental illness and spiritual emergence. Interviews were recorded and transcribed by the researchers verbatim however importance was placed on the readability of transcripts rather than exact details of speech features (as per Marshall & Wetherell, 1989). All names and personal details were changed to protect the confidentiality of participants. After transcribing, interviews were coded for dominant discourses or constructions and the most common were selected for analysis. As analysis consisted of exploring the discourses, constructs and discursive resources drawn on by participants, specific features of speech were not focused upon.

Rather than an attempt to ascertain “facts” about spiritual emergence or emergency or about the people interviewed, the aim was to elicit discourses and discursive constructions used by participants.

While methodologically the focus was on discursive constructions, this is not simply seen in terms of language. Taking an identity as spiritually emergent has embodied effects in the way participants see and live their lives, experience their bodies, position themselves within discourses and in the world and give meaning to their experiences. Embodied experience cannot be separated from the ways in which it is understood and acted upon (Blackman, 2001; Ussher, 1997).

Results

The Discursive Production of Transformation in Spiritual Emergence

As mentioned above, ideas of transformation feature prominently in spiritual emergence/emergency literature as well as in psy discourses and discourses related to spirituality and religion. Participants used language that described spiritual emergence and emergency as part of a transformational and evolutionary movement. Across participant accounts this concept of linear evolution was key in where people envisaged they or their clients had come from and were moving towards.

For example, Anthony, who described himself as a Transpersonal therapist, and Daniel, who described himself as a psychodynamically trained therapist, convey that true spiritual growth and this movement along an evolutionary path is what helps define a “real” spiritual emergence/emergency:

Anthony (therapist): So I think the number of cases of genuine and pure, clear spiritual emergency where the client is moving into a definite further state of

development that um, [is] much beyond what they've been experiencing is quite, quite rare.

Daniel (therapist and SE): So of recent times, one person I have been supporting did seem to have an experience which could lead into real spiritual growth. He is still going through the processes but um, whereas others I've met, there is no progress at all.

In these accounts progress and movement are seen to be important defining factors that place experiences in the category of spiritual emergency rather than the pathological. Those people who are progressing along the path are seen by therapists as a rare class who are undergoing a "real" spiritual emergency. This construction contrasts with studies of alternative approaches to psychosis that indicate many people can recover from psychosis without going into a traditional hospital setting or taking anti-psychotic medication. For example, psychotic clients of Diabasis, a Jungian based residential program, became coherent within two to six days without medication (Perry, 1999). The Soteria study found that 67% of patients recovered within six weeks from severe psychosis without medication in a supportive, residential program, and were living more independently than the medicated hospitalized control group after two years (Mosher, Vallone, & Menn, 1995). Rappaport et al. (1978) had similar results for un-medicated hospital inpatients.

People undergoing experiences that form part of their spiritual emergence often construct their experiences in terms of known higher states of union (for example *samadhi*) or new psychic capacities, indicating some movement towards higher states or levels of psychic achievement as in the cases of Jill, a 37 year old social worker who described her spiritual emergence as taking place due to meditation practices and signalling the end of a struggle with an eating disorder, and Gina, a 32 year old artist:

Jill: and for a while I guess I was sort of thinking [laughter] I had this thought for a while maybe that was *samadhi*, maybe that was that level of consciousness to which all yogis aspire to arrive at.

Gina: So they believed that if I didn't go to the hospital and get on medication that my mind would just simply burn out from the stress of living like that. Um. That didn't concern me at all. You know I actually could have gone quite well doing that, I would have, I believed that it was like a new psychic gift that was happening for me.

Notably, Gina's perception of her "gift" was seen quite differently by hospital staff whose construction of her problem rests on biomedical discourse. After a series of hospital visits Gina was given a diagnosis of schizophrenia. What is not visible in the excerpt above is the loss and distress that Gina expressed with her gift being diagnosed as a mental illness, because Gina saw her gift not as a problem but as a boon.

Therapists constructed spiritual emergence as an evolution towards wholeness and an awareness of the interconnectedness of everything. These ideas are popular in new age literature and in established Eastern religions such as Hinduism, and are contradictory to a Western biomedical reductionist approach dominant in modern psychiatry (Cohen, 1993). Brett (2010) comments on similar themes in her research on transformative crises. Changes in the sense of self associated with a positive outcome to psychotic-like experiences included increased awareness of connectedness of self with other people and the world, and erosion of a sense of separation between self and world (Brett, 2010).

Ben described himself as a coach, spiritually oriented therapist, and yoga teacher, and Amanda described herself as a Jungian psychotherapist:

Ben: But when someone develops beyond that they experience the inherent unity of everything, so the love and beloved are recognized to be one, everything is experienced as one. And this, for me this is the pinnacle of human evolution that's it there's nothing more. There are stages in that emergence too.

Amanda: it leads to people moving onto a, what you would call an expanded or higher consciousness where they sense the oneness of everything and the interconnectedness of everything. And the realization that we are all one soul, not individual souls.

In these accounts a movement towards unity and higher levels of attainment is envisioned not only in terms of moving beyond duality but also in terms of increasing fulfilment in life and better functioning, that are seen as a goal for therapists' clients.

Ben: And spiritual emergence starts but it's not complete until life is totally fulfilled, it's expressed itself fully, so that's the summit of the mountain in that metaphor, and that is unity consciousness.

Anthony: somebody else has undertaken a journey and they're okay, not only are they okay but they're actually operating at a higher level of functioning than those who are their aspirants or their clients or their students and this kind of attraction to moving and evolving is probably one of the greatest sources of solace, compassion and comfort to um somebody who's in an extraordinary state, an extreme state or a traumatized state that has a spiritual component.

As part of a discourse of transformation these constructions can also be seen in the light of poststructuralist commentaries on the ideal of autonomous selfhood (Blackman, 2001; Henriques et al., 1998).

For Melanie, a 44 year researcher, her experience of spiritual emergence has led her to an understanding of connectedness in her world. Her reference to the mundane material universe could be viewed as resisting Western science's construction of a purely "physical" or "rational" world. Instead her world has meaning. Connectedness is constructed as being meaningful in her account:

I think that how I'm understanding it is that everything is meaningful that I don't live in a mundane material universe, that everything has, um, everything is connected and meaningful.

Constructions of transformational "ideals" were common in the participant accounts. These ideals were principally about a search for a "real" or "true" self as in Geoff's (a 39 year old disability care worker) and Caroline's constructions:

Geoff: for me it's been a process of finding who I'm not really and who I am, blossoms from a core that is revealed by pulling off layers that are not 'me'. It's a gradual process that during intensives, that um, falling off of layers becomes easier and works to a deeper degree.

Caroline: I think for people there is a stripping away of, I suppose of trying to impress anyone, and there is a great longing for truth and honesty about themselves.

Nathan a 26 year old writer, also sees his spiritual journey as a journey to find himself, although the real him seems elusive:

Who I am I do not know. How I express myself is what people think I am, and what I used to think I was, and the journey to who I am is one of the greatest blessings I have ever received.

This construction of the duality of self can be seen in spiritually orientated literature. Freeman (1993) describes Saint Augustine's distinction between the real and good self that wished to follow a spiritual path and the unreal self that preferred material gratification. The construction of an ideal self is also evident in psychological discourse exemplified by such theories as Maslow's hierarchy of needs (Henriques et al., 1998) with the peak being self-actualization (Maslow, 1943) and self-transcendence (Maslow, 1969) in his later work. Poststructuralist writers have seen this as the fiction of the sovereign self that functions as a widely held and embodied ideal in Western culture (Blackman, 2001; Carette, 2000; Henriques et al., 1998). In both discursive contexts, this "actualized" or "transcendent" self is held as an ideal and is always slightly elusive.

Participants commonly constructed transformation as a reorientation that occurred as part of spiritual experiences. This was sometimes talked about as being due to a singular anomalous experience, other times as due to a process. The participants also subsequently identified themselves as "spiritual" people and thus spiritually emergent. That is, having a changing identity was one where participants talked about being able to integrate their new reality. For example,

Daniel (therapist and SE): Well, it was like a complete turnaround really. I went from someone who never thought about God or spirit and if he did, tended to be argumentative [...]so it was like integrating a whole new reality into my life. So it meant that for me as a person, I was completely reoriented.

Constructions of identity were linked with a different sense of embodiment. Bodily perceptions in the participant accounts are seen as extending beyond the bounds of

their bodies or realizing that they were not their body. Transformation is constructed as moving beyond the body bound self to a self that is not equated with the body. These are in contradiction with Western scientific and psychiatric models that see the person as bounded by their skin (Blackman, 2001).

Jill: So a very different experience of my identity and who I am. And not just a sort of person who is contained in a large sack of skin and sort of ends sort of here or maybe there/ CS: mm/ it was really different, yeah.

Caroline: And so that was a kind of pivotal event (a near death experience), which I would have to classify as a fairly spiritual experience, um, and that has changed a lot of my sense of myself because I had *full proof* within my personal life experience, that I wasn't my physical body.

Caroline also sees that a change in identity is the result of “becoming naked” – a shedding of the usual self. The more this happens, the more belief systems and one's sense of identity changes:

the process is a lot about [...] undressing and taking off things that I have kind of put around myself, and when you take them all off and walk around naked, for a little while you put something back on but whether it is the same as it was before I don't think it is exactly and I think the more you take off things, and feel this nakedness, um, the more when something comes back on that you rest on, it feels like it's more conscious. If you do that a number of times sort of moving in and out of these things, your belief system of this kind of caricature of what we think we are changes.

From a poststructuralist perspective, there is no essential experience of transformation. When people construct experiences as transformative they draw from a wide range of discursive resources. Locating experiences within a discourse of transformation demonstrates how the discourse regulates the human subject as well as produces these embodied experiences. A construct of transformation can determine whether an experience is pathological or not and it gives transformational meanings to experiences. It can be seen as a process of evolution, a journey, a movement towards something and as progress. These are not to be seen as individual ideals or a single truth but as reflecting a socio-historically located discourse. The subject of transformational discourse construes the self as a process while at the same time, perhaps paradoxically, aspires to an elusive ideal of wholeness or fulfilment or better functioning – an ideal human. Within this context participants also draw on the notion of the essential self, that can be found by looking always inwards and peeling off the outer layers. A reorientation or a change of identity occurs when experiences and ways of seeing the world do not fit with a person's current paradigm. Transformative experiences provide a sense of embodiment in which the self is not equated with body.

Brett's (2010) study of “transformative crises,” that involves interviews with people who have experienced “psychotic-like” (p. 156) episodes, explores factors that participants identify as transformative. Like those interviewed in this study, most participants viewed their experiences as a process of growth, evolution, or

learning. They also reported that this view helped them to cope with their experiences; shifted their worldview and their perception of themselves from a physical and psychological being to a spiritual being; and opened them up to deeper meaning and knowing (Brett, 2010). Interestingly, participants who had received a psychiatric diagnosis of psychosis commonly reported loss of a positive sense of self, isolation, confusion, helplessness, and a perception of themselves as abnormal. A transformational journey places experiences within a meaningful context and for subjects who position themselves or who are positioned within the discourse, this has implications for lived experience. In this way the subject, always created by and creating discourse, is a shifting site of meaning and these multiple meanings have material effects.

Constructions of Self in Spiritual Emergence

A dominant construction to emerge from interviews was the idea of another “level of reality” or of the self that was part of a spiritual emergence. For example, the following participants said:

Jill: And there was something like this, oh it allowed something else to spontaneously spring to life, umm, and it was just an amazing space to be in terms of just beyond, just a very different level of being.

Daniel (therapist and SE): It seems so enormously significant [...] I see my experience as a spiritual emergence caught up in the health care system and labeled psychotic. There was no doubt that there were psychotic symptoms and elements to it but underneath it there seemed to be this other level.

In the above quotes, the extra level that is alluded to is beyond ordinary, everyday existence and is seen as having a gravity of meaning that the ordinary self lacks. This position can be seen in religious and spiritual discourses. It is also seen as separate from the ordinary self but paradoxically interacts with it. Interestingly, the quote from Daniel also positions this level of the self as something that is beyond the psychotic symptoms that are attributed. “Psychosis” is seen as a label that is separate from the real meaning of events and the true self also apparent in narratives explored by Jacobson (2001). This positions the interviewees in resistance to psychiatric labeling – rejecting the identity that a label of “psychotic” gives them, while at the same time, maintaining ideas of a true, essential and transcendent self, beyond culture, society and language that is apparent both in psy (Henriques et al., 1998) and religious discourses (Carette, 2000; Freeman, 1993).

The idea of another level of the self is also demonstrated when participants speak of experiences of a cracking, dissolving or shattering of the usual self to allow for a different experience of self:

Jill: One of my ways of understanding was that it was as if I had been living as a very small person encased in some sort of shell or kernel or seed. And it was as if that being had been encased in that for all of my life and suddenly the casing had dissolved.

Caroline: I was working with a friend who was using kind of a regression technique, and really *cracking* the facade of who I thought I was. It was very shattering, incredibly shattering. I walked around for three days in a state of um, nakedness and it took at least three days to put something back around myself that kind of felt more comfortable.

Jacobson (2001) used dimensional analysis to examine recovery narratives and identified similar ways that participants described their recovery. She found that those who explained their experience with reference to a spiritual or philosophical model identified a crisis in which “the self is destroyed and then recreated in light of a newly realized truth” (Jacobson, 2001, p. 252).

Therapists in the following excerpts speak of a need to develop and reinforce the “ordinary” self, constructing it as a holding mechanism that, when strengthened, can prevent further problems and allow the person to be a vessel for transpersonal experience.

Anthony (therapist): So it can tend to be used by a lot of clients as a means of escaping the fact that they actually have substantial work to do at a personal and egoic level in order to move beyond what Wilber calls the “pre-trans fallacy,” that is that people have to go through ego maturation before they can genuinely move in to holding transpersonal experience as a pivotal core place of being in their own psyche in an ongoing way.

Daniel (therapist and SE): So when people are talking very openly and honestly to us about strange experiences if we can make responses that help the person to incorporate that with a meaning that is going to strengthen their sense of self, even if it is on the edge, well that in the end, in my opinion, is going to be much more helpful to them than making responses that is giving them negative interpretations of their experience and pathologizing their experience.

Gina indicates that there is a point in her experiences when a complete cracking of the self is a loss of self with a descent into psychosis and illness.

it was like you know the thing that absolutely cracked me (inaudible) because so many friends had died and I’d experienced it so many times. I went into absolute psychosis, it was disgusting I don’t even want to talk about it but you know got really sick and um, ...went absolutely mad.

While ideas of “self” differ slightly in these accounts from a facade, to a shell, to the conscious personality, to a self that needs to be reinforced if higher states are to be attained, these accounts give a picture of a surface self and a “true self,” beyond the outer shell that is removed from discourse. In constructing spiritual emergence, a movement is required from superficial levels to an existence based on this more integral self. At the same time, if the superficial self is not developed enough, or cracks too much, this is seen to indicate illness.

Although constructions here appear slightly differently, ideas of conscious and unconscious aspects of the self can be found in psychoanalysis that, according to

Parker (1997), is widespread and influential as an account of subjectivity in Western culture. Rather than viewing these constructions of self as the reality of self, poststructuralism seeks to understand them discursively. In this way self is not so much a surface structure with the real person underneath, but can be located within discourses that produce selves as surface structures and essences. Young-Eisendrath (1996) notes that the difficulty we have in transforming is that notions of a solid, skin-bounded and separate self are so prevalent in Western cultures. Constituted in discourse as natural, this self is seen as superficial. However, other ways of experiencing the self are possible, as indicated in the following section.

Embodiment and Constructions of Force, Power, Light, Energy, Presence

In describing the experiences that are part of their process of spiritual emergence, participants align their experiences with discourses of spirituality and religion while at the same time producing their experiences as spiritual ones. Notably, some of the speakers in these extracts use dramatic and colorful language in their accounts, reminiscent of Biblical scenes or Buddhist texts.

Subjectivity as constructed here cannot be seen as purely discursive but as having material embodied effects. Themes of presence and non-physical beings, power, force, light and energy have a powerful action on the person, moving them in space, creating a tangible atmosphere in their physical environment, changing beliefs and giving undeniable proof of the existence of something “other.”

Tobert refers to Csordas’ (1994) depiction of Western conceptions of the body as a “‘bounded entity’ with the surface of the skin serving as the boundary between the individual inside and the world outside” (Tobert, 2010, p. 43). For the spiritually emergent, the body no longer provides limits between the “inner” and “outer” worlds.

Daniel (therapist and SE): I went up to my room and drank my tea and then, then I felt aware of this very uncanny sense of silence, and then a dog howled and then I cried out “God!” at the top of my voice, and there was this, well I think it was a sound of rushing wind when there is no wind and um, it hurled me across, literally it was like a force zapping - hitting me, and it hurled me across the floor, ended up on the floor part out of bed vomiting. I vomited at the same time. Sort of lying there sighing “there is a God, there is a God!” So that was the start and when I pulled myself up it was as if my whole body was charged with energy and I felt I could do anything.

Jill: I experienced this amazing light and warmth that was golden that traveled all the way up from my body and enveloped my whole being so it was like I was this glowing gold warm ray, not ray but. . . umm.. being made of light. . . umm. . . and I remember . . . being aware of this smile on my face that I’d never ever had this smile before and it was like the smile that you see on the statues of the Buddha.

Caroline: and then I recall a *beautiful* space a space with enormous light and presences, and I call them presences because the people and, they were people that I felt very familiar with.

Daniel (therapist and SE): I felt this great whoosh of peace fall on me and it was like umm, again, it wasn't the same sort of tingling in the flesh, it was more a peace that was running up and down my spine and my head, and in a way that has never left me. It's like that peace, that sense of peace has become a benchmark if you like about my state of wellbeing. When I feel that sense of presence and peace umm, I feel centered. I lose that ratty and stressed [feeling].

Robert: The whole cell filled with power again and I knew it was in every single spot, it said, "how do you know it is all shit, do you understand it?" I was dumbfounded. I realized I was saying something [that] was all wrong and I never had a clue what it was about. I said, "no." Then the power said, "if you don't understand then say I don't understand and an understanding will be given to you." The power left but there was a different feeling in the room. I started to read again and I was just about to say, "this is all shit," when I said "I don't understand." The most amazing thing happened, it was like I could see. I just kept saying, "this God is for real."

While these excerpts can be viewed purely discursively, if they are seen to have a material effect, "material" as we know it in terms of the physical body and physical movements in space and time must be extended. The experiences are often described as "non-physical" – experiences of light, presence, energy and power that seem to come from some other realm. The embodied experiences of these people go beyond what is often described as material in scientific or psy discourses. In discourses of spirituality such "non-material realms," disembodied beings, powers and energies appear regularly. The self in these experiences is seen as something that is acted on by these powers, whether they are described as separate beings or as imbuing the person experiencing them with their qualities. These qualities give the person a different sense of self through the experience of a sensation such as the peace in the spine that Daniel finds centering. People's relation to these experiences is important as Blackman (2001) notes. She has demonstrated in her study of voice hearers in the Hearing Voices Network that changing one's relationship to such phenomena can expand a person's sense of embodied subjectivity. It is clear from the interviews in this study that subjects who position themselves as spiritually emergent also experience an expanded sense of embodiment and usually a more positive, meaningful relationship to their condition. In addition, as participants are acted upon or supported by outside forces or allow those forces to pass through them, they see themselves in relation to them rather than an autonomous individual needing to maintain "ego control" that typically defines the psy subject (Blackman, 2001; Tobert, 2010). These constructions bear a similarity to narratives of 12 step approaches to recovery and the experience of serenity (Fallot, 1998).

Conclusion

Spiritual experience has traditionally been pathologized and ignored within psy and biomedical discourses but is increasingly being integrated resulting in more

positive lived experiences. Alternative views of psychotic-like experiences, including the transpersonal viewpoint on spiritual emergence and emergency, give place to spiritual experiences within mental health issues. Constructions of spiritual emergence and emergency draw from discursive resources commonly used within psy and spiritual discourses and can be sourced historically.

While there are many discourses and discursive constructions that intersect when talking about spiritual emergence and spiritual emergency, this article focused on exploring the discourse of transformation; constructions of self as superficial and essential; and constructions of force, power, light, energy and presence in providing an expanded sense of embodiment.

An analysis of the discourse of transformation revealed that ideas of progress and evolution are key in assisting therapists to discern whether experiences are pathological or not. Experiences and phenomena are given transformational meanings and subjectivity is derived through seeing experiences as meaningful in a life process of evolution. Halting the process could be damaging. Transformation indicates striving towards an ideal, in this case, either wholeness and connectedness, or one's real self. A change of identity is constructed both as being the result of a one-off spiritual experience or as the result of a process (a process of evolution). It was seen to be the result of a change of framework promoted by having unusual experiences. The transformational discourse signifies a form of subjectivity that has meaning in striving towards a goal. Moving beyond the body as a skin bounded self is seen as transformational in contrast with Western biomedical constructions of the body.

Constructions of self revealed a rift between ideas of a superficial self that could crack as the result of unusual experiences and another more integral, essential and truthful self that was on another level. This self was seen to be the real self. Paradoxically, therapists saw the superficial or conscious self as needing reinforcement before true spiritual states could be held. The cracking of this self could also lead to a degeneration into illness. Subjectivity was derived from the notion of the essential and more spiritual self as the person's Truth.

Experiences of light, presence, energy, power and force were construed as spiritual experiences and had a marked effect on the person's sense of their subjectivity. They began to see themselves in relation to these phenomena and this demarked their understanding of themselves as a spiritual person. They experienced a sense of expanded embodiment in relation to spiritual forces, and a different relationship to materiality.

This article demonstrates the need to explore the many meanings and subjectivities in spiritual emergence and spiritual emergency. By looking at the embodied effects of discourse, it also illustrates how subjectivity can shift and change in material, embodied ways.

In terms of consequences for clinical intervention, there are problems inherent with viewing spiritual emergence and spiritual emergency as individual conditions. It is noted that perhaps the very self or form of individual subjectivity widespread in

Western psy discourses, because of its bounded nature, may indeed be responsible for such psychotic-like crises (Blackman, 2001). Arguments over the supposed spiritual or pathological nature of these experiences are problematic. These issues are seen instead as part of discursively produced knowledges in Western society. However, while taking a holistic view by fixing society would be ideal, this is untenable in the short term (particularly when dealing with a person in crisis). Interventions that subscribe to a personal growth model and expand a client's sense of embodied subjectivity through discursive forms that recognize experiences of "non-material" realms (rather than limiting it by drawing on discursive resources "close to the skin") are suggested.

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TOWARD A TRANSPERSONAL MODEL OF PSYCHOLOGICAL ILLNESS, HEALTH, AND TRANSFORMATION

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ABSTRACT: Students and clients often ask: “What is psychological illness?” “How do people get such an illness and how do they get better?” and “What does emotional health look like?” The purpose of this article is to propose a model that offers answers to these questions with a diagram, constructed as a hypothetical continuum of “background emotions” (Damasio, 1994, 1999), overlaid by the normal curve. Transpersonal psychotherapists may find this model useful because of its alignment with some of the basic assumptions that define the transpersonal field and because it offers a broader and more transpersonal perspective in answer to these questions. The model is described, related to transpersonal assumptions, and contrasted with the DSM model. Clients are described whose treatments using the model resulted in transformational changes. Suggestions for future research are offered.

KEYWORDS: transpersonal, emotional health, background emotions, transformational model

There are abundant theories in the psychological field that aspire to answer the questions posed in the abstract; however, the answers the theories generate are surprisingly diverse and do not offer a single, unified, or relatively simple response. The purpose of this article is to propose a model that offers answers to these questions with a diagram that can be used by students, instructors of counseling education, psychotherapists, and clients and that may also be of interest to theorists and researchers. The diagram is hypothetical and does not represent a single person’s experience nor that of any group of people. It is designed to represent what an “average” person’s potential emotional experiences in a lifetime might be.

Transpersonal psychotherapists may find this model particularly useful because of its alignment with several basic assumptions that define the transpersonal field, such as holism and intrinsic health and because it suggests a trajectory for transpersonal growth that develops naturally from a healthy egoic emotional state. It is bilateral and homeostatic and provides a way to conceptualize human emotional experience that is an alternative to the more familiar DSM model. It is also consistent with other current research.

This article contextualizes, constructs, and then describes a transpersonal model of psychological illness and health and the dynamics between them by examining the questions posed in the abstract. The model is then related to fundamental transpersonal assumptions and contrasted with the DSM –5 (APA, 2013) model. Finally, clients are described whose treatments using the model resulted in transformational changes. Some suggestions for future research follow.

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What Is Psychological Illness?

Mental Illness Defined

Since the mental hygiene movement of the early 1800's, the terms *psychological*, *emotional* and *mental* have been used somewhat interchangeably to describe illnesses that are primarily or symptomatically expressed through feeling, emotional or cognitive states as opposed to those expressed through more somatic or physical states. The three terms generally relate to phenomena of the mind or mental states or are functions of awareness, feeling or motivation. It is also generally recognized, however, that (a) there is no real distinction between mental and physical, (b) the mental disorders (more so than the physical ones) lack a consistent operational definition and vary more widely in how they are manifested (APA, 2000, pp. xxx-xxx).

For purposes of this article, the terms psychological, emotional and mental are used interchangeably and refer essentially to the same general human states identified in the DSM –5 (APA, 2013) and elsewhere to describe human feelings. The DSM uses the term *mental disorders* for illnesses in emotional arenas and provides the following definition, which will satisfy the need for a common understanding of some of the concepts dealt with herein. A mental disorder is defined as:

...a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from dysfunction in the individual, as described above. (p.20)

Historically, the study of mental illnesses borrowed templates from the medical community used to categorize, diagnose, and treat physical illnesses. Now after nearly 60 years of revisions, the DSM –5 (APA, 2013) has become increasingly more sophisticated and comprehensive in identifying, categorizing, and describing the syndromes of mental disorders that are thought to benefit from medical treatment. While the focus on identification and diagnosis of physical illnesses has resulted in consistently improved treatments using medication and/or surgery over the past century, it is arguable whether the diagnostic focus on mental illnesses has produced similar confidence in treatment efficacy for mental disorders.

In addition, the focus on diagnosis in mental arenas has had a subtle but unmistakable effect on the general public's understanding of and relationship to mental illness. Clients and counseling trainees alike expect to be given a prescription for curing their emotional distress through medication or, at the least, finding the correct identity of whatever it is that feels bad so that it can be "fixed"

by using the correct treatment protocol. Unfortunately, curing emotional illnesses has not been found so far to be as simple or straight forward as we might have hoped, and this focus on diagnosis and medical treatment may now actually be impeding the ability of those with such illnesses to find their way to greater emotional health, particularly without medication. Emotional health may be more readily achieved by expanding the view of human emotional experience from a primarily disease perspective to a more holistic and wellness perspective and encouraging psychotherapeutic interventions that stimulate transformational adaptation responses to emotional pain.

Emotions Defined

There is a lack of agreement in the scientific community about exactly what an emotion is and just how important it is in human functioning. Opinions range from emotions having little or no importance, where cognitive and information processing models subsume emotion (Beck, 1976), to emotions being the “cornerstone of consciousness” (Damasio, 1994, 1999). Other concepts such as *temperament* and *mood* are sometimes discussed in relation to, or instead of, emotion. These terms seem to be used to describe inclinations in likelihood or duration of subjective states but seem even less concrete and accepted in psychological circles than the term emotion.

Other researchers (Ekman & Davidson, 1994) suggest emotions are a subset of the broader class of what they call affective phenomena. Emotions are conceived of as multicomponent response tendencies that develop over short time frames. Affect is the more general concept and refers to consciously accessible feelings. These authors use the term emotion when there is a personally meaningful circumstance. Affect is used when the feeling is free floating or objectless, the experience is more long lasting, and when there is a two-dimensional perspective of the sensations in the body: positive or negative.

Recent advances in technology have enabled more biological definitions of emotion to emerge. I will use Siegel and Hartzell’s (2003) biological definition of emotion as a foundation. I will not discuss mood or temperament as concepts but will instead use the concept of background emotions, used by Damasio (1994, 1999) to discriminate between relative feeling states. Damasio identifies what he calls the *background emotions*, that allow us to have a “felt sense of well being or malaise, calm or tension” (1999, p. 51). Background emotions provide us with an overall sensation of “tension, relaxation, fatigue or energy, anticipation or dread” (1999, p. 52). It is this kind of emotional experiences—the background emotions—that are most likely to *be internally experienced* as emotional health or illness and that are also the focus of this article.

Emotions that are the most personally difficult, often labeled as “unhealthy,” and generally seen as “negative,” such as depression and anxiety have been studied more than positive ones. The scientific goals related to these “difficult” emotions have largely been to (a) operationally define and accurately assess them through empirical, physiological, or behavioral symptom markers and (b) eliminate them, a

goal that continues to be of significant psychotherapeutic and psychopharmacological interest. Western psychology has defined nearly 300 such unhealthy conditions in the DSM –5, listing a menu of pathologies that the DSM identifies as “mental disorders” (APA, 2013).

All of these efforts define emotions as egoic experiences and support the idea that one must have a relatively healthy emotional status and ego in order to function well. They also support the idea that a healthy-enough ego provides the foundation to grow beyond the ego (Engler, 1993). Transpersonal states and interests may be more readily achieved as energy is freed up by egoic emotional concerns that are resolved.

Proposing a Transpersonal Model

Context for the Proposed Model

The psychological models most frequently used to describe emotional states, especially the most commonly accepted model, which is the DSM –5 (APA, 2013), do not describe a range of emotional experience that is considered normal, nor do they describe how normal emotions change. Even though a huge number of people today are on medication to achieve the supposed feeling of emotional health, there has been less emphasis on defining emotional health and how it is cultivated than there has been attention to identifying pathology. The concept of prevention has also not yet been explored widely, although the increase in public interest in alternative medicine suggests that this would be of significant help to many.

Several of Freud’s contemporaries recommended a less negative, less restrictive and less deterministic focus in the newly developing field of psychology at the turn of the last century, including William James, Carl Jung, and Roberto Assagioli. Their early work on more positive and transcendent states of mind preceded even the creation and development of psychology’s third force, Humanistic Psychology, launched by Maslow, Rogers, Sutich, Satir and others in the late 1950’s and early 1960’s. Publication of the first edition of *The Journal of Transpersonal Psychology* in 1969 afforded Sutich the opportunity for some retrospective reflections (Sutich, 1969). He reminisced about how Maslow’s leadership toward a more healthful view of being human had inspired him (Sutich, 1961) to define the humanistic “third force” psychology in the first issue of the *Journal of Humanistic Psychology* as “concerned with topics having little place in existing theories and systems: e.g., love, creativity, self, growth...self actualization, higher values,...psychological health” (p.2). Maslow’s (1950) work further brought positive emotion back into the scientific conversation and to lay readers in the 1960’s with his book *Religions, Values, and Peak-Experiences* (1964).

Psychosynthesis, a more inclusive approach to mental health according to Keen (1974), dates from 1911 and the early work of Roberto Assagioli, an Italian psychiatrist. Freud’s focus only on the “basement of the human being” was countered by Assagioli who maintained that Freud had not given sufficient weight to the “higher” aspects of the human personality. Jung also developed several

therapeutic practices such as art therapy and active imagination that led to deep healing integration of the personality, which he called individuation. These researchers, as well as others, are pioneers of the transpersonal psychology movement, which was not formally established and named until the late 1960's with the publication of *The Journal of Transpersonal Psychology*.

Recently, a surge of interest in *positive psychology* (e.g., Seligman & Csikszentmihaly, 2000) was generated through the publication of several self-help books. Positive psychology has a rapidly growing body of research that has as its purpose the elucidation of positive, emotionally healthy states of being. Unfortunately, a focus on "happiness," without the balance created when the full range of experiences are portrayed, may increase the cultural inclination to trivialize emotional experiences and further sensationalize the current cultural impetus to employ psychotropic medication or an addictive substance as the cure for all ills.

The Humanistic and Transpersonal Psychology fields, the pioneers of these two fields, and the research on positive psychology are the most notable exceptions to the claim that mental health has been less researched in Western psychology than mental illness. The transpersonal field assumes that human beings are inherently healthy and should be evaluated from a holistic perspective. Much of the work done in the transpersonal field revolves around promoting psychological health and defining its qualities but it has not detailed *how* egoic emotional illness may retard transpersonal growth.

The transpersonal literature contains several important examples of work on mental health. In addition to Maslow's work cited earlier, Wilber's (2000) *Integral Psychology* is another example. Wilber describes and integrates the world's known developmental theories into a "spectrum of consciousness." His work details and expands the concepts of development into multiple levels, waves, lines and streams, and provides an organization for all of them known as all quadrant, all level (AQAL). This work attempts to consolidate the known areas of potential human growth, and emotional health would assumedly be age-appropriate development along various dimensions. Wilber articulates spiritual development as the growth edge for evolving our current planetary consciousness.

Many authors have expanded on Wilber's (2000) *Integral Psychology* model. Ingersoll (2002), for example, recommends an integration of Wilber's (1995) integral model expanding the DSM diagnostic perspective to include Wilber's four quadrants and a variety of the developmental levels. He calls his application an "Integral Approach" to diagnosis and demonstrates through a case example how the view of "Katie" through each of the quadrants and "eyes" expands her personhood. Ingersoll recommends diagnosis involving multiple levels of reality, multiple perspectives, and multiple lines of development. Ingersoll emphasizes that the Integral Approach is a wellness orientation, limits labeling based on oversimplified categories, and is less dissonant for counseling students than the disease/pathology models. The DSM, he says, commits a category error by trying "to use the quadrant of the objective self to account for all aspects of the self" (p.122).

Another example of a more bilateral orientation to emotional diagnosis is Hutchins (2002) work, which expands on the DSM IV-TR (2000) 5-axis model to incorporate 5 parallel axes he calls “Gnosis,” which list the person’s gifts and abilities. On Axis I, he identifies the person’s “Callings and Goals” and on Axis II “Core Gifts and Abilities.” Axis III lists “Physical Gifts.” Axis IV’s are “Psychosocial and Environmental Supports,” and on Axis V “System Gifts: Family/ Community/ Culture” are noted (p. 101). Hutchins articulates a consequence of failing to acknowledge a broad view of human emotional functioning:

Labeling someone as schizophrenic or borderline can be a virtual life sentence. It can impose a reality on that person that can be difficult if not impossible to escape. When we as clinicians focus solely on our clients’ problems, there is a serious risk that they will be reduced to clinical descriptions of pathology (p.101).

Buddhist psychology has traditionally presented a bilateral perspective of emotional well being and so is another exception to the claim that wellness models have not been as valued in traditional psychological circles. The Dalai Lama pointed out in his text, *The Universe in a Single Atom* (2005), that the Western view of positive and negative emotions does not parallel the Buddhist perspective of wholesome and afflictive mental processes. Western models generally differentiate “positive” and “negative” emotions on the basis of internal feelings; the Buddhist perspective differentiates them on the “roles these factors play in relation to the acts they give rise to” (p.178). Emotional health and its cultivation are central topics in Buddhist psychology, and the ancient practice of mindful meditation is among the most successful strategies for intervention in mental illness that Western psychologists have found to date. Recently, Daniel Goleman and the Dalai Lama (2003) addressed “destructive emotions and how to overcome them” in their text of the same title, recognizing the need for instruction on cultivating greater wellness.

Other notable exceptions that emphasize states of mental well being in the social sciences include the research on resilience, which has received a great deal of attention since the early work of Rutter (1987). The concept of resilience is now widely accepted to account for some people’s ability to resist or bounce back from adversity. More recently, researchers have developed strategies for resilience training or inoculation that focus on teaching and promoting resilience. For example, a recent article describes a therapeutic approach for veterans transitioning to civilian life (Osran, Smee, Sreenivasan, & Weinberger, 2010). These researchers have been teaching returning vets to develop a transpersonal, resilience-promoting way of “reframing” their combat losses, which has proven to be a valuable tool in veterans’ successful reintegration into civilian life.

The idea that tragedy and suffering trigger personal transformation is an ancient one, as can be seen in the world’s literature and religious traditions. Frankl (1963) and Yalom (1980) are two psychologists who have identified how traumatic and adverse events can foster psychological growth. Tedeschi and Calhoun (1996) developed the Posttraumatic Growth Inventory, which has allowed researchers to assess five domains of growth frequently reported by survivors: renewed

appreciation of life, new possibilities, enhanced personal strength, improved relationships with others, and spiritual change. Tedeschi and McNally (2011) demonstrated that combat veterans benefit from therapy focusing on these five areas.

Another fruitful area of research on emotional strength is being conducted on the construct of “hardiness” (Salvatore, Khoshaba, Harvey, Fazel, & Resurreccion, 2011). It is a “construct with interrelated attitudes of commitment, control, and challenge that together provide the existential courage and motivation to turn stressful circumstances from potential disasters into growth opportunities and is considered the pathway to resilience” (p. 369).

Additionally, both Somatic Experiencing (Levine, 2010) and Hakomi (Kurtz, 1990) therapies are thought to support the development of new neural pathways of growth and health through immersing clients in corrective body-based experiences that stimulate positive or “expansive” experiences and that also generate competing resourceful states to replace old patterns of distress or traumatic responses.

Fredrickson (2000) demonstrated empirically that the positive emotions override physiological changes to the cardiovascular system brought about by negative emotions. Fredrickson, Mancuso, Branigan and Tugade (2000) hypothesized that either replacement or undoing was responsible for this change and found support for the undoing hypothesis. Exactly how this works is still open for discussion.

The model described in this article addresses some basic questions about egoic emotional well being and refocuses attention on the pragmatic, personal need for health-promoting answers to what emotional health is and how to cultivate it. It offers a perspective on a normal range for emotions and a potential definition of emotional health and illness as well as how emotions change. It is simpler than a diagnostic Integral Approach might require, and it is consistent with known research, including Eastern perspectives of emotion. The proposed model, when used in psychoeducational and psychotherapeutic settings, may be found to be another way to increase or promote resilience and increase personal resources. It reframes current conceptual constructs regarding mental and emotional illness and well being.

The Definition of Emotion Underlying the Proposed Model

There seems to be general agreement that scientists, even those studying emotion, have yet to arrive at an agreed-upon definition of emotion (Siegel, 2010). Recent progress in neurophysiology, however, brought about by access to sophisticated laboratory instruments such as brain scans and MRIs, has focused on more physiologically based definitions. One such example is Siegel and Hartzell’s description of *primary emotion* (2003):

First, the brain responds to an internal or external signal with an initial orientation response that activates the mind to focus attention. This initial orientation basically says, “Pay attention now! This is important!” Next, the

brain responds to that initial orientation with an appraisal of whether that signal is “good” or “bad.” This appraisal is then followed by the activation of more neural circuits, which elaborate, or expand, this activation into associated brain regions. This appraisal/arousal process can be thought of as the fundamental surges of energy in the mind that accompany the processing of information. These elaborated appraisal processes are how the brain creates meaning in the mind. Emotion and a sense of meaning are created by the same neural processes. As we’ll see, these same circuits of the brain also process social communication. Emotion, meaning, and social connection go hand in hand. (pp. 60-61)

Siegel and Hartzell (2003) explain that primary emotions provide the body’s first assessment of the importance and hedonic value of the incoming stimuli, and they organize the body toward action. Emotions occur all the time as we receive the constant influx of stimuli from sensory receptors, proprioceptors (muscular and joint) and interoceptors (visceral), and emotions seem to come and go as the input changes. But according to Siegel and Hartzell, there is an additional component that lends complexity to the concept of emotion. They are of the position that “emotion can be thought of as a *process* that integrates entities into a functional whole” and suggest that it is emotion that brings “self organization to the mind.” They stress that it is emotion that is at the crux of our “sense of well-being in ourselves and in our relationships” (p. 59).

Damasio (1999), a neurologist, agrees that emotion is likely a “cornerstone” of the essence of what we know to be human consciousness. He categorizes the primary emotions into six universal emotions including sadness, happiness, fear, anger, surprise, and disgust and what he calls the secondary social emotions, such as embarrassment, jealousy, guilt, and pride. Other researchers and spiritual leaders have used similar categories to delineate the variety of emotions we experience (i.e., Dalai Lama, 2005), although the Buddhist categories of emotion are substantially more developed than this list suggests. See for example a listing of the healthy factors, including 51 key mental factors, 5 universals, 5 factors of object discernment, 11 wholesome mental factors and an even more complex categorization of the afflictive mental processes in the Dalai Lama’s 2005 text (pp. 176-183).

According to Siegel and Hartzell (2003) and Damasio (1994, 1999), then, emotions involve (a) an internal or external signal or stimulus, (b) the initial orientation response (focus and attention), (c) the appraisal of good or bad (value positive or negative), (d) brain processes that elaborate the subjective meaning of the signal for the organism (comfort, danger), and (e) an organization of the body to action (move toward, move away from).

Emotions are also hypothesized to be (a) connected with meaning and social relationships, (b) part of a process that integrates a sense of “selfness” or “wholeness” to entities such as “self” and “other,” suggesting they are the “cornerstone” of consciousness, (c) determinants of a sense of “well being” or not, and (d) commonly classified by Western psychologists and researchers into categories including primary and secondary, or positive and negative.

Background Emotions

Closely related to the primary and secondary emotions, Damasio (1994, 1999) describes, as noted earlier, a category of emotion that he calls the *background emotions*; these allow us to have a “felt sense of well being or malaise, calm or tension” (1999, p. 51). Damasio suggests that what induces the background emotions is usually internal (from inside our bodies), and he notes that it is these physical sensations that are physiologically “attached to drives and motivations and to the states of pain and pleasure” (1999, p. 51). Background emotions provide us with an overall sensation of “tension, relaxation, fatigue or energy, anticipation or dread” (1999, p. 52).

It is this arena of emotional experiences—the background emotions—that are most likely to *be internally experienced* as emotional health or illness and that are also the focus of this article. Most people do not worry too much about *having* feelings such as anger or fear or any of the other primary and secondary emotions, though they might not like them or feel they have time for them, but it is usually a more pervasive sense, or background feeling, of an ongoing and general feeling of disease that makes people feel they are no longer emotionally healthy. In this way, the emotional sense of well being mimics that of physical well being. While most of us would not run to the doctor if we felt an occasional strong pain (primary or secondary emotion), we often consider our need for a doctor if the pain is chronic and interferes with our ability to carry on with everyday life (background emotion).

Damasio (1994) does not directly distinguish the background emotions from “temperament” but acknowledges, “the collection of background feelings (over time) probably contributes to a mood” (p. 151). However, the background emotions are not quite the dispositional type of experience known as “mood” or “temperament,” nor are they the emotions themselves. He surmises that:

A background feeling is not what we feel when we jump out of our skin for sheer joy, or when we are despondent over lost love; both of these actions correspond to emotional body states. A background feeling corresponds instead to the body state prevailing *between* emotions. The background feeling is our image of the body landscape when it is not shaken by emotion. I submit that without them the very core of your representation of self would be broken. (pp. 150-151)

The hypothetical model described in this article uses the combined definitions of emotion constructed by Siegel and Hartzell (2003) and Damasio (1994, 1999), and specifically Damasio’s (1994, 1999) explanations of background emotions as fundamental precepts. The model also patterns itself on a physical health and illness model where emotional well being and illness are experiences that are internal to the body and reflect a subjective, overall sense of an emotional feeling state, enduring between primary and secondary emotions in response to ongoing stimuli. While it is not yet clear how all the terms are related, including character traits, mood, and temperament, it is this overall sense of emotional well being and decline that the continuum of background feeling states attempts to capture.

A Hypothetical Continuum and Normal Curve for Feeling States

It is important to realize that these are not constructs that have yet enjoyed wide scientific support or empirical verification. From the term emotion, to background emotions, to the continuum and the labels assigned here in this article, the constructs are not operationally defined nor have they been subjected to extensive empirical study, particularly as the terms are being used here. Nevertheless, a hypothetical model can be constructed that has our collective, internal experiences to validate it at this time. Experience and internal investigation are the first line of recognizing that which may inform scientific clarity in the future. In the absence of empirically verified data on background emotions, I recommend constructing a model of emotional experience by using the familiar diagram of a continuum to represent the range of emotion most humans, presumedly, have the capacity to experience in their lifetimes.

Constructing the continuum requires generating a series of labels that can be used to represent the variety of background emotional experiences most people encounter in their lives. So, let the model begin with a horizontal line for the continuum and some markers describing background states from generally painful to generally pleasurable. The continuum can also suggest more and less painful, and more and less pleasurable states, by adding number markers in between the poles. Labels can be added in between the number markers to describe a particular quality of feeling on the continuum.

The normal, or bell, curve is then overlaid on the continuum to show the hypothetical, relative frequency of each feeling state. The bell curve has been used to describe various human characteristics, from shoe size to intelligence, and has been mathematically and statistically verified. It is frequently used to characterize human qualities that have not been scientifically or practically quantified. Currently there is no strategy for assessing or for measuring the range of background emotions, let alone for whether these are consistent among human beings. However, the continuum described here is intended to stand for a hypothetical range of probable background emotions based on internal observations of our own and others' self-reported emotional experiences. In turn, this range would theoretically be governed by the bell curve theory, which would allow the relative frequency of each general type of background feeling to be predicted.

Proposing a Transpersonal Model

For purposes of this model, the two poles on the hypothetical continuum are identified as pain and pleasure, representing the broad selection of subjective experiences related to each. The continuum extends from one end, representing the background emotional states assumed to be associated with severe traumatic emotional injury, through average, everyday background states (here called optimal) and extends to the other end, representing peak, highly pleasurable emotional background states. It intends to reflect all the in-between states a person might encounter in a lifetime as relative points on the continuum. Thus, it reflects many dimensions of the background states experienced as emotional illness and health. (See Figure 1).

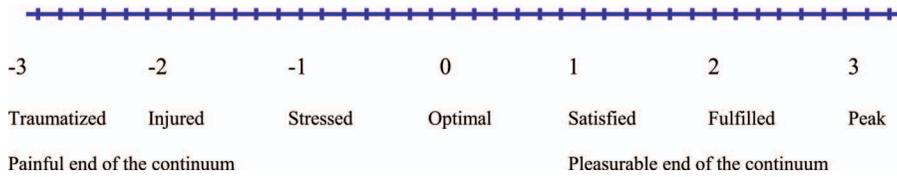


Figure 1. Continuum of background emotions experienced in a lifetime.

The horizontal line represents a continuum of background emotions that people likely experience in a lifetime. It does not intend to describe the actual lifetime experiences of any real person's or culture's experience; rather, it represents the range of potential experiences of some mythical average person (or of the average of many persons), whose lifetime(s) of background emotions might range from the worst pain to the greatest pleasure.

The normal or bell curve is overlaid on the continuum, representing the statistically predicted variation in any one person's, or the average of many people's, emotional experience. As for any of many human characteristics, the model displays the expected percentage of experiences expected to fall within the upper and lower three standard deviations from the mean. At the furthest edges of our continuum are experiences that represent the most extreme background feeling states human beings ever have. It is not intended to represent a linear model, requiring step-by-step change from pole to pole, but does represent relative frequencies and differences between feeling states.

This continuum deviates from Damasio's (1994) description of background states. He does not see them as having the potency implied by the poles on this continuum and says they are "neither too positive nor too negative" (p. 150). However, as a therapist, I would counter that background emotions that endure after a traumatic or peak experience *can be* and *often are* relatively stronger than midrange or everyday background emotions. Many therapy clients would agree. It is the striking contrast of these more extreme emotional experiences resulting in more lasting background states than those of more average, everyday states that leads to their identification as highly positive and memorable (peak) or highly negative and memorable (traumatic, injury). It is frequently the lasting quality and the degree of distress caused by painful background emotional states that leads people to seek psychotherapy or medical intervention for them.

The continuum of feeling states, then, shows the range of emotional experiences most people might be able or expected to encounter in a lifetime (See Figure 2). It is important to acknowledge that individual people will have experiences that vary widely, as will groups and cultures over time; the model attempts to capture and reflect a possible, average range of human emotional sensations. Similarly, the discussion is primarily related to egoic emotional health. How this relates to the transpersonal is not yet clear. While much of the time our background emotional state is at an optimal level, more extreme states may result from stronger reactions of the autonomic/central nervous system (ANS/CNS) to stronger stimuli; those that are more potent for the organism may result in stronger reactions and potentially longer

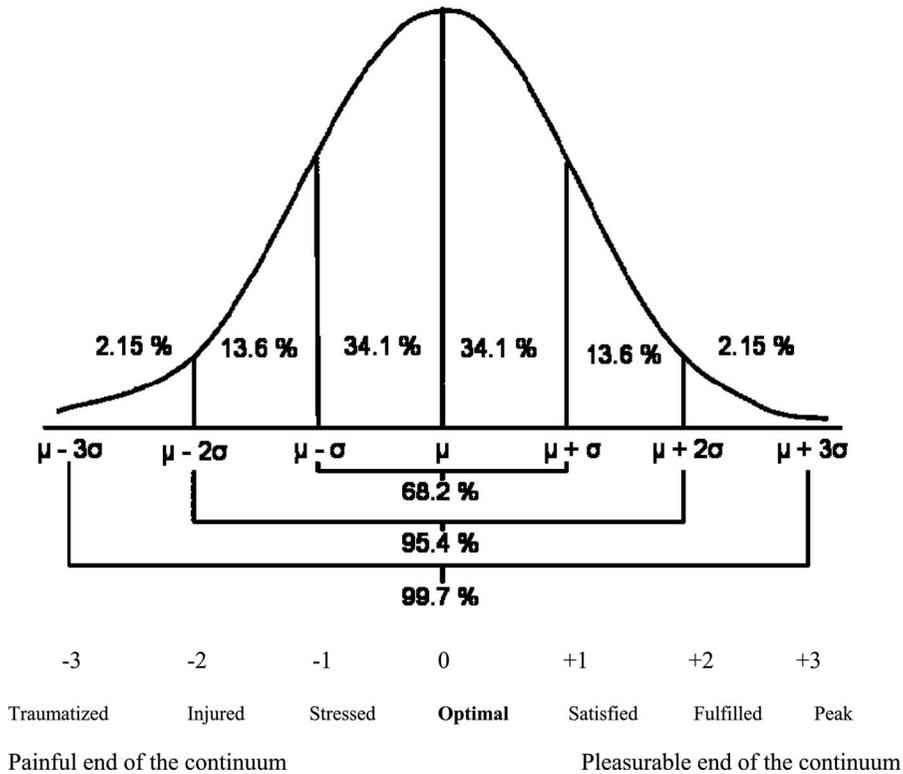


Figure 2. Continuum of background emotions experienced in a lifetime with relative frequencies for each.

lasting effects. For ease of communication, this article will refer to this system as the ANS because it is the one most frequently cited as having two branches, the parasympathetic nervous system (PNS) and the sympathetic (SNS). Recognizing the range of possible background emotional states and their relative frequencies, it is now possible to consider the question of how emotional states change.

How Do Emotions Work?

How emotions work is also largely unclear. Wilhelm Reich (1949) is one of the few researchers to offer a more comprehensive theory of the dynamic, interdependent nature of emotional change, work that has more recently been corroborated by others (Siegel, 2010; Damasio, 1999). Reich saw the human biological system as self-balancing and self-correcting—a phenomenon widely known in the medical field as homeostasis—and he included the human emotional system in this understanding (Reich, 1949). He called what he saw as the dynamic use of psychic energy the “libido economy” (pp. 12-15).

Reich (1949) observed that all biophysical organisms have two primary reactions to their environment: moving outward, such as an amoeba reaching out with a pod

searching for food, and the counter movement of moving inward, retracting in response to fear, danger, or pain—the organism drawing back into itself and away from the danger. Reich called the outward movement *expansion* and the inward movement *retraction*. Mobility, then, a primary characteristic of life itself, is an organismic expansion resulting in exploration, pleasure, or self-gratification when the organism is not restricted by pain or danger. The human body also reaches out in exploration, expanding and relaxing in pleasure, and withdrawing, and constricting back into itself or physically defending against pain by retracting and contracting. Thus the dynamic continuum of movement and response to emotional experience extends from expansion, experienced as pleasure, to contraction, experienced as pain (p. 360). As he noted:

Literally, “emotion” means “moving out,” “protruding.” It is not only permissible but necessary to take the word “emotion” literally in speaking of sensations and movements. Microscopic observation of amebae subjected to slight electric stimuli renders the meaning of the term “emotion” in an unmistakable manner. *Basically, emotion is an expressive plasmatic motion.* Pleasurable stimuli cause an “emotion” of the protoplasm from the center towards the periphery. Conversely, unpleasurable stimuli cause an “emotion”—or rather, “remotion”—from the periphery to the center of the organism. These two basic directions of biophysical plasma current correspond to the two basic affects of the psychic apparatus, pleasure and anxiety. (1949, p. 358)

Fundamental to neo-Reichian therapies is that of the breath as the source of muscular contraction and release (Lowen, 1975), an understanding that has been validated by research during the past half century (e.g., Ogden, Minton, & Pain, 2006; van der Kolk, 2014; van der Kolk, McFarlane, & Weisaeth, 1996/2007). When the organism is in danger, the sympathetic nervous system (SNS) naturally “charges” to respond to the danger, and among the first signs of this are increases in the breath as preparation for life-saving maneuvers. This reaction of the SNS is fueled by adrenalin and other powerful stress hormones, which enable the life-protecting responses needed for flight or fight (Herman, 1992/1997; Rothschild, 2000; van der Kolk, 2014). When the danger has passed, the charge naturally dissipates and the body chemicals eventually return to normal levels, releasing both musculature and breath, a process apparently stimulated by the release of corresponding neurochemicals from the parasympathetic nervous system (PNS) (Ogden et al., 2006) or by the PNS “brake” reaction which retards the output of stress chemicals following a surge from the SNS (van der Kolk, 2014).

The purpose and activity of the sympathetic nervous system (SNS) is well known and frequently written about in the research literature. It is “responsible for arousal, including the fight or flight response. . .(it) moves blood to the muscles for quick action, partly by triggering the adrenal glands to squirt out adrenaline, which speeds up the heart rate and increases blood pressure” (van der Kolk, 2014, p. 77). The second branch of the autonomic nervous system (ANS) is the parasympathetic nervous system (PNS), which receives significantly less press. It “promotes self-preservative functions like digestion and wound healing. It triggers the release of acetylcholine to put a brake on arousal, slowing the heart down, relaxing muscles, and returning breathing to normal” (p.77). The parasympathetic is associated with

feeding, shelter, and mating activities, which are linked with increased levels of oxytocin and vasopressin, hormones known to induce calm, connected feelings.

The balance between these two systems can be tested through heart rate variability (HRV), a measurement of the fluctuations between inhalation and exhalation as they affect heart rate. If both the brake (PNS exhalation) and the accelerator (SNS inhalation) are functioning well and in balance, the HRV will show flexibility and balance (van der Kolk, 2014, p. 77). However, recent research does not support a simple homeostatic or balance relationship between the two sides of the autonomic nervous system (ANS). As Porges (2011) suggests, “The primary parasympathetic influence to peripheral organs is conveyed through the vagus, a cranial nerve that exits the brain and innervates the gastrointestinal tract, respiratory tract, heart and abdominal viscera” (p. 264).

Stephen Porges’ (2011) work suggests that the autonomic nervous system (ANS) is a hierarchical system. His Polyvagal Theory further supports the idea that neural regulation is strongly related to health, learning and social behavior as well as to the social engagement system. The increasing complexity of the ANS does not negate its fundamental SNS activities, and fight or flight responses are among the most well known, nor its fundamental PNS correlates such as safety and maternal nurturing behaviors.

According to Reich (1949), when the body is exposed to habitual or chronic muscular holding, over time it becomes less elastic, and the contraction develops into a band of tension in the body, which he called *blocks* and *armor*. Reich noted that chronic contractions in the musculature of the body could eventually result in physical illness due to the recurrent release of stress-response chemicals without resolution to resting levels. Esch and Stefano, (2004) echo Reich’s notion of armor and the influence of stress on health: “This failure of ‘healthy’ biochemical signaling pathways to return to normal – resembling the chronic stress pathophysiology – may be followed by hazardous health consequences over time” (p. 239).

Stress-related illnesses were detailed as early as 1975 by Benson in *The Relaxation Response*, work that has been developed and extended by many other people (e.g. Carlson, Speca, Patel & Goodey, 2003; Davidson et al., 2003; Kabat-Zinn et al., 1998; Reibel, Greeson, Brainard, & Rosenzweig, 2001). The popularity of the idea that stress and illness are intimately connected can be demonstrated in a quick Internet search of the Amazon.com listings for books related to stress and its effects on health, currently numbering more than 30,000. However, there are difficulties in proving causation. The articles cited in this paragraph demonstrate the relative ease of showing the effects of mindfulness on health efficacy, rather than stress on ill health.

Reich’s intention was to create a successful psychotherapy that released the *armor* or bands of tension in the body. He used pressure or physically manipulated the client’s chronic contractions with his hands or through having clients hold difficult physical positions. This was intended to increase the contraction and push the energetic charge of that tension beyond the level of the contraction that had become

habitually and chronically contained in the body. He believed this would increase the “charge” of the contraction to the point of release, which when released, would result in a more complete “discharge” of the tension (Lowen, 1975).

The same principle is used in massage, yoga, stretching, biofeedback relaxation, and other forms of relaxation. Most of our bodily functions have this same loop: a buildup of tension (hunger, sleepiness, inhaling), which is ultimately discharged (when we eat, sleep, or exhale), resulting in a sensation of release and subsequent physical and emotional sense of ease or pleasure. A discharge of tension in turn releases energy for use by the organism and keeps the energetic flow at an optimal level so that the organism can go about its life. In human terms, it means releasing energy to the optimal level for learning and for meeting the ongoing human needs for survival and actualization.

The human organism has two survival mechanisms according to Lipton (2005), which are growth and protection. Organisms can gravitate toward or move away from, but they cannot do both at the same time. When the organism is in a protective mode, it restricts growth. Growth requires openness between the organism and the environment. This is also known as Dharmakirti’s Psychological Law (Dalai Lama, 2005). Dharmakirti was a 7th century philosopher-monk who noted that when one side of any polarity is stronger, the other is weaker. So, if one works to strengthen the positive, one correspondingly weakens the negative, thus effectively bringing about transformation in one’s thought and emotions. In the Dalai Lama’s (2005) words:

Like other Buddhist thinkers before him, Dharmakirti invokes what could be called a “psychological law” in that he sees various psychological states, including the emotions, as a field of forces in which opposing families of mental states interact in a constant dynamic. Within the domain of the emotions, there might be a family consisting of hate, anger, hostility and so forth, while in opposition is a family of positive emotions, like love, compassion, and empathy. Dharmakirti argues that if one side of any such polarity is stronger, the other is weaker in any given individual at any given time. So if one works to increase, reinforce, and strengthen the positive groups, one will correspondingly weaken the negative ones, thus effectively bringing about transformation in one’s thoughts and emotions. (p. 146). . . This law whereby two opposing states cannot coexist without one undermining the other is the key premise in the Buddhist argument for the transformability of consciousness. . . (p. 146) Dharmakirti goes even further and suggests that, unlike physical abilities, the qualities of the mind have the potential for limitless development. (p. 147)

This underlies one of the key teachings in Buddhist psychology. Unlike Western psychology, Buddhist psychology encourages the avoidance of negative emotions and simultaneously cultivates positive states of mind. Some Western scientists have empirically demonstrated this phenomenon: “Neurobiological data suggest that once emotional pain pathways ‘fire,’ the frequency of future firing of those same pathways increases. This ‘kindling’ effect is thus a central object of intervention in DBT [Dialectical Behavior Therapy] approaches to suffering” (Marra, 2005, p. 7).

Positive and negative emotions seem to function differently; both function in accordance with hypothesized survival needs during human evolutionary history. Fredrickson (2001) suggests a “broaden and build” theory of positive emotion to explain how positive emotions function differently from negative emotions. While negative emotions seem linked to a specific action tendency (such as fear with the urge to escape and anger with the urge to attack), positive emotions, in her view, have “vague and underspecified” tendencies. Positive emotions broaden people’s momentary “thought-action repertoires,” generating greater likelihood of increased personal resources overall. She sees these personal resources as “durable and [they] can be drawn on in subsequent moments and in different emotional states” (pp. 219-220). Fredrickson et al., (2000) recommend the “undoing” hypothesis, which posits that positive emotion dismantles the specific action sequences generated by negative emotion. They also note that some authors have suggested parasympathetic regulation as a potential explanation.

So, What is Emotional Illness?

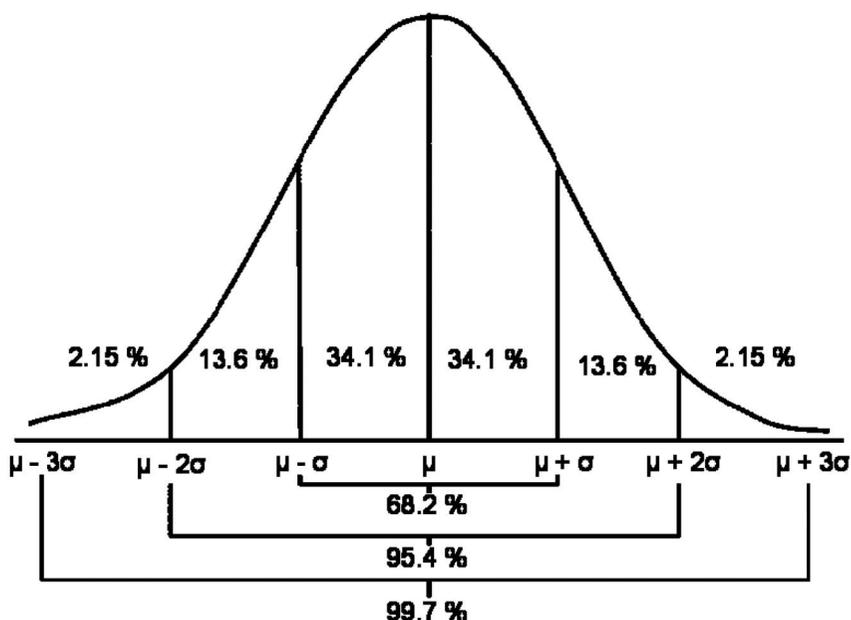
Emotional illness is that painful tension and contraction in the body-mind due to the negative assessment of a stimulus causing the sympathetic nervous system (SNS) to release the neurochemicals that orient the body to prepare for danger or threat *that lasts beyond the need for the preparation for danger or that results from responding to ongoing danger*. Experiences are directly connected to the emotions they generate as the brain is activated and assesses whether the experience is threatening for the organism or not. These emotions then translate into background sensations in the body that are either pleasurable or painful or neutral based on whether they result in an overall feeling of expansion or contraction in the body, or whether they return the body to its pre-danger state of functioning. Background sensations have intensity charges and can be fluid and malleable or contracted and intractable.

Depression, stress, and anxiety in this model are related to the branches of the autonomic nervous system (ANS) responsible for the integrity of the body. When the ANS is overwhelmed by the degree of the danger or the constancy of the threatening insult, it seems to either overcharge (*hyperarousal*) or undercharge (*hypoarousal*) the energetic current, resulting in the background emotions of anxiety or dissociated depression (Ogden et al., 2006; van der Kolk, 2014).

To include these concepts in the model, the continuum of human emotional background experiences from pain to pleasure is reflected, as are the charge and discharge of energy. The physical reaction to emotional pain, as a contracted and contained state of energy withheld for healing, can also be added to the model (See Figure 3).

Summary of What Emotions are and How They Work

Even though there is substantial variation in the ways that scientists have looked at emotional health and illness in the past, recent biological definitions suggest that



Painful end of the continuum			Pleasurable end of the continuum			
*Traumatized	Injured	Stressed	Optimal	Satisfied	Fulfilled	Peak
-3	-2	-1	0	+1	+2	+3
Contraction			(Felt Experience)			Expansion

*Traumatized (dialectic of anxiety to dissociated depression in PTSD; response of the "old vagus" (Porges, 2008))

Perception of danger or threat or negative stimulus
 Sympathetic Nervous System (SNS) ← (charge) pain
 Tension charge

Perception of positive stimulus
 Parasympathetic Nervous System →(discharge) pleasure
 Tension discharge

Figure 3. The continuum of background emotions experienced in a lifetime related to ANS (autonomic nervous system) functions.

emotions may be the basis of our sense of self, health, and well being. Autonomic nervous system (ANS) reactions to incoming stimuli send neurotransmitters throughout the body, which result in the internal experience of emotions; those resulting in contracted body-mind states are experienced as pain. When the corresponding neurotransmitters of the parasympathetic nervous system are released, the body-mind experiences relaxation and a sense of pleasure and expansion. The movement of emotional responses to stimuli is typically smooth and complete, resulting in complete energetic charge and discharge and a return of the energy to the optimal level. However, when the system holds on to energy in a chronic retraction beyond the need for the response to protect against a dangerous threat, it results in the background feeling experience of emotional illness. The continuum and overlaid bell curve demonstrate the relative likelihood of emotional states from pain to pleasure, show the movement from one state to another in

relative levels of contraction or expansion, and offer labels for the relative categories of internal body-mind states.

What is Emotional Healing?

Egoic emotional healing results from the release of the contraction and containment of energy back to the optimal, more neutral, range of energetic expression. Healing restores the organism's ability to experience any emotion on the continuum in the next moment. Healing has occurred when the organism is not withholding energy to prepare for or deal with a current or past threat or danger.

As in Reich's (1949) and Lowen's (1975) psychotherapeutic work, the tension of a psychological wound can be increased in the body-mind to build the charge so that a more complete discharge is possible and a resultant sense of fluidity and ease can be restored. The contraction *can* be discharged through a variety of activities. However the discharge happens, health is a return to the optimal range of the model with the capacity to feel all of our feelings from end to end on the continuum in response to the next moment's stimulus. Tension is discharged. An optimal flow of energy is restored, and the body's ability to respond efficiently and effectively to each new, incoming stimulus is restored.

Healing essentially reflects the degree of relief in the body-mind and breath to again approach the freedom of experience of which the body is capable. There are many routes to relief: some people are most relieved through somatic discharge, others through emotional discharge; still others get relief from cognitive processing. What seems to work in every case is increasing the intensity of the contraction to discharge so that the energy contained in the contraction is released back to the center of the continuum. This requires an attention to the contraction and awareness to the pain in the present moment to allow these difficulties to be felt fully and ultimately discharged through a recognition that the threat has passed and the pain can be released.

This description of how emotions are healed parallels the well-known work of Peter Levine (1997) and how the procedures of Somatic Experiencing seem to "reset" the inherent capacity for self-regulation through tracking the felt sense experience, titration, pendulation, etc. Hakomi and sensorimotor therapies also use the body to re-regulate emotional dysregulation (Kurtz 1990; Ogden, Minton, & Pain, 2006; van der Kolk, 2014).

What Does Emotional Health Look Like?

Egoic emotional health is restored flexibility and adaptability. Health brings access to the full range of emotional sensations available to being human. The homeostatic function is elastic, and most of a person's time is once again spent in the optimal area portrayed in the model where there is abundant energy to grow, learn, and create as people do when they are healthy. Emotional health means having energy to use for whatever purpose is needed, for various creative outlets, and for just

living life. Healthy energy is not stuck; it is fluid, and open and full of changing human expressions in response to each new stimulus from the environment. Emotionally healthy people are resilient.

The model suggests that emotional health is fluid and adaptive and that the emotionally healthy person is appropriately responsive to every possible new experience. People can still access pain and automatically respond to danger to save their lives when necessary. However, they can also experience pleasure and allow its healing qualities to refresh and sustain them. They continue to look forward to new experiences, and they relish growing, living, and loving. There is a sense of openness and contentment, not constantly blissful but generous and spacious.

The state of being without stress may almost be unknown in today's world; however, it might be well worth rediscovering it. The closest many people come to experiencing it may be when they practice lessons learned from the Eastern esoteric communities: living in the moment, leaving their chattering mindlessness and entering the actual felt experiences of their bodies and the witnessing of their consciousness. Such practices include mindfulness, yoga, meditation, and the like. These practices stimulate transpersonal growth and encourage interest in transpersonal states. Transpersonal experiences are fairly common among humans, but the positive qualities they inspire fail to be converted to traits without first developing the foundation of egoic emotional health.

Emotional health is not characterized by experiencing constant positive emotions. Attempts to make positive sensations last may be related to tendencies toward addiction (Esch & Stephano, 2004). Finding varied levels of positive emotions pleasurable and regularly engaging in activities that are secondarily fulfilling are also indicative of emotional health. In contrast, both denial of the sensation of feeling and contractions in emotional fulfillment may be indicative of armor that masks underlying pain and illness.

This concludes the general overview of the model of emotional illness and health. In summary, egoic emotional illness occurs when the sympathetic nervous system (SNS) responds to a perceived threat and the background emotions that result endure beyond the organism's original response to the threat and even beyond *the need* for a response to the threat. Sometimes the energy from emotionally stressful, injurious, or traumatic experience becomes held or trapped instead of being released and recycled. The contraction results in a person's internal experience of emotional illness. It results from the pain of the tension and contraction held in the body-mind. The intensity and duration of the contraction indicate the degree of illness.

People feel emotionally well when there is a release of the contraction, a return to an internal sense of expansion and relaxation, and a return to the optimal central range of sensation. They "get better" and feel emotionally healthy when the energy of the body-mind has been restored. Their background emotion changes to one of ease and flow when there is a release of the contraction, and so getting better is both the instantaneous experience of release and the long-term resulting feeling state of ease and well being. Given the chronic state of stress most people endure in the

industrial world, “getting better” might come and go over time as multiple stressors and contractions develop and dissipate. A general egoic goal is to continue to generate and encourage a feeling of personal health and strength, contentment, and interest in one’s own life; as the ego matures, an expanded, transpersonal well being becomes possible, including interest in service to others and in topics and activities related to the spiritual, rather than the material world.

People are emotionally healthy from a personal perspective when they are able to respond to any new stimulus with a fluid, adaptive, appropriate response and are not distracted from the activities of their lives by a feeling of emotional malaise resulting from energy being withheld in the body’s contracted state. This level of emotional health sets the foundation for expansion into transpersonal areas of growth, including seeking a spiritual life, community, and opportunities for service.

Transpersonal and Transformational Integrations

The title of this model, “Toward a Transpersonal Model of Psychological Illness, Health and Transformation,” indicates that in addition to being a model of egoic emotional illness and health, it is also transpersonal and transformational. “Getting better” requires releasing the energy from a contracted state (withholding energy for healing and protecting) to an expansive state (renewing and sustaining energy for living). This next section of the article describes how transpersonal theorists and clinicians, in particular, can integrate and apply the model and its transformational concepts of growth and change in their healing work.

How is this Model Transpersonal?

As suggested in the introduction of this article, the model lends itself to, and supports, a transpersonal theoretical stance. Key assumptions of the transpersonal perspective include: (a) human beings are by nature intrinsically healthy, (b) human beings are best viewed and treated psychologically through a holistic lens, (c) human beings are limited by their beliefs about who they are, (d) human beings can transcend their egos to experience higher levels of trans-egoic consciousness, (e) emotional illness as it is defined in the DSM –5 often refers primarily to pre-egoic and damaged-egoic states of being, and (f) transcendence of healthy egoic consciousness is by definition transformational. The article next examines each of these assumptions as they relate to the present model.

According to transpersonal theory, human beings are by nature intrinsically healthy. In contrast, the emphasis in traditional Western psychology has been on pathology. As the psychology field has named and defined symptomology for seemingly endless variations of emotional illness in the DSM, advertising, and general cultural experience, humans are not-so- subtly being defined as primarily ill in one or more ways. There is little discussion in the field today, particularly in the DSM –5 (APA, 2013), of what health is or how common it is. As a result, people may tend to see themselves as mainly inclined to deficiency and illness. In contrast, the current model provides a view that human emotional experience has a broad

range, from positive to negative, with the majority of our experience in the neutral to positive healthy range. Illness thus becomes the exception, something that is not expected to consume our whole lives to “get fixed” or be the definition of “who we are.” The model, then, supports the transpersonal view of human beings as intrinsically well, healthy and functional.

According to transpersonal theory, human beings are best viewed and treated psychologically through a holistic lens. The model used here is based on a definition of people as whole beings. Emotion, experience, meaning, relationship, and feeling are all bound together with an overall sense of self. Reducing these central components of humanness to isolated mechanisms gives people very little direction in how to intervene in their own unhappiness. In contrast, the image and construction of humans as whole beings with experiences that traverse wide expanses of energetic rhythms allows them to be a bit more generous with themselves and to expect a bit more variety and fluctuation in their passing emotional states. People can imagine riding and witnessing the experiences of their lives instead of concretizing them and believing there is no way out of what seems to be permanent pain. Using the model, humanness includes a wide range of emotional possibilities, and people may be able to better appreciate the differences in their subjectively shifting states. This is a much more positive view of human life than the pathology view and also provides a partial understanding of the success of the Buddhist constructs of witness consciousness, mindfulness, meditation, and maitri (loving-kindness) as strategies for self-intervention.

Human beings are limited by their beliefs about who they are. When they are besieged by media images of other people who seem so much happier than they are, people tend to think something is wrong with them or that something is missing in their lives. Television advertisements, for example, remind viewers constantly of all the illnesses they might have, both physical and emotional. Every other television commercial recommends that we ask our doctor to give us a prescription, even if it is bad for our liver or causes birth defects. Fortunately, medication is just a phone call away. By contrast, according to the current model, humans are beings experiencing a wide range of constantly shifting emotional states. This view of human essential health and strength, with occasional forays into the challenges of life *that are expected*—and even desired—in a normal life, gives us much more to value and less to fear in “being with the way things are.” From the view of the current transpersonal model, emotional discomfort is placed in the larger perspective of a self that is encountering a rich and varied set of experiences. The model broadens the perspective significantly and suggests that current states of emotional discomfort might mean experiencing a transition that could be growth producing and does not necessarily mean that a mental disorder, such as bipolar disorder, schizophrenia, or a personality disorder has occurred. This model, then provides an expanded view of human functioning and creates an expectation that is larger and more varied than the current media-driven or medical-driven models of emotional illnesses identified as permanent pathologies that, at the least, require medication and at worst are a “life sentence.”

Human beings can transcend the ego state and discover higher levels of trans-egoic consciousness; this may be one of the larger purposes of our lives. The model may

help to balance the self in healthy ego states and learn to create and strengthen people's capacity to enlist and practice egoic health. While this is not necessary for experiences of trans-egoic realities, it is a precursor to developing a stronger ongoing relationship with the transpersonal self and gaining more experience with generating one's own access to transcendent spaces. The model provides a map to understand the development toward the transpersonal that naturally results from widening the perspective from illness to health and from living in a healthy state instead of a dis-eased one. In addition, when people are healthy but unhappy, it is a perfect time to find out whether the work they are doing is truly the mission they are on earth to perform or the relationship they are in is the right one for them. Listening to the deepest part of ourselves and living life from *that* place is not often encouraged by the consumer culture, but it is far more satisfying.

Emotional illness as it is defined in the West and by the DSM –5 (APA, 2013) often refers to pre-egoic and damaged-egoic states of being. The proposed model, in contrast, defines emotional illness as also occurring during transitory periods in a healthy life, induced by occasional unpleasant—and sometimes severe—experiences to which human bodies respond by tightening up and resisting. Fearfulness and a lack of education about emotional health in this culture serve as a kind of everyday threat that makes people more likely to contract. Malfunctions of our bodies notwithstanding, much of the emotional pain people experience can be lessened by surrendering to it and allowing time to listen to its meanings. Acknowledging painful events and losses and recognizing them as powerful, and potentially transforming, moments in our lives is a sign of health that is often not achieved through the current medical definition of emotional health.

How is this Model Transformational?

Finally, transcendence of egoic consciousness is by definition transformational, and this is a central goal of transpersonal therapy. Reconnecting each person with their birthright and reinstating the capacity for reconnection with their foundational spiritual nature is among the most important tasks of therapy, especially for transpersonal therapists. This reconnection reminds people of the importance of the life they are living and also helps them to be more tolerant of its sometimes mundane everydayness as well as its moments of deep pain and transcending happiness. The proposed model reminds people that releases of energy can happen at any time and expand them to any degree. It does not necessarily require years of psychotherapy and multiple cocktails of medication. In a release of energy, people can experience peak moments as likely as not, and this shift in perspective brings greater excitement and enjoyment of what is possible.

Transpersonal therapists attempt to refocus or reframe clients' views of who they are and why they are alive. Using the natural transitions in people's lives and their emotional symptoms of pain and dis-ease to help them refocus on their spiritual development is a uniquely transpersonal counseling endeavor. Using this model, clients are able to imagine and remember themselves in their peak moments and recall their pleasures as clearly as their pain and tragedies. They are more likely to see their emotional distress symptoms as voices from their own spiritual core and as

a call to a higher level of spiritual contact. They are able to return to questions of the quality of the life they are living, the nature of real happiness, the purpose and meaning of their own lives, and their desire to give to others.

When we are on a healing trajectory, the next step is confronting transpersonal truths. Life is defined as having more dimensions than being a star or making more money. Using this model, clients are more likely to look inside themselves for the answers to their deepest questions, and to treasure both the painful and the pleasurable.

The proposed model promotes a transpersonal perspective because it provides a vision of humanness that is as open and expansive as it is contracted and fearful. Focusing on health, refocusing on concerns of personal spiritual importance, and appreciating the present moment even while recognizing it is also a transition to the development of fuller potential allows people to experience the beauty and magnificence of their own personal experiences of life, and not just try to get away from the pain, sadness, or tragedy.

Two Clients' Stories Using the Transpersonal Model as a Treatment Intervention

Mark's Story

When Mark called for a therapy appointment he said that his mother had encouraged him to call and had given him the phone number. He was, he said, not sure why his life was so seemingly out of control. He was really in trouble and needed some help.

During the first session, Mark disclosed that he and his best friend were using cocaine "all the time." They had been working construction during the day and getting high every night for at least a year. Lately they had started getting high at lunch and even before work. Mark was 22 years old.

His mom had been alcoholic when he was growing up, and there were lots of times when he would cover her with a blanket and go to bed because she was too drunk to wake up and walk to her own bed. She was also really angry, he said, and it was not unusual for her to break things, yell at him, or even leave him home alone for long periods. Now that she was sober, she was really sorry and felt guilty about Mark's struggles to "get his life together." No, he said, she did not know about his cocaine use, and she was still really worried about him.

Mark was a big, burly young man. He had come to therapy in his big work boots and his overalls. He wore a cap most of the time and rarely made eye contact. He thought he might never get off cocaine and was worried that he might die one day.

One of the most important questions I asked Mark during the first sessions we had together was why he thought he was "on the planet." It was one of the rare times during the first sessions that he looked at me from under his cap and actually

smiled. What a peculiar question, he must have thought. Naturally, he did not know why he “was on the planet” and just shrugged, but I knew by the way he had looked at me that he would think about the question later. Meanwhile, we talked about the stress and trauma he had lived with as a child and young man and how that had affected his autonomic nervous system (ANS). We considered whether that had any relationship to his current drug use. We talked about what health would look like for him. He was not sure what it was supposed to look like or feel like, but he was pretty sure that what he was doing was not it.

I showed him the model, and we talked about pleasure and pain and how our bodies cope with our experiences. He related that at first cocaine made him feel pleasure, but that was not happening as much anymore. Now it was just making him feel bad, but he wanted it all the time.

One day not too long after we had started talking, he came to his session and seemed a little lighter. He looked at me and smiled and said he thought he had the answer to my question. After a few seconds of teasing me with his dramatic delay, he said, “I’m a Viking!” I confess I was clueless, quickly searching my mind for what on earth he might be talking about. “What is a Viking?” I asked. “You know the guy on a big boat with a hat, sailing around in the ocean.” He was grinning and chortling, just thinking about himself as a Viking. “Funny,” I said, “you *do* look like a Viking!”

Mark lost his job and he stopped coming to therapy soon after he had this vision of himself as a Viking. A year later I got a phone call from his mother. She left a message on my answering machine. “I just wanted to let you know that Mark is on a big boat outside of Norway. He sent a picture, and he looks just like a Viking. A happy Viking! And, he is off cocaine. He is sailing instead.”

Carolyn

Carolyn was a 35-year-old woman who had been sexually molested by her older brother from the time she was 9 to when she was 12 years old. She felt betrayed by her brother and abandoned by her parents who failed to protect her from him and who she believed deliberately left her to “fend for herself.” She had never had a long-term intimate relationship, but she thought she was a lesbian. She had had a series of short-term affairs with other young women who seemed, she said, as frightened and desperate as she felt. This also made her sad and distressed. She did not want to be a lesbian and was worried that what had happened to her with her brother had “made her” a lesbian. She believed it was morally wrong for a Christian to be a lesbian, which complicated her situation dramatically.

Carolyn sought therapy because of an overwhelming sense of futility and despair. She often thought of committing suicide and had trouble finding reasons to keep living. She did not see any end to her misery, and she felt trapped by the misery of her life following her childhood trauma. She felt that even God had abandoned her, and she did not see any way out of her own vision of herself as a “God forsaken” person.

Throughout our sessions, we talked about Carolyn's life experiences and her feelings about them frequently in the context of her depression. In many different conversations I asked her what she wanted from her life, what would make it worth it to wake up every day, what would make her happy and give her pleasure. She was adamant in her response that there was nothing—nothing that she could think of.

I shared the model with her, and she could easily point out her background emotions as she fluctuated between bouts of terrified anxiety and crippling depression. She could see that her current lived experience had been reduced to the lowest quadrant on the diagram. She did not remember having much satisfaction or pleasure. In fact, she stated, those were actually feelings she avoided and did not want to feel. They made her depression worse, she said.

I explained to her that having feelings on only one side of the model ensured that those feelings would continue to get more pronounced, and the feelings on the other side of the continuum even less likely to occur. I told her that people can feel either relaxed and pleasure *or* anxious and in pain, but not both at the same time. I explained that one way to move out of the pain was to experience and learn to tolerate positive feelings. Feeling satisfaction and pleasure would stretch her emotional muscles and reset her body's inclinations toward a more balanced and homeostatic dynamic. I told her about the neural pathways and how they deepened and became more and more likely with use, but it works for good feelings as well as negative ones, and she could use that knowledge to help herself feel better.

Her homework was to practice feeling happy, satisfied and pleased and to increase her tolerance for those feelings. She was required to experiment with and find things she liked to do and find things from inside herself that she "wanted." Her resistance was intense. These homework assignments were almost unthinkable to her. Meanwhile I encouraged her to continue to explore different churches and find one that "felt good" to her. We talked about her view of God and forgiveness and that perhaps the childhood God she believed had forsaken her was not the whole God she would come to know as her adult self.

Finally, one day she said, "I just don't know what you want from me!" I said, "I just want you to feel good, be happy, find out what you want in your life and have a reason to live another day!"

She began to cry, and she said, "I just want to be loved. I want to love someone who loves me. I want to make a home and a life with someone I love."

The "someone she wanted" was currently engaged to a man, and we agreed that the likelihood of this dream coming true for her was slim. But the moment was profoundly transformational. Carolyn had finally broken through her own despair enough to want happiness, to be willing to imagine that she could have some for herself in spite of her childhood trauma. We continued to talk about and work through the grief she felt from the experiences she had had in her life, but now there was a new image, that of happiness and pleasure of sharing her life with someone she loved.

Within six months of claiming this right to imagine happiness, the “someone she wanted” had broken up with her fiancé and was agreeing to a date with Carolyn. Still together today, they are happily making a home with many cats and many friends. They are also active members of a church, performing outreach to the homeless and forsaken.

Helping Relationships Students

Each year I teach a course in Naropa University’s Transpersonal Counseling Psychology Department for first-year masters-seeking counseling students called Helping Relationships. One of the topics I introduce is how to work with the after-effects of trauma. I use the model described in this article to teach the students that traumatic and peak experiences are possible in everyone’s life, though they are by definition rare and profound.

Most of my students have had peak, transformational experiences, and many have had transforming traumas as well. Students practice sharing these stories with each other and learn to listen to the varying ways that each person has of verbalizing and attempting to communicate the impact of these experiences.

Questions I always ask students are how often and with whom they have shared their extreme experiences in their lives. Most have shared the positive, powerful impacting events with only one or two people on one or two occasions. Interestingly, they have shared the traumatic experiences more often and with more people. It is possible that they use sharing of their traumatic experiences as ways to create deeper intimacy with those they care about; however, they have had less experience with sharing peak experiences, even with their closest intimates. It is most likely they will share peak memories with others in an environment where it is invited by the topic (workshop) or by the relationship (teacher, mentor, guru), but there is sometimes a hesitancy to share with everyday friends.

One of the classroom experiences I use is to have students rate their current background feeling on the model’s continuum and then share their stories with each other. After they share different types of experiences, I have them rate their internal sensation again. Sharing both positive and painful experiences brings relief and improved positive sensations in ratings on the continuum. Yet, in the current culture, there seems to be a preference for identifying more with our traumas and pain. Students have said they feel silly sharing their most positive profound experiences. They state that others often do not “believe” them, how hard it is to talk about these experiences because they are so hard to describe, and they are worried that others will think them “crazy” or, worse, “weird.”

Using the proposed model, I am able to help my students “normalize” the range of possible emotional experiences they have had and learn to ask clients about experiences on both sides of the continuum. They practice helping each other move, change, and transform their positions on the continuum and in their background sensations. They learn to listen more carefully to internal body cues and articulate more clearly what their subtle feeling experiences are and how to

name and describe them. This then becomes a rich foundation for them to be able to relate to their clients, be with their pain and their pleasure, and appreciate both without reinforcing the cultural tendency to cling, attach, or hang on to what has happened in the past, whether positive or negative.

I also use yoga poses and metaphors to reinforce these concepts. For example, the concept of “reintegrating back to center” is a tool I learned from my first yoga teacher. As a person is performing a yoga pose to the extent their body is able, the instruction is to “go to the edge of the pose, take a deep breath in, and then exhale into the edge of the pose before releasing it.” The person then releases the pose and returns to a centering pose such as *tadasana* or mountain pose. Here, students are advised to “allow your energy to be re-centered, watch your breath return to normal, and integrate the new sensations from the pose into the body. Notice how you have changed.”

In the same way, clinical training with this model can teach counselors to encourage clients to feel, connect, relate, and share their most important life experiences with others in relationship. They can also teach clients to release their feelings back to center, allowing the breath and body to integrate new experiences and re-invigorate themselves in the telling and re-telling of their life stories. They learn to become someone different and more expansive from each experience; they notice how to grow.

Relevance to Researchers

Research on the efficacy of psychotherapy interventions is complicated and difficult to control. Research with this model and its impact is also likely to be challenging. As in “reframing,” what this model seems to provide is a different perspective of people’s emotional wounding and a different perspective of what might be required to heal. One research design might present the proposed model to one group of people in a psychoeducational setting and measure their sensations of satisfaction and pleasure, their motivation to provide positive experiences for themselves, and their perceived degree of emotional wellness or illness both before and following the presentation. Another group would be measured following the presentation of some neutral model. A third group could be exposed to the DSM model or television advertisements related to mental illnesses and comparisons could determine whether there were differences in the ways the groups perceived their ability to feel happy, their motivation to be happier, or their belief about how easy it might be to change their background states.

Another fruitful area of research might be to validate whether people have the range of emotional experiences described in the model, whether the labels for the points on the curve are meaningful and useful, and to what degree different people identify with the significant deviance areas within the curve. To my knowledge, there are no other continuum models placing both positive and negative emotions on the same orientation, attributing them to different functions of the ANS (autonomic nervous system). While research seems to support this possibility, it would be useful to know how accurately such a model reflects these internal events.

While the pain part of the continuum has much research to validate it, the pleasure side has far less research to clarify it. It would be important to understand the range of PNS (Parasympathetic Nervous System) reactions and how they are ordered. Is a peak experience related to relaxation? Is pleasure stronger than satisfaction? Are there complementary physical markers for the pleasure continuum as exist for the pain side?

An area of research that is of interest to transpersonal psychotherapists and researchers is whether this model is a “clinical embodiment of transpersonal principles that have the potential to bring transformative energies into the practice of psychology” (Friedman & Hartelius, 2008, p. 63). As a therapist for the past 25 years, I have often been struck by the ways my clients have thought about emotional health and illness. I would not abandon the need for a therapeutic relationship or the need for clients’ stories to be heard, witnessed, and shared. Yet, it also seems worthwhile to help clients reframe their tragedies into launching pads for future growth and happiness. The proposed model helps communicate the concept that energy moves according to basic organismic needs, like seeking pleasure and avoiding pain. It seems to provide some permission to be healthier and let go of hurt. It suggests that people can shift the charge of energy at any moment from one pole to the other and that they can learn to experience and release feelings much more readily than they might imagine—without trivializing or minimizing their most profound experiences. Yes, we need to grieve, and we also need to laugh, love and enjoy our lives. This model has helped me provide interventions that encourage transformational, adaptive responses to emotional wounds by increasing pleasure to meet and treat great pain.

Summary

A Transpersonal Model of Psychological Illness, Health, and Transformation has been described that illustrates one view of what emotional pain is, how it can be healed, and what egoic health looks like. A continuum of hypothetical lifetime emotional experiences was posited to depict the range of felt experiences from traumatic to average to peak experiences. The continuum is overlaid by the statistical normal curve used to describe many human characteristics; it shows the range of emotional background experiences from average to exceptional with suggested percentages of likelihood.

Wilhelm Reich’s (1949) theories of the dynamics of emotional change were described. Concepts of charge, discharge, and body armor were related to emotional homeostasis and the healing return of psychosomatic energy to be used in living life. Emotional well being was shown to be feeling free to choose one’s activities and having the resources to respond to each new moment and its unique experience.

The questions: “What is emotional illness?” “How do people get such an illness and how do they get better?” and “What does emotional health look like?” were addressed in relation to the model. The model was linked to a number of basic assumptions of transpersonal theory, and examples of two clients’ transformations

with therapy using the model were described. Use of the model for an educational, clinical training purpose was also described.

This model is offered as a tool for therapists and counselor trainers who want to show clients or students a diagram to illustrate many of the dynamics involved in emotional illness and restoration to health. It provides a map of the psychological territory related to emotional illness, healing, and health, integrating much of what we know about the emotional system into a single diagram. It reframes mental experience into a natural, ongoing flow of changing emotional states that sometimes needs recharging or recalibrating. It offers possibilities for integrating Eastern and Western psychotherapeutic interventions and suggests several new ways of conceptualizing and researching emotional concerns. The model provides multiple new opportunities for research related to emotions and how they work.

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ALLOW ME TO INTRODUCE MY SELVES:
AN INTRODUCTION TO AND PHENOMENOLOGICAL STUDY OF VOICE
DIALOGUE THERAPY

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ABSTRACT: Voice Dialogue is a transpersonal therapy that rejects the prevailing beliefs in a singular-coherent self and that a perceived plurality of internal selves is inherently pathological. Instead, it works with what is assumed to be the normal, and even healthy, multiplicity of selves to enhance wellness and promote creative change. It views this multiplicity as ranging from personal to transpersonal. This therapeutic approach is described, and semi-structured interviews of eight Voice Dialogue practitioners' views of and experiences with this therapy were obtained. A phenomenological analysis of their responses yielded three themes: each self consists of its own distinct qualities; transitioning across selves involves a felt shift or transformation; and there is a neutral space of the aware ego.

KEYWORDS: dissociation, identity, phenomenological analysis, Jung, psychotherapy, sub-personality, personification, transpersonal

Voice Dialogue (Stone & Stone, 1989) is a process-oriented psychotherapy stemming from the Jungian tradition. Developed by Hal and Sidra Stone, it focuses on "reconciling different and sometimes opposing trends within the psyche" (Stamboliev, 1992, p. 14). It provides "not only an excellent map and method for developing our personality but also a skillful tool for including our spiritual essence in this exploration" (Barner, 2012, p.321). This approach is based on the belief that within every person there exist sub-personalities or "selves," and that this multiplicity is a necessary part of the normal structure of human experience. In Voice Dialogue, selves are treated as discrete units of consciousness and ways of being, which can include the transpersonal. Each self constitutes a pattern of expression, which possesses a will, emotional spectrum and worldview of its own. In addition, each self performs different functions in relation to the optimum potential for human growth. Voice Dialogue works with these selves in a facilitative, respectful, and non-judgmental manner. It provides a relational tool for the in-depth exploration of the experience of each of these parts and supports the development of a new, self-transcendent way of relating to each part that allows for a broadening of experience, leading to greater freedom and choice. Heery (1989)

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has positioned the topics on inner voices as relevant to transpersonal psychology, while Stamboliev and Koolbergen (n.d.) have described Voice Dialogue as a transpersonal entryway. Our article presents a basic introduction to Voice Dialogue along with a phenomenological analysis of the experience of being facilitated using this therapy, as described by eight of its professional practitioners.

Voice Dialogue as a Therapy

Stone and Stone (1995) described Voice Dialogue as a “method which enables one to contact, understand, and work directly with these selves [that is] compatible with most psychological systems and can be used with a wide variety of backgrounds” (p. 17). According to Stone and Stone (1989), many selves emerge during development, but people become identified with and embody the selves that have best served to protect them. These protective selves that manage our psyche are called “primary selves,” and most identify exclusively with these. Dyak (1999) put it simply, “We think we are our primary selves” (p. 21).

Inherent in this appropriation of desirable ways of being into identity is the rejection or “disowning” of other selves and potential identities that do not fit what the environment demands or what is thought needed to remain safe and loved. In Jungian (1976) terms, these disowned selves are a part of the shadow. But while Jung’s shadow generally consists of negative content, Stone and Stone (1989) assign no moral attributes to any of the selves. In Voice Dialogue, selves are perceived to be disowned because they stand in polar contrast with the primary selves and the value system they uphold, not because they are objectively bad.

Identification with the primary selves can help people feel safe, in control, and ready to respond. However, this identification can also function as a prison whereby automatic recourse to the disowning of selves with opposite traits can result in freedom and flexibility being substantially diminished. Stone and Stone (1989) argued that people’s attempts to eradicate their rejected selves tend to paradoxically make these selves much stronger “by driving them into the unconscious where they are free to operate beyond our control” (p. 23). These dynamics can be destructive, one dynamic of which Stone (1985) described as “whatever is disowned is projected” (p. 77). Worse, Stone and Stone referred to “our lost heritage” (p. 27) as one of the greater costs, as people become estranged from their rejected selves and all the potential that these selves hold. An experience of selves not part of this system of control can have a liberating effect as it allows for a broader spectrum of potentials to be accessed; that is, de-identification allows for choice.

The process of Voice Dialogue provides direct access to the primary selves, offering “the opportunity to *separate* them from the total personality and deal with them as independent, interacting psychic units” (Stone & Stone, 1989, p. 49). This is accomplished in a deeply valuing and respectful way, as they are listened to intently in order to embody them as a valued part of a larger system. Voice Dialogue “is not oriented towards pathology nor is it focused on discovering what’s wrong” (Stone & Stone, 2007, p. 17) as all selves are honoured and treated with equal respect. Thus, “There is no attempt to change the selves, get rid of them, or

help them to grow up and be more sensible” (Stone & Stone, 1995, p. 17). Selves are not asked to speak with each other, and the facilitator does not negotiate among the selves. Instead, the emphasis in facilitation is on presence and curiosity, not on change.

Voice Dialogue is aimed at experientially expanding consciousness to broaden beyond the limited selves traditionally embraced. This is approached through the Voice Dialogue facilitation of selves that present in life, and in the symbolic world of the dream process. It allows people to also embrace the opposite forces that exist within every individual in their own unique way and exercise choice. The task in the Voice Dialogue model is to consciously introduce this awareness to executive functioning in order to allow access to disowned selves and, thus, to provide fuller access to rich internal resources, without disrupting or diminishing the effectiveness of the primary self-system. This continual process of expanding functioning to new places of conscious awareness is referred to in Voice Dialogue as the *Aware Ego* process (Stone & Stone, 2000). This can lead to a new kind of relationship with disowned selves, separating from and expanding beyond previous identifications. Awareness, in this case, can be understood in two ways: (a) developing a heightened awareness of the needs the disowned part has expressed; and (b) attaining a position of nonattachment, a concept utilised by many spiritual and transpersonal traditions (e.g., mindfulness practices).

Voice Dialogue as a Transpersonal Therapy

Regarding this approach to nonattachment, Stamboliev (1992) discussed similarities between spiritual awareness and Voice Dialogue approaches. The state of awareness is where integration occurs, and the *Aware Ego* process is the integration itself. This process allows the client to: (a) separate from the parts that are driving him or her without trying to eliminate them; (b) be in a place of awareness; (c) stand in the tension of opposites between conflicting parts of the client’s self-system; and most importantly (d) operate relationally from this position (Stone & Stone, 1989). The *Aware Ego* is the ongoing process of de-identification and self-transcendence that allows one to experience simultaneously a sense of interconnected oneness and a more holistic material existence inclusive of many discrete and collective selves. While the *aware ego* process by definition transcends the personal, it is noteworthy that selves too can be transcendental. Indeed, the “transcendent energy often comes through a deep experience of a disowned self” (Barner, 2012, p.328).

This resonates closely with transpersonal psychology which, according to Friedman & Hartelius (2013), accepts the basic notion that the “self” cannot be simply reified as something that is solid (such as a unitary monad that exists materially) and isolated from interconnectedness with the complexity of the world. The prefix “trans” in transpersonal implies something more than the ordinary Western concepts involving a person, as more can be seen as meaning “across” (e.g., bridging toward radical natural interconnectedness) or “beyond” (e.g., beckoning toward supernatural, and even spiritual, notions) the self. Although this may challenge the deeply held assumptions in the West about the self as individual, a

word stemming from “divid” (as in divided from the rest of the universe), there are alternate notions in Western science that see the self in transpersonal ways, such as Friedman’s (1983, 2013) model of self-expansiveness, as well as the many non-Western approaches to the self as transpersonal, such as found in many schools of Indian psychology (Menon, 2006; see also Friedman, MacDonald, & Kumar, 2004).

Similarly to how the self is viewed within psychology, Western notions of the person as a separate and unified entity prevail as a governing assumption in most conventional psychotherapies. However, Rodrigues and Friedman (2013) described various characteristics of transpersonal psychotherapies that view the self in a more flexible way. For example, Assagioli (2000) in writing about psychosynthesis, a transpersonal therapy that commences with a conventional analysis and ends with a transpersonal syntheses, addressed the plurality of inner experience, explaining that within each of us are sub-personalities that conflict and require being brought into balance in moving from the selves, with which disidentification is encouraged, to embracing a larger, more expansive, sense of Self.

Importantly, in contrast to many other approaches that work with inner multiplicity in a way inclusive of transpersonal perspectives, in Voice Dialogue, there is no “authentic self” or “higher Self,” as all selves are deemed authentic just as they are—and each self has an opposite. This point is particularly pertinent when working with selves that are experienced as spiritual or perceived to serve a spiritual function. In our clinical experience, an ideology that privileges these parts can take away from honoring the whole that is made-up of all of the selves and paradoxically can impede the method’s potential to facilitate a phenomenological transpersonal experience (Daniels, 2002; Walsh & Vaughn, 1993). Further, the disowning of instinctual energies that results from these identifications with spiritually oriented selves can cause problems:

When instinctual energies are disowned over time they tend to build in intensity and eventually turn against us and/or channel through us in destructive ways. As these energies become destructive, we give them a different name: We now call them demonic. —(Stone & Stone, 1989, p. 136)

However, the self-transcendent embracing of opposites is seen to allow for a connection not only with these parts but also with the greater field to which we belong, a consciousness outside of dualistic experience. In fact, the prevailing view in Voice Dialogue is that it is through our developing an ability to hold this tension of opposites, without collapsing into one self or another, that our consciousness experiences expansion and goes beyond the personal and even collective, symbolic or archetypal world of selves. It is this expansion that is seen to facilitate movement towards both conscious mastery of lived experience and connectedness with “Source” or “that which connects us through our origins and their energies, whether these are divine, or cosmic, or both” (Long, 2016, p.10).

Barner (2012) states explicitly that Voice Dialogue Therapy is a process that allows one to cultivate a transpersonal awareness:

Voice Dialogue in itself is a spiritual enquiry. It is a process of ‘emptying out’. I acknowledge that all my thoughts, feelings, and experiences are just parts of me which I can externalise and dis-identify from. By physically placing them outside of my system and then questioning what remains, I become aware that I don’t know who I am and in the absence of my personality, I feel empty and filled with a luminous energy at the same time. The process of this ‘emptying out’ includes all the traditional elements used in spiritual enquiries: mindfulness, awareness, non-judgement, compassion, dis-identification and choicelessness. If I keep following the thread and stay with the process I start to realise that I am all these different energies, but they are also all just parts of my personality. I can watch them and experience them outside of myself, so who is this ‘I’ that is doing the watching? This resembles some of the oldest spiritual techniques of self-enquiry to reach enlightenment and it is exciting to recognise that Voice Dialogue can assist people in integrating their transpersonal nature; not by trying to transcend their personality but by deeply exploring and accepting it. (pp. 324-325)

It might be argued that the aforementioned Voice Dialogue-driven process of self-enquiry described by Barner (2012) is consistent with various transpersonally-orientated philosophical systems that focus on cultivating a direct experience of Absolute Reality. One such system is a school of Hindu philosophy referred to *Advaita Vedanta*. Practitioners of *Advaita Vedanta* use various injunctions (e.g., *Karma*, *Jnana*, *Bhakti*, or *Rajas* yoga) with the aim of facilitating a direct experience of Ultimate Reality referred to as *Brahman*, which is one’s supreme identity (Prabhavananda & Isherwood, 1981). However, as Absolute subjectivity, *Brahman* cannot directly experience itself as a perceptible object, for then it would cease to be the subject (see, for example, Rock, 2005). Wilber (1993) illustrated this point by comparing the situation to a sword that cannot cut itself, an eye that cannot see itself, a tongue that cannot taste itself, or a finger that cannot touch its own tip. This argument is reiterated in Baladeva’s commentary to the *Vedanta-sutras of Badarayana* in which he wrote, “If the Self could perceive His own properties, He could also perceive Himself; which is absurd, since one and the same thing cannot be both the agent and the object of an action” (Vasu, 1979, p. 331). This is what is meant in the *Brihadaranyaka-Upanishad* when it is stated that, “You cannot see the seer of sight, you cannot hear the hearer of sound, you cannot think the thinker of the thought, you cannot know the knower of the known” (Swami & Yeats, 1970, p. 138). Similarly, as previously stated, during the Voice Dialogue process, Barner (2012) acknowledged that, “I can watch them [parts of my personality] and experience them outside of myself, so who is this ‘I’ that is doing the watching?” (p. 325).

A View of Multiplicity

In cultures focused on materialism and individualism, such as in the contemporary West, the notion of selves, as opposed to a unitary self, can be perplexing (Glover & Friedman, 2015). Perhaps this derives from the Western notion of soul, as most theologies from the dominant Christian tradition grant each person only one eternal soul, which forms the essence of the human being. This is reflected in many

Western social institutions, such as the criminal justice system that attributes individual responsibility in terms of a dichotomized guilt or innocence despite complex patterns of causation, varying from the macro-level of sociology (e.g., poverty) to the micro-level of biology (e.g., compromised brain functioning). Overall, the governing motif in the Western tradition has been to either deny multiplicity in personality or to deem it pathological. If each individual can have only one soul, then other entities sharing a body must not be part of that whole, hence are seen as unholy (i.e., un-whole), such as in demonic possession. Of course, there can also be phenomena related to multiplicity that are seen as positive from this view, such as possession by the “holy spirit.”

As cultural evolution has moved much of such religious language and their implicit values into the secular realm of psychology, this has led to rejecting many phenomena related to multiplicity as being pathological rather than as part of the range of normalcy or even evidencing the possibility of optimum human potential, such as envisioned in transpersonal psychology. This has also become a basis for cultural imperialism as non-Westerners, who may readily accept the multiplicity of selves in a way congruent with their cultures of origin, can be discounted in the West as being “primitive” or diagnosed as pathological using standards that are presumed scientific but really rest on parochial value judgments.

While the notion of the multiplicity of internal selves being a normal phenomenon remains controversial in contemporary Western psychology, this idea is not unique or novel. Its remnants occur frequently in colloquial language, such as “I was beside myself” and “I don’t know what got into me,” hinting to its residual acceptance at some levels within the folk psychology of Western culture.

Rowan (1990) conducted an extensive review of the history of sub-personalities within the therapeutic domain. He wrote that the question of whether there are parts of a person which can be talked to “as though they were separate little personalities with a will of their own has intrigued nearly everyone who has had to work with people in any depth” (p. 7). Carter (2011) more recently conducted a similar review, and maintained that references to the experience of self-multiplicity go back to antiquity, such as Plato describing himself as a charioteer trying to control two horses (his spiritual and appetitive selves) and St. Augustine writing about his current self being tormented by his former pagan self. Carter also discussed Freud’s model of the mind as split between conscious and unconscious, with the unconscious formed by clusters of sub-personalities, as well as Jung’s archetypes and complexes, from this vantage. Extending this from the psychoanalytic tradition, object relations theorists, such as Guntrip, Fairbairn, and Winnicott, speak of internalised parental objects and false selves (St. Clair, 2004), while Berne (1961), creator of transactional analysis, discussed ego states, citing research that demonstrated that “two different ego states can occupy consciousness simultaneously as discrete psychological entities” (p. 17).

These conceptualisations are not limited to the psychoanalytic world. In psychodrama, Moreno (1955) worked with the client as protagonist stepping in and out of roles, while Perls (1968) in gestalt therapy explained top dog and underdog roles, leading him to the introduction of techniques, such as two-chair

work. One therapist wrote, “In my office there are ten chairs, but they’re not set up for group therapy; they’re for individual work” (as cited in Rowan, 1990, p. 85). Family therapist Satir (1978) also spoke of discovering the inner theatre, as she encouraged all to love their multiplicity.

From the research hypnosis tradition, Hilgard (1986) dealt with the hidden observer during hypnotic inductions while, from the clinical hypnosis tradition, the Watkins (Watkins & Watkins, 1993) noticed that clients often revealed different personalities under hypnosis. Beahrs (1982) spoke of simultaneous co-consciousness functioning within a multilevel consciousness, and rejected the view that dissociation should be viewed as an either/or phenomenon, instead arguing that it is better understood to exist along a dissociative continuum that includes varied dissociative and hypnotic states, as well as sub-personalities.

Many more recent approaches to working with internal multiplicity have also since emerged. Internal Family Systems Therapy (Swartz, 1995), Cognitive Analytic Therapy (Ryle & Fawkes, 2007; Ryle & Kerr, 2002) and Parts Psychology (Noricks, 2011) are examples of these. Also noteworthy is Mearns and Cooper’s (2005) inclusion of the various configurations of self within an individual from a person-centred framework. This list is by no means exhaustive, as there are many more whose work is pertinent to the subject of normal internal multiplicity, whether they discuss this in terms of sides, selves, parts, voices, energy patterns, aspects of personality, sub-personalities, ego-states, or I-positions. Power (2007, p. 188) summed this well: “There is a large degree of variation in the proposed architectures of a multiple self both within and between different paradigms,” and these variations are largely subject to the theoretical underpinnings of their developers.

Over the last two decades, much of the discourse on internal multiplicity has been focused on its potential implication for theories of subjectivity, with authors arguing both modern and postmodern perspectives (Aron, 2001; Fairfield, 2008; Reis, 2005). This discourse has also pervaded the realm of political science, highlighting the potential political consequences of a decentred/postmodern self (Flax, 1990, 1993). Recent years have seen a resurgence and intensification of interest in this phenomenon, largely due to the ground-breaking work of Hermans (2003, 2011, 2012) and his many collaborators on the now well established Dialogical Self Theory, in which multiple internal voices are central to dialogical accounts of the self (e.g., Hermans & Dimaggio, 2004; Dimaggio, 2006). In this view, there is a society of inner selves functioning within each individual and that simultaneously participates within a broader societal context.

A further contribution to this burgeoning interest comes from the proponents of Emotion Focused Therapy, who base their work on a philosophy of dialectical constructivism that views “humans as being constituted of multiple parts or voices” (Elliot & Greenberg, 2007). Perhaps the most interesting development in this area comes from Stiles (1997) and his many collaborators (e.g., Stiles, Honos-Web, & Lani, 1999; Osatuke, Gray, Glick, Stiles, & Barkham, 2004), who emphasized listening to different voices during therapy and who view personality as a community of voices. According to their Assimilation Model, voices are seen to

have agency: “they are understood as active entities having their own thoughts, feelings and intentions, rather than as passive packets of problematic information acted upon by a unitary person” (Stiles & Angus, 2001, p.113). A positive aspect of these recent models is their tendency to be integrative. Stiles and Angus (2001) clearly stated that: “the assimilation model is an integrative model, meant to describe changes that occur in any type of therapy” (p. 112).

In order to understand more deeply the way in which Voice Dialogue is experienced, we engaged in a phenomenological analysis of facilitators of that therapy. They are expected to develop conscious relationships with their own internal selves as a prerequisite for effective work as a Voice Dialogue facilitator. Much of their training involves experiencing Voice Dialogue from a client perspective, and they are encouraged to seek regular facilitation for their own inner processes, including of course with their selves. The aim of the present study was to explore the phenomenology of using the Voice Dialogue method.

Method

Phenomenological analysis is a qualitative method that explores how human consciousness understands “*what appears to us*” (Fischer, 1998, p. 114) as phenomena. The phenomenological researchers engage in process-focused studies investigating “the way things are experienced by the experiencer, and . . . how events are integrated into a dynamic, meaningful experience” (Hanson & Klimo, 1998, p. 286). Previous research has used this method to investigate a wide range of phenomena, such as the experience of meditation (Gifford-May & Thompson, 1994), being unconditionally loved (Matsu-Pissot, 1998), and the meaning of awe (Bonner & Friedman, 2011). This type of analysis has the advantage of allowing researchers to identify essential aspects of experiences with minimal preconceptions. It is thus inductive rather than deductive, and well suited for exploring relatively unknown phenomena in an open-ended way. In the present study, we applied the principles of phenomenological research originally developed by Giorgi (1975) and subsequently expanded on by Colaizzi (1978) and Elite (1998). See the “Phenomenological Analysis of Original Protocols” sub-section later.

We used an interpretive method guided by an invitation to: “please describe in as much detail as possible your experience being facilitated using Voice Dialogue,” followed by reflective listening and general phenomenologically oriented questions such as what was the felt meaning of your experience?

Participants

Voice Dialogue facilitation is used in a number of settings, including counselling, art therapy and other forms of psychotherapy. Voice Dialogue facilitators may or may not be therapists. Prospective participants were initially sourced by compiling a list of Voice Dialogue facilitators from an Advanced Facilitator Training course, offered by Voice Dialogue International and attended by the first author. The authors were interested in interviewing participants who have had substantial

experience as *recipients* of Voice Dialogue facilitation and who had been facilitated recently and often enough to provide a rich and detailed account of their experience. Attending an advanced training with Voice Dialogue International is available only to experienced Voice Dialogue professionals, who can also provide evidence of having received a substantial amount of Voice Dialogue facilitation themselves. An invitation for expressions of interest to participate was therefore sent out via email to the 14 Voice Dialogue facilitators who attended the advanced training with the first author. The facilitators contacted were encouraged to notify other facilitators in their network, who had attended similar advanced training in Voice Dialogue, of our study. The details of two additional suitable prospective participants were obtained in this way. While the first author had met a number of the prospective participants at other various Voice Dialogue professional events, there were no supervisory relationships with any of the prospective participants or other power differentiation issues to consider.

A total of 16 Voice Dialogue facilitators were contacted. Ten respondents expressed interest in participating. Participant information sheets were sent out to the 10 respondents outlining the following: who will be conducting the study; the purpose of the study, time commitments, and mode of inquiry; risk, withdrawal options, confidentiality and handling of data; ethical considerations; and contact information. Of the 10 respondents, one was not able to participate at the agreed time and was, subsequently, not contactable. Another participant withdrew after commencing the interview.

Thus, eight Voice Dialogue practitioners voluntarily participated in the present study. See Table 1. Participants ranged from 47 to 66 years of age ($M = 56.5$, $SD = 5.8$). 7 were female and one was male. Participants had been working as Voice Dialogue facilitators from 4 to 23 years ($M = 16.87$, $SD = 5.9$). The time lapsed between our interview and participants' last Voice Dialogue session ranged from 1 day to 2 months. With one exception, all participants reported that the number of times they had been facilitated themselves "go well into the hundreds."

We note that, since its inception, Voice Dialogue has been practiced by an increasingly large number of therapists, where it has become used as a coaching tool in corporate environments, as a professional development tool in the arts, and

TABLE 1
Participants' Sex, Age, Profession and Length of Time Since Last Voice Dialogue Facilitation

Pseudonym	Sex	Age	Profession	Length of time since last time facilitated
Linda	F	54	Voice Dialogue Facilitator and Counsellor	4 days
Sarah	F	62	Freelance Artist	2 weeks
Elisabeth	F	59	Psychologist	4-6 weeks
Maartje	F	47	Senior Executive, Coach and Trainer	2 months
Collin	M	66	Retired Businessman	1 week
Catherine	F	54	Consultant, Voice Dialogue Facilitator & Trainer	1 day
Kirstin	F	54	Counsellor, Trainer	3 weeks
Kaia	F	56	Voice Dialogue Teacher and Facilitator	1 week

consciousness teachers have incorporated it into their work. The statement is consistent with the varied role descriptors of the eight participants listed in Table 1.

Interviews

The first author (ZB) used semi-structured interviews to elicit information from our participants. Typically, phenomenological inquiry stipulates that a real-time, face-to-face dialogue between researcher and research participant is the most effective method of eliciting the essential aspects of an experience (e.g., Giorgi, 2000). However, due to the considerable geographical distances separating the participants and the researchers we opted to conduct interviews via video chat using telecommunications application software (i.e., Skype). Although one participant withdrew after commencing the interview, there was no indication that this related to the online method of communication. With the exception of some technical connection issues concerning one participant, the authors did not observe any qualitative difference in communication or the establishment of rapport with participants via Skype compared to more conventional non-telecommunications approaches.

Phenomenological Analysis of Original Protocols

The original protocols of the eight participants were analyzed using the principles of phenomenological research originally developed by Giorgi (1975) and subsequently expanded on by Colaizzi (1978) and Elite (1998). In accordance with this standard phenomenological inquiry, the data were analysed using the following procedural steps:

1. Each original protocol was read and reread in order to develop an understanding of a professional's subjective experience associated with being facilitated in Voice Dialogue by another professional.
2. The salient statements, phrases, or sentences were extracted within each original protocol.
3. The extracted significant statements with the same meaning were integrated and translated into constituent themes where we translated the participants' "words in a way that remained true to the underlying essence of the experience itself without severing any connection with the original protocol" (Elite, 1998, p. 312). This process allowed us to formulate comprehensive themes for each participant.
4. The constituent themes were subsequently examined across original protocols. Those constituent themes judged to have the same meaning were pooled into comprehensive constituent themes.
5. A fundamental structural definition was then formulated by integrating comprehensive constituent themes into a "final definition paragraph" (Matsu-Pissot, 1998, p. 325). The definition provided a succinct description of the essential constituents of being facilitated in Voice Dialogue.
6. Each of the participants was contacted via email and invited to provide feedback and verification with regards to the comprehensive constituent themes.

Results and Discussion

We are combining our results and discussion section because the interpretive nature of our phenomenological method does not allow for clearly separating these two categories. Our analysis revealed the following constituent themes for the experience of being facilitated in Voice Dialogue: each self is felt as consisting of distinct qualities; a shift or transformation is felt in going from one self to another; and the Aware Ego, a key concept in the Voice Dialogue approach, is perceived to be a neutral and distinct experience, felt as a space.

Each Self Has Its Distinct Qualities

With regard to each self being felt as consisting of its own distinct qualities, participants struggled to describe the experience of having parts or selves in any global terms. Instead, consistently they underscored a qualitative difference in the emotional, cognitive and physiological experiencing of each self. For example, Elizabeth, a psychologist, qualified her response: “the experience really varies according to the self that’s being facilitated.” She then added:

I experience it as um... as a change of consciousness as well in which I’m speaking from a particular part of myself that has a particular physical kind of being, that has a particular sort of mental attitude, that has a particular sort of emotional correlates that go with it. So, the particulars of it vary according to the self.

Other reports made by participants echoed a similar theme. For example, Maartje, a European executive and trainer, stated:

You could say that each self is carrying some kind of energy. For example, a pleaser is carrying a very open-hearted energy. When I’m into my pleaser I smile and look at the world and I look at what people need and that goes along with an energetic feeling in my body. Like the energy is outwards, it is toward other people. It’s more open, more... soft. It’s like sensing the desires of other people.

Voice Dialogue facilitator and trainer Catherine reported:

I’m always amazed by how distinct the quality of each self that comes out... sometimes more than others but there’s ah... definite... physical characteristics, emotional energy that goes with that part that comes out and ah different opinions and often, different body language or feelings in my body.

Interestingly, these references to the body when describing the distinct qualities of each self were prevalent among participants. All participants assigned physiological attributes that correlated to the experience of having specific selves facilitated. For example, Linda, a counselor and Voice Dialogue facilitator, explained:

I have certain selves that reside in different parts of my physical body, like my protector evokes a feeling in my gut and it's like a flutter. My Pusher – physically I can feel the tension in my neck and back. . .umm. . . my good mother – my heart seems to expand and open up and is. . .you know. . . that expanded heart makes me more receptive to what is happening to the other person, so each self seems to have a physical sensation. Some. . . you know the rational mind is more. . . ‘heady.’

Freelance artist Sarah described the contrast in visceral qualities present within opposite selves:

When I'm facilitated and I'm in the energy of a particular voice, I can feel the difference in my body. Tension in different places, awareness of my voice and its projection or lack of projection, um, or volume. Also, just emotions that come up [...] then when I go to the opposite side for a facilitation of whatever energy it is that I've been in, again the visceral components of that energy are very much the opposite of what I experience on the other side.

While some participants acknowledged the presence of particular bodily sensations attributed to particular selves, others described these visceral qualities in more active terms. Rather than just locating the presence of a self in specific areas within the body, these participants described how each self actively animated it. For example, Voice Dialogue teacher and facilitator, Kaia, described how the selves animate her gestures:

All of the selves have a way of feeling in my body and also a way of holding my body, animating my body. I often have very distinctive gestures that I can notice, that's helpful for me to notice later on, to bring to awareness, or ways of moving my hands, or holding my head in a certain way, or facial expressions or how I occupy the space of the room, my proprioception of the room is affected quite a bit by whatever self I am in.

The amplification and experiencing of the distinct qualities of each individual self is an important aspect of the Voice Dialogue process, as it greatly assists the clients to gain clarity regarding their own experience. Voice Dialogue aims to create a relationship with and allow greater access to, the resources inherent in these sub-personalities. A heightened awareness of how each self is embodied reportedly assists clients in both recognising the part in them that is reacting to a particular situation and being able to consciously invite experiencing from a different part if they so choose.

Maartje provided an account of a particular Voice Dialogue facilitation in which, while talking about an issue that was causing her to feel disempowered, the facilitator noticed her hand moving in what seemed to be a chopping motion. The facilitator made a phenomenological observation drawing her attention to her hand and used the gestalt technique of amplification (Mackewn, 2004) by asking her to “make it bigger.” This resulted in the facilitation of a Samurai-like self whose presence was a surprise to her. Contact with this self was made through its physical

animation of her body and led her to access an inner resource that was not previously available to her. She reported:

So I made it bigger and I made it bigger and ... I stood up and then it changed into a “samurai,” in silence, without talking, making this movement with the whole of my body and then I just discovered it was a samurai, I didn’t know that when we started, but it just turned into a samurai and it was a very, very impressive session which really freed part of myself that is able to defend me and speak up for me when things happen for me that I don’t like.

It is noteworthy that participants also attributed a consciousness, will, or motivation to each self. Kaia, for example, underscored the sense of relief purportedly felt by a self when its concerns are truly heard:

It’s a relief for that self to be seen and listened to by me, certainly by proxy through the facilitator but for that self to be extrapolated out, to be put out there always feels like a big relief for that self to have its own moment to be fully appreciated and heard.

Sometimes the selves were described or referred to by the quality they bring, often using generic terms employed by Stone and Stone (1989) for commonly present selves (e.g., “my pusher,” “my pleaser,” “my critic”). Sometimes parts were given a name or a name was attributed to them. One such example was provided by Catherine, who recalled a Voice Dialogue facilitation she had a few years prior in regards to an issue she was having with her young son’s unruly behaviour. In the course of this facilitation, she discovered a conservative, male self within her. Affectionately, she referred to him as “Calvin” and credited him with her choice of attiring that morning. She explained:

He said: “spare the rod, spoil the child!” And just went on and on about how kids should do exactly what they are told and it was just remarkable and he was just there dressed like a pilgrim pretty much and his name was Calvin which I found pretty interesting too – my family are like, generations of Methodists, both my parents and their parents ... after that session, when I would feel anger ... I could just say ‘oh hello Calvin,’ you know, ‘you know we’re not going to use the rod here,’ you know and kind of move him out of the driver’s seat.

Interestingly, both in this example of “Calvin” and in the earlier “samurai” example provided by Maartje, the selves accessed seem to go beyond one’s individual experience toward the transpersonal. Also noteworthy is that both experiences resulted in a creative adjustment put forward by the experiencer. In Maartje’s case, a relationship was formed with a part that provided access to a new and more useful way of responding in uncomfortable situations. Catherine separated from a cross-generational, cultural self that was dictating her reactions, also allowing her to create a different kind of relationship with it and subsequently with her son.

Typically, the selves purportedly fulfilled the positive performative function of imparting information about their needs and motivations as well as the needs of the

person as a whole. Linda explained: “the parts are often very happy to speak, like they’re happy to be heard... if there’s a rapport or a trust I know that the self will offer more information.”

A Shift or Transformation

As previously stated, in addition to the shifts implicit in moving between distinctly different parts, participants described shifts that occurred within each self as its concerns were being voiced and heard. Although, it was not always clear whether this shift was being experienced (a) by the facilitated part as a result of having been heard; (b) by the participant [as client] as separation from that part started to occur with the introduction of awareness; or (c) by both. For example, Maartje reported:

You can feel energy changes within the energy of the self when you talk to it a little longer. Sometimes, for instance, a self can become sad or can become more quiet. Sometimes it means that there’s a shift toward another self but sometimes it’s the same self having something new to inform you about so there is a little energy shift – that can be the case.

While a sense of spaciousness was mostly attributed by participants to the “middle space” or the Aware Ego process, Catherine gave an example ascribing a drop in tension to the experience of a self:

Sometimes while they are talking, like the longer a self talks... what I often experience like yesterday, after that part got to talk about how she was overwhelmed and it’s hard to make choices and she didn’t feel like she had enough help making choices then she started to relax and that feeling of dullness left my body while she was talking. So it’s like that... I do I often experience that... there might be a tension or contraction or some kind of stress and as the self gets to express itself and have time to do that, it’s like a spaciousness, it’s more open... and it is like relief really, a kind of release and then a kind of relief.

Counselor and trainer Kirstin, explained a shift that can happen within a self:

I can go to a part of myself that is initially very upset and when I hang in there then it becomes clear that it’s not so much to do with grief or sadness it can actually be an energy that’s really wonderful and open and free but it’s so upset because it can’t be there usually so that’s a shift in the energy and sometimes that’s very profound.

Sarah provided the following example to describe a “levelling out” that occurs for her in response to a self being facilitated. Here it seems unclear whether the shift occurred within the self being facilitated, affecting the whole system, or if a natural separation into the “middle space” started to occur once the self had been heard:

After a certain point when it’s been heard you know ah or facilitated through a particular voice um I can feel the energy shift in my body.... Well it’s not

necessarily a tension that I'm aware of, like I said, there's parts of my body that will be tense, or perhaps my stomach will be upset or I feel anxious – so I guess you could call it tension, and um when I've been heard, it's like there's a real levelling out of energy. It's kind of difficult to explain. It also happens when I do yoga, so um, there's just a calming down of the whole system.

In any event, what is evident is that for the participants of this study, facilitations of selves were always accompanied by some sort of experiential shift akin to relief that progressed cathartically as each inner self expressed its needs and concerns. A further shift or an enhancement of that shift was experienced when moving to the “middle space” of the Aware Ego. Participants also described a more profound shift that accompanied the experience of being facilitated in Voice Dialogue, a shift in experience in a deeper sense involving meaning. Participants underscored an experienced sense of “newness” that was accompanied by “relief” or “surprise” after a self has “spoken.”

Participants also conveyed routinely gaining tangible insight through the process of Voice Dialogue facilitation, into themselves and the nature of their experience. Insights were reportedly retained and incorporated into the lives of participants after the resolution of specific Voice Dialogue experiences. Participants described some of these shifts as having a transformative effect with significant long-term gains. Indeed, participants made multiple references to long-term effects of specific facilitations. An example of this was in the following account provided by Maartje:

And ever since that session, I was. . . I had become aware of that and ever since then I look at people's eyes. So it seems like some new kind of contact was born in that session, I will never forget that one. [Laughs] But you know, I can remember maybe all the sessions that I've had. They are all very. . . they leave an imprint which is tremendous, so I can recall them quite literally. It's a very powerful method.

Participants underscored the often therapeutic effects of their Voice Dialogue experiences. For example, Linda described an early experience of Voice Dialogue whereby a therapeutic shift she described as “profound” had occurred:

I had been really, really hard on myself. Like, my inner critic, I had [...] a killer critic and I was suicidal, 'cause I couldn't figure a way out of this... [situation] with my daughter, I felt like I was harming her. . . and so immediately after the dialogue I understood why I had been pushing off of my daughter everything had just started to click into place. So I had compassion for myself, compassion with my daughter and my inner critic. It was like, all of a sudden I was like standing on this big ladder looking down and the critic's voice that was telling me I was a screw up as a mother and my kids are going to be better off without me. . . umm. . . that voice quieted. . . and I had been aware of that critical voice in my head ALL the time. It was profound.

She later added that this facilitation led to a complete shift in her experience and that it changed her relationship with her daughter. While some participants emphasised immediate and lasting shifts that occurred when they were first

introduced to the model, others underscored a maturation process in their experience of being facilitated using Voice Dialogue and that time and experience with the approach deepened the quality of their facilitations. For example, Kaia explained:

I guess I would just say the experience of being facilitated now is different from when I was earlier on. It's much more fully embodied. It's a much more sensual experience than it used to be. [...] the other experience I have of being facilitated is a great sense of relief. It's a big sense of relief [...] for that self to have its own moment to be fully appreciated and heard, so there's that quality inside it as well, umm.. and also there's a very big feeling in general of gratitude cause of the... not only because of the experience that those sub-personalities have but also for me the human being that I actually have a way to not be entrapped in all of the selves. So those are other things that I subjectively experience in the experience of being facilitated. Like a deep feeling of appreciation.

Other participants highlighted cognitive insight as an important aspect of the shifts that occur when being facilitated in Voice Dialogue. Collin, a retired businessman and Voice Dialogue enthusiast who assists at various Voice Dialogue experiential training programs, explained:

I find it quite engaging. I'm interested in what's happening in the sessions, interested and surprised often that something came up that I didn't anticipate ... 'cause I just saw that self all of a sudden...it was a sudden thing! I didn't even know that self existed before ... and it was when I was being facilitated in the vulnerable selves ... and I had the insight –oh! These are the vulnerable selves! They're not causing any trouble for me, no they're just sitting there, feeling vulnerable.

Similarly, Catherine emphasised the cognitive integration that accompanied the shift in experience, contributing to the formation of new meaning and sustainable change:

It's like umm... it's like having, for example, there's an experience that maybe I've had throughout my life a certain feeling or mood or attitude, or even pattern or difficulty and then once during that facilitation after I've met that self, that's distinctly come out and spoken, then it's like all of a sudden it makes sense, how that energy or that attitude or feeling has been woven into my experience and now it's separated and it's very distinct and there's a kind of... there's a sensation I have... relief sounds a little funny but umm... it's just like 'oh yeah now I understand!' it's also a feeling of like umm having more awareness, greater awareness... and also, what I notice is ... there's always ... I see a shift in my experience and in my daily life after I've been facilitated, often without having to go back and work with that self a lot, I'll see a shift in my umm ... in my experience or my attitude or my behaviour even, my actions.

However, the most dramatic and profound shifts described by participants tended to be experienced on multiple levels, going beyond cognitive insight. It is noteworthy

that the changes described were purportedly brought about by the shift itself rather than by any decision to change as a result of an insight. As Kirstin described it:

I didn't have to do anything about any of that, I didn't have to then think of doing anything, it was just that insight ummm... that I got. I got an intellectual insight, I got an emotional insight, I got a physical energetic experience, and something shifted and... I didn't have to react in the same way anymore.

Elisabeth articulated the great personal meaning that accompanies these shifts in her experience:

So, for example, I'm thinking of a facilitation I had years ago, and I can't even remember how the facilitation arose but... I think we were playing around with something about the opposite of the inner critic and... the self that emerged was kind of like a...like a... oh I can't remember what I called it but it was sort of like a good... spirit or a helpful guardian or something like that... sort of different from a protector... was more like a sort of inner mentor I suppose in a way and it was a very grounded, encouraging voice inside myself and it was fantastic to discover and... and it was quite unexpected.

The Neutral Space of the Aware Ego

A space metaphor was used by participants to describe the experience juxtaposed to the animated experiencing of the sub-personality that precipitated it. The space was described alternatively as "clear," "expansive," "neutral," and located in the "centre." However, this space is perhaps more than just a metaphor as it seemed to occupy a physical space in the centre of participants' worlds. Also, this central space was described as located in relation to the different physical spaces moved into when seen from each sub-personality in order for them to play out their conflicts around it. As previously articulated, the task in Voice Dialogue is to introduce awareness to the ego by loosening its calcified position of identification with the primary selves. In a sense, the process is about ego plasticity. The intention is to introduce an experience of being more than the limited identity that any particular self [or cluster of selves] is able to provide. By introducing this awareness, an opportunity to function from a more expansive position is provided. In Voice Dialogue facilitation, once separation from a self has occurred and awareness is introduced, the middle position of the ego is referred to as the Aware Ego process, thus setting an intention to work creatively from this position.

The Aware Ego process was experienced by participants as distinctly different relative to the experiencing of the various individual selves. Sarah explained:

Aware Ego is very neutral. It's just observing what is without any judgement to it and being able to see the attributes of each side and what the energy has to offer and noting how powerful this energy is and how much it's in control or not in control. So it's just really a very neutral space.

A key characteristic of the Aware Ego process was neutrality. Participants tended to define their experience of this position in terms of the absence of other qualities, as Linda described:

So when I really know that I'm in an Aware Ego, it's a very neutral place where I have that expansion and that I am able to just be aware at arm's length at what happened in that dialogue. I'm not arguing with it, I'm not agreeing with it, I'm not recoiling from the information, I'm just ah... just feeling separate from it.

Other terms used by participants to reflect this experience of neutrality were "spacious" and "clear." Participants reported feeling "peaceful" in the Aware Ego process, contrasting it with their experiencing of the sub-personalities or selves, as reported by Catherine:

It often feels more spacious and um... more objective, it feels like a very clear space where I'm not feeling the influence of one self or another so much but just being able to observe or feel the energies that are around me or part of me, but in the centre, it's yeah a feeling of spaciousness... if I focus on them [the selves], or if there is still maybe rattling around a little bit but I can also just feel like, almost more like a peaceful state without the feeling of selves... a clear space for me there in the centre.

As an Aware Ego process is perceived to exist only in relation to the selves from whom one's identifications have separated; it is interesting to note that participants reported feeling the "energy" of these same selves next to them when occupying the Aware Ego position (after a self has been facilitated). Maartje provided an example of this:

It's very often when I go back to the Aware Ego there is more calmness, it's more calm, as if I... when you separate from an energy, moving out from a primary self you really leave the energy of that self next to you, so you move to a more neutral, a more quiet place.

Kaia described the Aware Ego process as characterized by "tenderness" devoid of any "sentimentality," her experience typified by acceptance rather than attachment:

Almost always when I come back to the centre, there's that quality that rushes in. A relief from having had to have been so hooked into that self and yet a kind of tenderness and appreciation of what that self is... it's a very quiet space for me... and there's a quality of... it's a kind of a dispassionate compassion. There is a kind of a tenderness without any kind of sentimentality. I really just accept that energy that I was in when I move into that awareness. But there's no sentimentality about it, there's no stickiness about it.

Maartje echoed a similar experience accompanied by positive affect:

When I hear a self talk to me and explain why that self is behaving the way it is, it's very often a moment of feeling love for a part of myself that I often maybe

don't like or want to ignore and these are moments that somehow I get a better relationship with that self.

While the Aware Ego process was consistently reported to be experienced as neutral, it was not always perceived to be a peaceful experience. When participants described working with selves that specifically hold *opposite* characteristics, the Aware Ego process, now in between them, maintained its neutrality in relation to these selves. However, "peaceful" was no longer the adjective of choice, when describing this position. Instead, a "tension" is described as reported by Kaia:

And actually, you know what's kind of... that's when I'm separated from one self, when I'm being facilitated, but if I actually have worked between a pair of opposites and now I'm in the middle, it is a very different kind of experience for me because then I'm ah, I'm working [laughs], I'm working to hold the umm... hold the paradox. It's like looking at red and green at the same time and they keep oscillating in your eyes. Like trying to hold an oscillation and feel the energy fields actually still available in my body and in my psyche and to hold those both at the same time and not to collapse into one or the other. And they both feel at that time, if I'm in the presence of two energies two opposites or two opposing energies I feel... it feels very umm... magnetic between the two and so umm to stay aware of them both and not to collapse into either one of them takes a real effort and also again, my experience of the flow of time really slows down in order to hold this larger perception.

Kirstin described this tension as feeling "stretched":

I mean the Aware Ego isn't always calm because for example if I work with very strong polarities... when I do that work and I sit in the middle and I'm in an Aware Ego process that's not comfortable... so then you get that sense of what Hal Stone calls "sweating" the "sweat" from the Aware Ego space that has to carry both polarities, that makes me stretch....

Although working with opposites in the Aware Ego process has been highlighted as an uncomfortable experience, this discomfort is perceived to be the catalyst of new experience and is the stated goal of Voice Dialogue facilitation. It also seems that this Aware Ego process or position is profoundly transpersonal.

Conclusion

Our article has presented an overview of a transpersonal psychotherapy referred to as Voice Dialogue, and phenomenologically analysed experiences of a sample of Voice Dialogue psychotherapists. The essential experiential aspects found were: (a) each inner self had its own distinct qualities; (b) going across selves involved a felt shift or transformation; and (c) there was a felt neutral space for what could be seen as an Aware Ego.

As exploratory research, we used only a small and self-selected sample, and this restricts the range of extrapolations from our results. For example, most of our

participants in this study were female. Consequently, gender may have influenced the constituent themes we elicited. Future research may wish to extend the present study by sampling more males with the aim of investigating gender differences with regards to Voice Dialogue-induced phenomenology. Similarly, looking at many other possibly salient variables (e.g., socioeconomic status) would be desirable in future studies. However, we emphasize that the phenomenological methodology used in the present study is not intended to produce generalizations or any extrapolation of results. This methodology aims to facilitate as rich a description of the phenomenon being examined as is possible.

Second, the usefulness of retrospective reports may be compromised by forgetting, reconstruction errors and confabulation, and lack of independent verification (Pekala & Cardaña, 2000; Rock & Jamieson, 2014). Indeed, the current study's design did not control for the time elapsed between the participants' last Voice Dialogue session and the semi-structured interviews, and this could show a memory-fading process that introduced bias. Furthermore, use of real-time experience sampling might provide more accurate information than recall, and could be used in future research.

In addition, future researchers might wish to implement a pretest–posttest design with participants being randomly assigned to either a Voice Dialogue group or no treatment group. This design would allow one to test the hypothesis that, for example, the Voice Dialogue group will report higher well-being scores compared to the no treatment group, after controlling for pre-test scores.

Future researchers may also wish to supplement qualitative assessment (e.g., phenomenological analysis of semi-structured interviews) of the essential aspects of Voice Dialogue induced experiences with a quantitative evaluation using self-report instruments, such as the *Phenomenology of Consciousness Inventory* (Pekala, 1991). The use of psychophysiological measures, such as electroencephalographic data while experiencing different selves, might also provide interesting perspectives (Krippner & Friedman, 2009). By triangulating diverse methods, one may be able to provide a more comprehensive account of Voice Dialogue induced phenomenology (for an outline of convergent research approaches that combine neuroscience and phenomenology see Jamieson & Rock, 2014; Laughlin & Rock, 2013).

In his discussion of the various ways of working with sub-personalities, Rowan (1990, p. 90) stated that Voice Dialogue is “perhaps the most ambitious and well worked out approach to personification yet devised,” and Rowan (2010, p. 61) further explained it has “a lot more to say than any of the others as to all the ins and outs of actually working with I-positions.” Since its inception, Voice Dialogue has been practiced by an increasingly large number of therapists, where it has become used as a coaching tool in corporate environments, as a professional development tool in the arts, and consciousness teachers have incorporated it into their work. The ideas underpinning the method are now taught globally in a variety of Voice Dialogue training institutions and in other varied educational settings worldwide. For example, the University of Siena in Bologna, Italy introduced Voice Dialogue to their graduate master's degree program in Communication and Interpersonal

Relations. Native American, Catherine Swan Reimer, has been teaching a culturally aware form of Voice Dialogue to indigenous Alaskans for the American National Indian Child Welfare Association. The “Hearing Voices program,” headed by Dutch psychiatrist Professor Marius Romme and researcher Sandra Escher, incorporates Voice Dialogue in their work with patients suffering from auditory hallucinations. Lama Drimed Norbu in his role as spiritual director of the Chagdud Gonpa, introduced Voice Dialogue into the practices at Rigdzin Ling Buddhist community in California and Genpo Roshi developer of The “Big Mind, Big Heart” process attributes the ideas underpinning his approach to Voice Dialogue. Despite its broad use and increasing pertinence to the practice of psychotherapy and current discourse (Carter, 2011; Rowan, 1990, 2010), there is a paucity of empirical research on its practice, so more research would, of course, be desirable. We hope that future research might be encouraged by our exploratory study and could establish a more refined evidence base for this innovative approach to transpersonal therapy.

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BOOK REVIEWS

GROF, STANISLAV (2015). *Modern Consciousness Research and the Understanding of Art: Including the Visionary World of H. R. Giger*. Santa Cruz, CA: Multidisciplinary Association for Psychedelic Studies (M.A.P.S.). 200 pp. ISBN: 0979862299. Paperback, \$29.95. *Reviewed by Renn Butler.*

Grof begins this fascinating and sumptuous book by reviewing the attempts of 20th-century depth psychologists to understand great art, including Freud's analyses of Dostoevsky, Leonardo, and Shakespeare and Marie Bonaparte's work on the tales of Edgar Allen Poe. While interesting from a historical perspective, Grof shows how the Freudian model of the psyche is inadequate for a deeper understanding of the artistic world.

He introduces some of the early studies of creativity and psychedelics that revealed clear similarities between the art of LSD subjects and the paintings of major figures in the movements of Abstractionism, Impressionism, Cubism, Dadaism, Surrealism, and Fantastic Realism. Many professional painters who participated in this research found that after the LSD session their imaginations became richer, their colors more vivid, and their styles considerably freer. "On occasion, people who had never painted before were able to produce extraordinary drawings and paintings. The power of the deep unconscious material that had surfaced in their



Figure 1. "The Oceanic Womb" (by permission of Stanislav Grof, p. 72) An experience of *melted* or *oceanic* ecstasy in a psychedelic session. The artist was reliving the intrauterine state while simultaneously identifying with the serene consciousness of whales and jellyfish.

sessions somehow took over the process and used the subject as a channel for artistic expression” (Grof, 2015, p. 31).

The impact of psychedelics on the history of art was not limited to scientific experiments, however. A whole generation of avant-garde young artists was able to portray “with extraordinary artistic power a rich array of experiences originating in these deep and ordinarily hidden recesses of the human psyche” (Grof, 2015, p. 32). This gorgeously produced anthology is replete with striking color prints by figures such as Marcel Duchamp, Edvard Munch, Mati Klarwein, Ernest Fuchs, Roberto Venosa, Martina Hoffman, Maura Holden, and Alex Grey. It also showcases evocative paintings by individuals who have undergone psychedelic therapy and Holotropic Breathwork.

At the heart of the book, Grof applies his expanded understanding of the human unconscious to the contributions of the Swiss artist, Hansreudi Giger. He refers to a comment shared by the filmmaker Oliver Stone: “I do not know anyone else who has so accurately portrayed the soul of modern humanity. A few decades from now when people talk about the twentieth century, they will think of Giger—an assessment which many now share” (Grof, 2015, p. 96). As Grof describes, “There is no other artist who has captured with equal power the ills plaguing modern society: the rampaging technology taking over human life, suicidal destruction of the ecosystems of the earth, violence reaching apocalyptic proportions, sexual excesses, insanity of life driving people to mass consumption of tranquilizers and narcotic drugs, and the alienation individuals experience in relation to their bodies, to each other, and to nature” (Grof, 2015, p. 96).



Figure 2. From a psychedelic session in which the subject experienced the uterine contractions of birth as an attack by a monstrous octopus (by permission of Stanislav Grof, p. 78).

Giger designed the unforgettable alien in Ridley Scott's classic sci-fi movie *Alien*, for which he was honored with an Oscar for Best Visual Effects in 1979. His art, both widely admired and controversial, is often characterized by a fusion of machine-like and human elements, an amalgam often referred to as "biomechanoid." Head-crushing steel vices, compressing pistons, and mechanical cogwheels are featured abundantly in his paintings. On one level, these may be seen as reflecting the dangerous and oppressive intrusion of technology into human life. "The archetypal stories of Faust, the Sorcerer's Apprentice, Golem, and Frankenstein have become the leading mythologies of our times," Grof writes. "Materialistic science, in its effort to understand control the world of matter, has engendered a monster that threatens the very survival of life on our planet" (Grof, 2015, p. 96).

Giger's intense paintings are suffused with scatological and demonic motifs, sexual organs and appendages, laboring mothers, and stricken angry fetuses. Grof suggests that these combinations of themes in Giger's work are, rather than a random juxtaposition of images such as those found in surrealism, reflections of a deep and consistent experiential pattern. His art depicts the kind of death-rebirth or "dark night of the soul" scenes that routinely occur during the journey of inner psychological transformation. People engaged in psychedelic therapy or holotropic breathwork often encounter the same elements portrayed in Giger's paintings, at certain points in their inner process.

Grof termed this layer of the psyche *perinatal* (literally "surrounding birth"), a layer that has not yet been integrated into mainstream psychology, which tends to focus only on postnatal events. Attempts to explain Giger's work in terms of his post-natal biography, however, have been less than convincing. He enjoyed a relatively peaceful childhood free of major traumas, including a warm and loving relationship with his mother and a satisfactory one with his father. Yet from an early age he displayed a highly engaged imagination and dream life, with both an attraction to and fear of passages, tunnels, trap doors and cellars—themes that are logically related to the passage through the birth canal. Like many artists, Giger was deeply introspective and was aware of the birth process as an inspiration for his work. For example, one of his paintings, "Homage to Samuel Beckett III" (1969), depicts a suffering fetus in a narrow channel, squashed by a hydraulic piston. Grof points out that the intensity of the contracting uterine walls, which press the frail head of the fetus down the narrow birth canal with 50 to 100 pounds of force, have for the fetus an overpowering, machinelike quality. Giger admired Grof and was proud of their friendship, feeling that Grof was able to understand the depths of his art more than anyone else.

In a similar way, many of the disturbing themes in Edgar Allen Poe's stories remain incomprehensible in terms of his personal biography, but become clear when seen as expressions of perinatal experiences. Such images as the engulfing whirlpool ("Descent in the Maelstrom"), diabolical tortures and fiery walls ("The Pit and the Pendulum") and being buried alive ("The Premature Burial," and "The Fall of the House of Usher") are common and understandable motifs in the sessions of people who are reliving their births in deep self-exploration.



Figure 3. "Li II" (H. R. Giger, by permission of Carmen Giger, p. 108) Giger had an uncanny ability to portray the nightmarish world of the perinatal matrices.

Grof's research also suggests that the perinatal layer of the psyche, so evocatively portrayed in Giger's art, is responsible for many emotional and psychosomatic problems in human life. "Our self-definition and attitudes toward the world in our postnatal life are heavily contaminated by this constant reminder of the vulnerability, inadequacy, and weakness that we experienced at birth. In a sense, although we have been born anatomically, we have not caught up with this fact emotionally" (Grof, 2015, p. 86).

These leftover energies, however, do not create problems only for individuals. Clinical research suggests that material from the dynamic stage of labor—intense driving forces, life-threatening suffocation, and activation of biological energies reaching an instinctual inferno—is a deep source of many extreme forms of collective psychopathology, including wars, bloody revolutions, concentration camps, genocide, and terrorism. There is ample evidence that such societal scourges as Nazism, Communism, and religious fundamentalism also have deep roots in this powerful inner material. The perinatal layer of the psyche, though still beyond the range of traditional psychotherapy, however, is not the deepest realm that emerges in self-exploration. Grof coined the term *transpersonal* to describe experiences in which people gain access to ancestral and racial memories from Jung's historical unconscious, to archetypal and mythological realms, an identification with specific animal or plant species, past-life experiences, or cosmic consciousness.

While unresolved perinatal and transpersonal material is responsible for many problems in modern society, facing these leftovers in supported self-exploration can result in profound emotional and physical healing, creative breakthroughs, and spiritual awakening—transcendent states that Giger was able to touch on in his



Figure 4. The moment of crowning in a high-dose LSD session. The subject is passing from the biological realm, through purifying fire and into the realm of the Great Mother Goddess (by permission of Stanislav Grof, p. 89).

most sublime creations. In a sense, he has given to the world of art, a portion of what Grof has offered to the realm of psychology and psychiatry. Giger's rich and evocative portfolio, so gracefully illuminated by Grof, can be seen as alluring invitations for a deeper self-knowledge, calling us to face our disowned shadow material and reopen to the spiritual layers of existence. As Alex Grey writes in the book's forward, "[Grof's discovery] of universal spirituality hardwired in the brain and unlocked during the mystical psychedelic state should be front page news" (Grof, 2015, p. 6). This foundational book is a must-read for all serious students of art and the creative process, shamanism, depth psychology, psychedelic therapy, history, and comparative religion.

Link to the M.A.P.S. bookstore: <https://store.maps.org/np/clients/maps/product.jsp?product=950&catalogId=2&>;

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The Reviewer

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B. SOTILLOS, SAMUEL (2013). *Psychology and the Perennial Philosophy: Studies in Comparative Religion*. Bloomington, IN: World Wisdom. 248 pp. ISBN: 978-1-93659-20-8. Paperback, \$23.95. *Reviewed by Mateus Soares de Azevedo.*

Even if it is true to say that psychic disequilibriums, insanity, and all kinds of manias and phobias, have always existed in all epochs and latitudes, among men and women of all civilizations, in different degrees depending on the epoch and the people, it seems certain that the modern world has given its very important contributions to expand this list and intensify the disorders. The main reason for this plight is that in general terms, contemporary psychotherapies suffer from a lack of focus, emphasizing the consequences or symptoms of diseases, rather than probing the causes that are located well below the surface level. There is in the life of every man and woman a dimension made of trivialities, chance events, absurdities, and our psychological methods have developed a whole apparatus to cope with the events of this “secular” existence, which deals basically with the two first dimensions (the ego and its relations to the body) in the traditionally tripartite constitution of man—which is made of body, psyche, and immortal soul, or Spirit/Intellect.

Contemporary therapeutic approaches have developed treatments to face “horizontal” challenges, but as traditional wisdom all over the globe asserts, the human individual is composed also, and most importantly, of an immortal soul, and everything this higher self does or suffers impacts the ego and this later, by its turn,

impacts the body, the ego being in fact a composite of body and psyche. Conventional methods have no arms to confront the lack of care to the most exalted and important dimension, that of Spirit.

The fact is that our modern ways and life styles, habits, customs, our very modes of work and of leisure, everything in our life inevitably creates, because of its unbalance and superficiality, psychic disorders, which have been confronted by doctrines and methods that aim at abolish them. But they have not been really successful. Why? Because they focus on the symptoms, they aim at the human individual's limited identity composed of only a horizontal dimension, the body and the ego, ignoring a vertical dimension.

In order to deal with the inevitable challenges and difficulties of the soul, the unanimous wisdom of the great traditions of the world, synthesized, as it were, in our own time by the masters of the Perennial Philosophy such as Frithjof Schuon and René Guénon, suggests as remedy putting first things first. Hierarchy is decisive. Thus the care of the immortal soul through disciplines and practices such as prayer, meditation, retreats, participation in the religious rites of one's own tradition. The Perennial Philosophy also teaches the practice of essential virtues, such as generosity towards the other, and humility towards oneself.

Perennialism suggests as well resignation, for the world is not a completely peaceful and just place, to say the least, and there are things that are impossible for us to change, and towards which the best answer is resignation. For what does one benefit from punching in a knife's edge? Nevertheless, resignation must not be understood as an absolute, nor as a totally passive response to the events of the life and the soul, and it must be complemented by confidence. There is also gratitude. In short, response to these challenges must necessarily include spiritual weapons, as afforded by the contemplative doctrines and methods of the great spiritual traditions.

Psychology and the Perennial Philosophy, edited by Samuel Bendeck Sotillos, is a well devised and stimulating anthology that provides much food for thought for therapists and mental health clinicians in the way of dealing with the challenges mentioned above. It includes original and insightful pieces such as "Modern Psychology" by Titus Burckhardt; "The Psychological Imposture" by Frithjof Schuon; "The Confusion of the Psychic with the Spiritual" by René Guénon; "Situating the Psyche" by William Stoddart; "The 'Four Forces' of Modern Psychology and the Primordial Tradition" by Huston Smith; and "The Impasse of Modern Psychology" by Samuel Bendeck Sotillos, among yet several other essays by authors that belong in one way or another to the Perennialist school.

Here, for reasons of space I will limit myself to making brief considerations about a couple of its chapters. I start with what Frithjof Schuon considers to be a "psychological imposture" (see pp. 3-5). What does the author aim at here? He aims to "psychologism," (see p. 3) which is the abuse of the use of psychology to see all and everything in relativistic and subjectivist manner, doubting the capacity of objectivity that normal human intelligence has— thanks to the presence of the

Intellect in one's innate constitution. Above all, Schuon aims at Freudian psychoanalysis, for it replaces in practice the role of religion and spirituality in treating the more profound problems of the psyche. Psychoanalysis is viewed here as an imposture because it excludes spiritual factors from the soul's dispositions. As an example of this, Schuon writes that Freudianism tries to abolish the sense of guilty instead of the sin itself, "thus allowing the patient to go serenely to hell" (p. 3). Although Schuon solely speaks here to Freudian psychoanalysis, he underscores a key element that runs for the most part throughout contemporary psychology, which aims to replace religion with psychology.

A most penetrating and brilliant essay by Titus Burckhardt stresses the fact that modern psychology has been ever confronting an impasse. It is in a *cul-de-sac* because its object, the psyche, is the same as its subject, the psyche—and this confessed by one of its historical spokesman, C.G. Jung, who wrote this out in his book *Psychology and Religion* (1938). This engenders a permanent subjectivism or relativism, as the psyche is by its nature unstable, deceptive, and unreliable. If Jung showed discernment in expressing this truth concerning his discipline, he nevertheless did not take into account the due consequences of his own perception. Despite its intrinsic relativism and subjectivism, Jung and others passed judgments on all and everything, as if his point of departure were completely trustworthy and objective. Moreover, one can say here that the *psychologism* that contaminates almost every field in contemporary life owes much of its prevalence thanks to the impulse given by this approach. Burckhardt focuses on Jung, the founder of analytic psychology and pioneer of transpersonal psychology, pointing out that even if spirituality is included within contemporary approaches, it does not free it from other obstacles, most notably *psychologism*.

Besides exposing the limitations and contradictions of modern psychotherapies, the book points out what might be considered as the principles that underline *traditional* or perennial psychologies. The latter, despite the huge discrepancies in theological, cultural, and moral perspectives, whether from Hindu, Confucian, Buddhist, Islamic, Christian or Platonic civilizations, show an unexpected convergence in what in essence is the idea that *duo sunt in homine*—"there are two [natures] in man," as St. Thomas Aquinas (1917, p. 336) expressed it. Or the "inner" and the "outer" man of Meister Eckhart; "Martha" and "Maria" according to the famous Evangelical episode (Luke 10:38-42). The first considered in his outwardly social dimensions; the other in his inward or contemplative dimension. One is the outer psycho-physical personality, what Islamic science of the soul calls *nafs*; the other is the inner or sacred core of man, his immortal soul. One might even say that the unrest, confusion and chaotic situation of much of contemporary world rests on the lack of this awareness that man has an inner, or spiritual, self that has the virtuality of transcending the "horizontal" or individual plane, and is able to reach the universal, impersonal, and objective reality. The cause of this is that many therapists are afraid of departing from Freudian materialistic *Weltanschauung*.

Traditional or perennial psychologies also rest, according to Burckhardt, on two pillars, one static and impersonal, the other personal and operative. The first is

cosmology, the second is morality. The first situates the psyche in a hierarchy of levels of Reality, hierarchy which is brilliantly expounded by William Stoddart in his contribution to the book, and which is synthesized in “The Five Levels of Reality”: body, psyche, Spirit, personal Divinity, and impersonal Divinity (see p. 27). Morality is the science of virtues, especially humility and generosity, the first being, according to Schuon, objectivity towards oneself, and the second, objectivity towards others.

One could also say in this regard that traditional sciences of the soul possess the awareness that forgetfulness of the Absolute and Eternal is at the root of unbalance and suffering, and that the cure starts with remembrance of the Sacred, in and out of *one Self*. They enjoy fundamentally the practice of prayer, whose most efficacious form is invocation of the Holy Name, which has the power of bringing relief to the perplexed soul. Remembrance is “the only thing” that a master of the human soul such as Jesus Christ considered really needful (Luke 10:42), as “all other things shall be added unto you” (Luke 12:31). The Koran, for its turn, asserts that “In the remembrance of God do hearts find rest” (13:28). This practice eliminates or softens psychic nodes, produces a disentanglement of traumas, and breaks them by countering the affliction of forgetfulness. Through remembrance, traditional or perennial psychology says, one also gets to know oneself, and truly knowing oneself is to know All. “He who knows himself, knows his Lord,” as the prophet Muhammad used to teach his followers.

I conclude the review now by saying that Samuel Bendeck Sotillos made surprising and bold choices in order to offer readers an intellectually rich challenge to the psychotherapeutic world, contributions which throw light for understanding not only on the place of the psyche in the total constitution of man, but also of roads to healing its imbalances and disorders. Such contributions confront with discernment, and love for the truth, the place of man in a world where the psyche was subtracted of its spiritual substance, and in which man and women were stripped of their spiritual side—a side which this book shows it is possible to reinstate.

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The Reviewer

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VIETEN, CASSANDRA & SCAMMELL, SHELLEY (2015). *Spiritual and Religious Competencies in Clinical Practice*. Oakland, CA: New Harbinger Publications. xvii + 229. ISBN: 978-62625-105-2. Softcover, \$49.95. *Reviewed by David Lukoff.*

This is not an objective review but an appreciative one, along with an historical review situating the publication of this book within transpersonal psychology. Although I am not an author of this book, together with the two authors, I am a co-author of the two published research studies that provide the empirical foundation for this book (Vieten et al., 2013; Vieten et al., in press). I have been a transpersonal psychologist for 40 years and the co-president of ATP, as well as being a researcher on spiritual issues in mental health. I see this book as one of the fruits of the spiritual emergency movement that evolved within transpersonal psychology (Grof & Grof, 1985) which was focused on the misdiagnosis and mistreatment of people in the midst of spiritual crises. This book is dedicated to Stanislav and Christina Grof who were the pioneers of the spiritual emergency movement.

Some of my work has also been in this area. In 1985, I proposed a new diagnostic category entitled Mystical Experience with Psychotic Features (MEPF) to identify intense spiritual experiences that present as psychotic-like episodes. In 1989, Francis Lu, a psychiatrist on the faculty at UC Davis, and I began collaborating on a proposal for a new diagnostic category for the then-in-development *DSM-IV*, which we saw as the most effective way to increase the sensitivity of mental health professionals to spiritual crises. The transpersonal movement supported this 4 year effort through publication of articles in JTP and presentations at ATP conferences to fine tune the proposal. Ultimately in 1994, the proposal for a new diagnostic category was accepted: Religious or Spiritual Problem. This is not listed as a mental disorder but a problem in living that requires some clinical attention.

Psychology and psychiatry have a long history of ignoring and pathologizing religion and spirituality. This DSM category has served as a foot the door which has opened the mental health field to a broader consideration of spirituality in mental

health. This shift to integrating spirituality has been influenced by multiple factors such as the Joint Commission on Accreditation of Healthcare Organization's requirement that every patient chart contain a spiritual assessment, increased multicultural sensitivity to the fact that most people in the USA view their religious/spiritual life as important to their wellbeing, supportive empirical research showing the health benefits of religion and spirituality, research on the efficacy of practices that originated within religions such as meditation, and the consumer movement's interest in including spirituality in recovery (Lukoff, Mahler, & Mancuso, 2009). Today, within mainstream psychological theory and research, we are seeing the continued exploration of transpersonal issues in the attention to "religious coping" and "spiritual struggles." Transpersonal psychology, starting with its founder Abraham Maslow's focus on self-actualization and optimal functioning, has been the tip of the spear in this change. The early transpersonal work on distinguishing a spiritual emergency from a psychotic disorder which led to a diagnostic category for spiritual problems has laid the groundwork for this new work on spiritual competencies which recognizes spirituality as a resource for wellness and recovery and the value of spiritually oriented interventions such as mindfulness practices. (Disclosure: As a co-president of ATP, no claim for the objectivity of these claims is asserted.)

The authors provide this definition of the scope of their topic:

Spiritual Competencies are a set of attitudes, knowledge and skills that we propose every psychologist should have to competently practice psychology, regardless of whether or not they conduct spiritually-oriented psychotherapy or consider themselves spiritual or religious. (p. 16)

The set of 16 competencies have been validated by multiple surveys and expert input, in line with how multicultural and other competencies have been developed in the mental health field. They are oriented at the baseline level of competency rather than at proficiency. This is what every mental health professional SHOULD know. The authors state, "The premise of this book is that clinical acumen, common sense, and general cultural competence are insufficient for adequately attending to the religious and spiritual domains of our clients' lives...specific training in religious and spiritual competencies is essential to becoming an adept therapist in today's world" (p. 2).

I have been using this book in a graduate course at the PsyD program of Sofia University. We have had the luxury of devoting most of the course to developing these attitudes, skills, and knowledge. Activities have included writing a spiritual autobiography, conducting a spiritual assessment with someone outside the class, keeping a gratitude journal for a week, and other exercises from the book. I have also been showing some of the YouTube videos from the resources section which lists audiovisual materials, organizations, books, web sites, and other resources for each competency. Even though actively involved in this area, I still found many new resources, perspectives, and recent research I had not run across. Case vignettes illustrate many of the challenges and strategies for developing these competencies. I found myself actively involved while reading this book—underlining sections, copying down points for Powerpoint slides in my courses

and workshops, and writing down references to retrieve. It is a tour de force of contemporary scholarship which is not uncritical. It includes examination of the dysfunctional and negative effects of some religious and spiritual beliefs, practices, and groups. The authors also highlight sensitivity toward nonbelievers who are unaffiliated with any religion and/or uninvolved with any spiritual practices or groups, but who still struggle to find a sense of meaning and purpose in life. They point out how with some rephrasing most of these competencies still apply.

As documented in surveys, current training in religious and spiritual competencies provided to mental health professionals is infrequent, informal, and unsystematic. While this book does not come with any predesigned quizzes or PowerPoint slides as with many textbooks, it functions quite well as a textbook to provide structured in depth interactive and even transformational learning. A course environment provides more time to practice being mindful of religious and spiritual issues in a clinical setting, conduct a spiritual assessment, identify religious and spiritual struggles, examine biases and assumptions, and become more aware of and sensitive to ethical and diversity issues pertaining to religion and spirituality, but the exercises and materials can be adapted for a workshop setting.

Based on personal teaching experience, I also concur with Larry Dossey's assessment (appearing in the front matter with other endorsements) that this book "is a doorway toward a more empathic, compassionate, and effective form of healing." As my students have reflected on their own biases as well as spiritual strengths, beliefs and attitudes, and as they have learned skills like how to conduct a spiritual assessment, they have consistently reported finding a more compassionate place within themselves to provide spiritually-sensitive care. In sum, this is a profound personal and pedagogical resource for anyone in the field of mental health.

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The Author

Shelley Scammell, PsyD, is a licensed clinical psychologist with a twenty-year practice in the San Francisco Bay Area. She is an adjunct professor at the California Institute of Integral Studies, and has taught psychology at Sonoma State University,

as well as at the American College of Traditional Chinese Medicine. Formerly, she was an associate professor of English at New York University, and taught at Baruch College and Mount Holyoke. As co-president of the Institute for Spirituality and Psychology, she was fundamental in developing the sixteen competencies. She has published articles on the competencies in APA journals as well as presented them at several APA national conventions. Her extensive background in Western and Eastern spiritual practices and studies has informed her diagnosis and treatment of clients in spiritual struggles. Her clinical experience has fostered a desire to share this expertise with fellow clinicians.

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The Reviewer

David Lukoff, Ph.D., is a Professor of Psychology at Sofia University and a licensed psychologist in California. He is the author of 80 articles and chapters on spiritual issues and mental health and co-author of the *DSM-IV* category Religious or Spiritual Problems.

BOOKS OUR EDITORS ARE READING

Lao Tzu (2009). *Lao-Tzu's Tao Te Ching: With selected commentaries from the past 2000 years* (Red Pine, Trans.). Port Townsend, WA: Cooper Canyon Press.

Perhaps the finest scholarly and most poetic translation of Lao-Tzu's *Tao Te Ching* available in modern English. Translator Red Pine (pen name for Bill Porter) traveled and worked in Taiwan and China for two decades before returning to America with his family.

... **Rosemarie Anderson**

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... **Paul Clemens**

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... **Jorge Ferrer**

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Yalom is a pioneering existential psychiatrist who blends philosophy with his discussions of psychotherapy. This collection of case studies and essays brilliantly evokes the triumphs and tragedies of the human condition in a way that is sobering yet, upon reflection, is deeply transpersonal.

... **Stanley Krippner**

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... **David Loy**

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... **David Lukoff**

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... **Peter Nelson**

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Kuris, I. V. (2011). *Bioenergovement. Yoga-Dance. An attempt at understanding*. [*Bioenergoplastika. Yoga-dance. Opyt postizheniya*] Moscow, Russia: Veligor, 303 p. with illustrations. [In Russian]

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... **Tonu R Soidla**

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A new collection of evocative stories by a gifted and renowned existential psychiatrist, dealing with the universal challenges of finding a meaningful life and facing our inevitable mortality. Recognizing that we are all creatures of a day, becomes a gift that is both liberating and inspiring.

... **Frances Vaughan**

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Extensive, reviewing, wide-ranging interviews with males 9-90 years.

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... **Miles Vich**

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... **Jenny Wade**