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Transpersonal psychotherapy: A phenomenological inquiry

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The Ohio State University, 1993
TRANSPERSONAL PSYCHOTHERAPY:
A PHENOMENOLOGICAL INQUIRY

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of the Ohio State University

By
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* * * * *

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CHAPTER I

INTRODUCTION

The terrifying vision of an Earth gone black is psychic food for the human species. It brings us the energy that we need to re-invent ourselves as the mind and heart of the planet. We now take our first steps into the planetary and cosmic dimensions of being, moving out of the anthropocentric modern period and into the cosmocentric, unfolding universe. — Brian Swimme

To understand the nature of human beings, the seeker embarks on a journey which is often shrouded in mystery and oftentimes proves ineffable. Many ancient spiritual traditions affirm that we are far more than physical, emotional, and mental experience can attest to, but what is the nature of this "something more"? How are people connected to their community, to their world, to their cosmos? The intent of this question goes beyond looking for the human responsibility to their environment and into the exploration of the nature of the connection itself — how are humans organically connected to that which is often considered "not-self"? These points of inquiry forge the discipline of psychology into the domain of spirituality and perennial wisdom — into the realm of transpersonal psychology. The integration of ancient traditions and modern science creates a transformative approach to healing known as a transpersonal perspective to psychotherapy. This dissertation research examines the transpersonal approach to counseling by looking at meaningful therapeutic experience of psychotherapists who practice it. These transpersonal therapeutic
experiences may likely include, for example, phenomena such as transcendent states of consciousness which have taken the client into a knowing of self as extending beyond what most theorists define as the "individual ego."

William James, who is often thought of as the founder of psychology in America, in his exploration of consciousness, lectured about the transcendent or mystical states of consciousness, ".... now the hour has come when mysticism must be faced in good earnest... One may say truly, I think, that personal religious experience has its root and centre in mystical states of consciousness; so for us, who in these lectures are treating personal experience as the exclusive subject of our study, such states of consciousness ought to form the vital chapter from which the other chapters get their light" (1961/1902, p. 299). James described the attributes of a mystical state of consciousness and embellished his discourse with numerous examples and quotes from great mystics. Specifically, he referred to these mystical moments as a level of awareness he called "cosmic consciousness" which he thought was described well by a Canadian psychiatrist, R. M. Burke, in his book entitled, *Cosmic Consciousness: A Study in the Evolution of the Human Mind*, published in 1901,

"The prime characteristic of cosmic consciousness is a consciousness of the cosmos, that is, of the life and order of the universe. Along with the consciousness of the cosmos there occurs an intellectual enlightenment which alone would place the individual on a new plane of existence—would make him almost a member of a new species. To this is added a state of moral exaltation, an indescribable feeling of elevation, elation, and joyousness, and a quickening of the moral sense, which is fully as striking, and more important than is the enhanced intellectual power. With these come what may be called a sense of immortality, a consciousness of eternal life, not a conviction that he shall have this, but the consciousness that he has it already." (p. 313)
This early interest in spirituality and mystical experience did not greatly influence psychology in the years to come. In 1972, Malony published results of a survey in which only 1.1% of the American Psychological Association members sampled listed an interest in religious experience (Malony, 1972). One plausible reason for this dearth of interest in spiritual experience by Psychology is the latter's historical push to separate from Philosophy and gain respectability as an empirical science (Koch, 1961, 1981; Shafranske & Gorsuch, 1984). Consequently, the Western theories of psychotherapy have focused primarily on goals of ego development and behavior modification most often to the exclusion of transcendent experience and the bridging of psychological and spiritual practice. Freud, as well as many contemporary therapists, even considered religion as reducible to an infantile dependency (Bergin, 1991; Sacks, 1985). And although the humanistic and existential orientations have encouraged the search for fundamental meanings, it is a quest within the context of individuality rather than an acknowledgment of relatedness to all beings and the order of the cosmos. It has only been since the 1970's that psychotherapists, to any notable degree, have begun to include transpersonal work in their clinical practice; that is, going beyond ego goals to incorporate spiritual values and the exploration of legitimate mystical states of consciousness in the psychotherapeutic experience (Walsh & Vaughan, 1980b). And it was not until the late 1960's that work in the transpersonal realm was even considered in terms of psychological theory in any organized fashion.

The term "Transpersonal Psychology" first emerged in a series of discussions which took place from 1967 to 1969, involving a Committee of Organization appointed to found a professional journal to represent the then newly emerging "fourth force" in psychology (Sutich, 1969). The psychoanalytic school and behavioral-experimental psychology, which are often referred to as
the first and second forces in psychology, have provided a solid and well-defined framework for traditional psychology (Valle, 1989). This new transpersonal force, however, seemed to be an outgrowth of the more recently formed third force of Humanistic Psychology. Many of those professionals who were instrumental in the founding of Humanistic Psychology were also intimately involved in the birthing of the transpersonal movement. The Committee of Organization members in 1967 were Joe Adams, James Fadiman, Harriet Francisco, Sidney Jourard, Abraham Maslow, Michael Murphy, Miles Vich, and Anthony Sutich. This committee was charged with the responsibility of formulating the definition and statement of purpose of what, at that time, was called Transhumanistic Psychology (Sutich, 1969; Vich, 1988).

The Humanistic and Transhumanistic movements shared concerns for the exploration of love, creativity, autonomy, responsibility, authenticity, and meaning. However, the fourth force of Transhumanism additionally included a focus on "ultimate purpose" which goes beyond the meaning of ego or personality into the dimension of spirituality -- placing the self within a broader ontological context and into the realm of relatedness rather than separateness (Sutich, 1969; Vich, 1990).

As this new force evolved, it became apparent that "transhumanism" was not an adequate descriptor of the emerging concept. As a result of his discussions with Viktor Frankl, Stanislav Grof, and James Fadiman, Maslow wrote the following to Sutich in a personal communication (Vich, 1988):

The main reason I am writing is that in the course of our conversations we thought of using the word "transpersonal" instead of the clumsier word "transhumanistic" or "transhuman." The more I think of it, the more this word says what we are all trying to say, that is, beyond individuality, beyond the development of the
individual person into something which is more inclusive than the individual person, or which is bigger than he is... (p. 107)

Thus the fourth force in the history of psychology was given the name of "Transpersonal Psychology."

Though the terms "transpersonal" and "psychology" were wedded in the late 1960's, the word or concept of "transpersonal" has a place which reaches further back into the history of psychology. In his effort to research the historical context of the term "transpersonal," Vich (1988) discovered the following uses of this expression in earlier times. The philosopher, Dane Rudhyar, claims to have used the term since 1930 to "represent action which takes place through a person, but which originates in a center of activity existing beyond the level of personhood. Such action makes use of human individuals to bring to focus currents of spiritual energy, supramental ideas, or realizations for the purpose of bringing about, assisting, or guiding transformative processes" (p. 108). Another example, offered by Vich, is Carl Jung's use of the word "ueberpersoenlich" in his 1917 edition of Collected Papers on Analytical Psychology, which was translated as "...the dominance of the superpersonal unconscious" and later translated as "transpersonal" (p. 109). And in 1942, Jung revised his work, The Psychology of the Unconscious, to include this statement, "We have to distinguish between a personal unconscious and an impersonal or transpersonal unconscious. We speak of the latter also as the collective unconscious" (p. 110). Vich cites one last example which he found in his historical search in which William James used the word "transpersonal" in a syllabus for a philosophy course which he taught at Harvard in 1905. In writing about the use of the term "objectivity" and its relationship to phenomenalism, James defined the term "trans-personal" to mean "when my object is also your object" (p. 109). Again the
term is used in a way which is indicative of going beyond the personal or individual to the collective or a sense of relatedness.

The historical relationship between Transpersonal Psychology and the larger professional psychology community, represented by the American Psychological Association (APA), has not been very amiable. Having applied for Division status within APA in 1987, The Proposed Division of Transpersonal Psychology was denied approval by the Council, for the second time. Although having received strong support from the practice divisions and having fulfilled the necessary requirements to petition for approval, clear opposition was voiced from Divisions 3 (Experimental) and 5 (Evaluation and Measurement) based on what they considered to be "mystical explanation of human behavior" (PDTP News, 1987, p. 3). Nethertheless, Transpersonal Psychology is a part of the living history of psychology and continues to affect the professional orientation of many psychologists and psychology graduate students. As recently as 1990, at least 4,000 professionals either subscribed to the Journal of Transpersonal Psychology, (first published in 1969), and/or had membership in the Association for Transpersonal Psychology (Vich, 1990). An encouraging note is that Division 32 of APA (Humanistic Psychology) planned a transpersonal focus for their program of events at the 1991 APA convention, in San Francisco.

**Rationale**

This study grew out of my own experience as a counselor-in-training and graduate student in a Counseling Psychology program. As an entering student in Counseling Psychology, I brought with me my own spiritual practice of meditation and Hatha yoga as well as years of personal study in Eastern and Western spirituality. At the time, I was unsure of how I might integrate my spiritual self-world view with the practice of counseling, though my intuition was
that the coupling would be a natural embrace -- the counseling work would become a vehicle for the healing and self-actualization of others, including the spiritual dimensions of life.

Two professional foci of Counseling Psychology which have been of central interest to me are fostering human potential, and career counseling and development (Osipow, 1977). For example, an exploration of how a person might actualize him or herself via career choice and find meaning in relation to work is, in Eastern terms, defined as finding one's "dharmic path," "right work," or service to community. Thus my training in Counseling Psychology implicitly encouraged my values and interest in spiritual growth and development.

My study of counseling theory and practice has provided me with an understanding of the theory and application of such orientations as cognitive-behavioral and psychodynamic as well as humanistic and existential. From these orientations I have garnered therapeutic insight and techniques, although the spiritual aspects of mental health were not addressed. My more recent study of transpersonal psychology has given me a more compatible framework for my approach to counseling.

As I continue to read about transpersonal psychology and talk to others about its nature, I realize that the definition and function of transpersonal psychotherapy is illusive. When talking with psychologists, I am often asked what transpersonal psychotherapy actually looks like, for instance, what would be an example of a transpersonal intervention and how might such an intervention or orientation be helpful to a client. I have discovered, as I have grappled with these questions, that some of my difficulty in explication lies in the very nature of the transpersonal realm itself. Spiritual work and transcendent experience are by definition mystical and paradoxical and are not easily described from the traditional clinical point of view. An added source of
confusion is that transpersonal psychotherapy does not lend itself well to traditional methods of empirical research commonly used to measure process and outcome of counseling practice (Boucouvalas, 1980; Sutich, 1969; Walsh & Vaughan, 1980b). Therefore, an empirically proven model of intervention and outcome has not yet been developed as a "valid" explanation of what transpersonal psychotherapy is or does.

Some influential transpersonal therapists have maintained that neither therapeutic techniques nor clients' presenting problems necessarily differentiate transpersonal therapy; rather, it is the unconscious and conscious beliefs of the therapist regarding the spiritual dimension which help to determine the nature of the therapy and its outcome (Wittine, 1989). Frances Vaughan (1979) refers to the "contextual nature" of therapy as being determined by the beliefs, values, and intentions of the therapist. And the transpersonal context is defined by the therapist's belief and respect for the spiritual quest and the integration of physical, emotional, mental, and spiritual dimensions of the person (Vaughan, 1977, 1979). It is this contextual nature of transpersonal psychotherapy which is difficult to describe and perhaps impossible to empirically measure.

Given the prominent role of spirituality in the lives of many Americans, one could suggest that there is a calling for the investigation of the transpersonal "force" within psychology and its potential contribution to psychotherapy. However, for many of the reasons stated above, there has been little published research in this area. Meanwhile, surveys indicate that the spiritual lives of clients continue to go unaddressed in many psychotherapeutic relationships. In their survey of clinical psychologists who were members of the California State Psychological Association, Shafranske & Gorsuch (1984), reported that 55 percent of the research sample perceived spirituality as being personally relevant. Furthermore, the psychologists' perception of relevance of spirituality to clinical
practice was found to be related significantly to the psychologists' personal orientation. In their national survey on the religiosity of psychotherapists, Bergin and Jensen (1990), reported that only 29 percent of the counseling professionals polled rated religious content as important in treatment with clients and 46 percent of this same sample agreed with the statement, "My whole approach to life is based on my religion." The startling significance of these data is revealed when the clinical emphasis on spirituality is compared to the religiosity as experienced by the majority of Americans. In a recent Gallop Poll (Religion in America, 1985), 72 percent of the general public agreed to a statement similar to the above statement, "My whole approach to life is based on my religion." Bergin referred to this discrepancy between psychotherapists and the general populace as a "religiosity gap." This gap points to the possibility that secular psychotherapy may be "alien" and inappropriate for these two thirds of the population of the United States (Bergin, 1991).

It is interesting that in both of the surveys just mentioned, the investigators highlighted that a less traditional religious affiliation was representative of many of the counseling professionals who affirmed spirituality as being personally relevant. For instance, in the report by Shafranske and Gorsuch (1984), 33 percent of those sampled indicated that they were involved in an alternative spiritual path that was not part of a religious institution. Bergin and Jensen (1990) commented on what seems to be an emerging, yet unclearly formulated, blend of spirituality and humanistic philosophy. They suggested that, "this spiritual humanism would add a valuable dimension to the therapeutic repertoire if it were more clearly expressed and overtly translated into practice" (p. 7). Bergin (1991) continued with this theme in his article on values and religious issues in psychotherapy, by making the following poignant and illustrative comments, "...there is a spiritual dimension of human experience with
which the field of psychology must come to terms more assiduously. If psychologists could understand it better than they do now, they might contribute toward improving both mental and social conditions... I am heartened by the existence of a growing clinical literature that provides descriptive evidence of the usefulness of spiritual dimensions in enhancing change..." (p. 401).

In summary there seems to be a felt value of spirituality or religiosity expressed by the general public and a growing, yet still small movement, of psychologists emerging to promote mental health within the scope of this value. The study of transpersonal psychology may help to encourage this "meeting" of counselor and client, though it presents a therapeutic orientation which has yet to be clearly defined. It is a subject for psychological inquiry which is largely unharvested, yet ripe with possibilities for innovative methods of research and clinical investigation. For these reasons, it is necessary to more clearly define and understand the nature of transpersonal psychotherapy as it is now being practiced, and its function within the therapeutic relationship.

**Purpose and Objectives**

A growing number of practicing psychologists are acknowledging the integral role of spirituality in the healing process of clients. And certainly, the importance of religion and spirituality in the lives of many Americans is apparent. Still there remains an overall reluctance within the profession of psychology to credit transpersonal psychology as a legitimate orientation to the understanding of human identity development and personal growth. Confusion over the nature, function, and effectiveness of such an approach in promoting mental health is shared by many counselors and clients alike. Many psychologists consider spirituality as being personally relevant to their own lives, yet they do not understand its significance to the therapeutic treatment of clients.
To respond to this lack of understanding, it may be a helpful first step to inquire into the psychological structure of the transpersonal psychotherapeutic experience. Only when we are able to more clearly define transpersonal psychotherapy in a clinical way and methodically examine its therapeutic function, will the transpersonal movement gain validity in the eyes of Psychology. Thus, the purpose of this dissertation is to examine what being a transpersonal psychotherapist means to the self-identified transpersonal counselor in terms of therapeutic process and outcome. Above all, this study is designed to qualitatively explore the clinical experience of transpersonal psychotherapists and seeks to discern the unique contributions of a transpersonal orientation to psychotherapy.

The objectives of this study are: 1) to examine the definition and theory of transpersonal psychology as it relates to the therapeutic experience; 2) to explore the nature of transpersonal psychotherapy as a mechanism for "personal" or "spiritual" change; 3) to identify examples of therapeutic interventions in the practice of transpersonal psychotherapy; and, 4) through comparison of the data across subjects, to examine emerging themes which explicate the features essential to the practice of transpersonal psychotherapy as presented in this study. These objectives are investigated from within the lived experience of practicing transpersonal psychotherapists using a phenomenological case study design.

The expectation is that the results of this research will be useful to psychologists and psychotherapists who are practitioners, researchers, and/or theoreticians, in their attempts to understand the nature and application of transpersonal psychology and its relevance to mental health and counselor training. An additional contribution of this study is to demonstrate the rigor of a
qualitative methodology as used in a phenomenological inquiry into counseling theory and practice.
The depiction of transpersonal psychotherapy remains a creative challenge to psychology. Although experiences within the transpersonal realm of consciousness can be vividly felt by many, they can be difficult to describe and understand for reasons discussed in the previous chapter. The following are a few definitions of transpersonal psychology which are relevant to this challenge. "Transpersonal psychology is concerned with the recognition, understanding, and realization of non-ordinary states of consciousness, and with the psychological conditions that represent barriers to such transpersonal realizations" (Capra, 1984, p. 145). "A chief objective of transpersonal theory is to integrate spiritual experience within a larger understanding of the human psyche" (Washburn, 1988, p. 1). And, "Transpersonal psychotherapy is the clinical practice of transpersonal psychology which takes into account the full spectrum of the human experience including the physical, psychological, and spiritual aspects of living" (M. Hutton, personal communication, February 21, 1992). Some authors have presented definitions such as these, in an effort to clearly and succinctly describe the discipline of transpersonal psychology and its
practice. Others maintain that the underlying assumptions of transpersonal psychology have not been articulated adequately enough to allow for a precise definition or understanding of the transpersonal movement (Simpkinson, Walsh & Vaughan, 1993). Fortunately, there are ways in which to fruitfully approximate a vision of this emerging approach to counseling. Contributions to this vision include theory exploring the assumptions underlying the practice of transpersonal psychotherapy, the therapeutic goals of this orientation, and the professional criteria and characteristics of counselors choosing this approach. Through examination of these facets of the clinical experience, the fluid entity of transpersonal psychotherapy may begin to be seen.

Another way of understanding the nature of something, is by looking at what it is not. Comparing the differences and similarities of one theory to that of others can facilitate the sorting process of what belongs in which basket and what is shared by all. Some theorists in the field of transpersonal psychology have made these comparisons (Walsh & Vaughan, 1980a, 1980b; Frager, 1989) and their comments are a focus of this review. Wilber (1980) and Welwood (1984) contrast and relate transpersonal psychotherapy to other counseling theories within a developmental framework. In other words, they suggest that counseling approaches vary in their appropriateness depending on the client's level of identity development. Thus transpersonal psychotherapy becomes defined as it is presented in relation to other counseling orientations and their role in facilitating the maturation of an individual's identity.

The predominantly theoretical nature of this literature review underscores the scarcity of scientific research in transpersonal psychology. Reasons for this lack were briefly presented in Chapter One and are expanded upon in the following review. This dearth of empirical exploration is a reminder of the timeliness of this dissertation research.
Dimensions and Assumptions of Transpersonal Psychotherapy

Descriptive words and phrases which appear with frequency in the transpersonal psychology literature are: optimum health and well-being; consciousness and altered states; intrapersonal; bridging psychology and the spiritual; and beyond ego. These concepts are worthy of explication as the sojourn toward a greater understanding of the transpersonal realm continues. Granted, this sojourn seems a bit like the eternal quest for the Holy Grail as one questions, "can it ever really be found?" However, the very significance of that which is sought becomes illumined along the way, making the search an even more compelling one.

Optimum psychological health and well-being are dimensions of the human experience which comprise a primary focus of transpersonal psychology and are emphasized in the transpersonal therapeutic model. Optimum well-being is not such a surprising therapeutic goal in that it is common to many schools of psychotherapy. It is the definition of optimum psychological health, however, which differentiates the transpersonal focus. Developing an intact ego is not the summit of psychological health in the transpersonal view. Rather the healthy ego serves as a "home-base" from which the actualizing individual ventures while exploring other realms of self definition — realms which go "beyond ego." This exploration challenges the limitations of one's self concept and thus allows the opportunity to be and act in an expanded context (Valle, 1989; Walsh & Vaughan, 1980b). This expansion includes the experiencing of the self as being a part of something "larger" such as a cosmic order, inviting one to experience the connectedness of all things (Sutich, 1973). In other words, transpersonal psychotherapists do not forsake the ego, though they view the formation of a healthy ego as an integral step toward an optimum well-being in a greater reality.
Ram Dass (1980), who is a psychologist and spiritual teacher, suggested that the ego certainly has its utility. It comprises one's thoughts, feelings, and sensations for one's physical and psychological survival and therefore helps to bring order to one's world. Viewing circumstances through the window of the ego, however, is just one vision choice an individual has. Though there can be comfort in extending out to the world through the place of a strong ego, the definition provided by the familiar egoic state of consciousness brings with it paradoxically a sense of safety and limitation. As Ram Dass described the ego as a relative reality, he remarked, "...to the extent that you are afraid to venture outside (of your ego), it has become a prison" (Ram Dass, 1980, p. 139). Having the freeing capacity to move beyond the boundaries of ego transforms this "prison" into being just one room with open doors into a broader structure of self. In summary, transpersonal psychotherapy approximates its definition as an intact ego as well as an expanded awareness of self beyond ego are considered to be sign-posts of optimum well-being.

Abraham Maslow's hierarchical organization of needs suggests that motivation adds a significant dimension to how one views health. In ascending this hierarchy, motives shift from survival and security to belongingness, self-esteem, and self-actualization (Maslow, 1970a). As one of the pioneers in transpersonal psychology, Maslow began to include the need for self-transcendence as an extension of the drive toward self-actualization (Maslow, 1971). The needs at this "higher" end of the hierarchical scale he called metaneeds or B (being) needs (Maslow, 1970b, 1971, 1980). The fulfillment of these metaneeds such as truth, goodness, wholeness, justice, aliveness, playfulness, effortlessness, simplicity and transcendence, Maslow put forth, are as essential to one's health as the more basic needs on the scale. Therefore, deprivation of metaneeds gratification may result in corresponding forms of pathology;
whereas, satisfaction of these metaneeds is indicative of optimum health. "...these B-Values are the meaning of life for most people" and the counselor can assist by facilitating the client's awareness of these needs in her or himself (Maslow, 1971, p. 44). In other words, to be healthy in the fullest sense, one must transcend ego identity and ultimately go beyond self-actualization.

...the spiritual life is part of our biological life. It is the highest part of it, but yet part of it. The spiritual life is then part of the human essence. It is a defining characteristic of human nature, without which human nature is not full human nature. It is part of the Real Self, of one's identity, of one's inner core, of one's specieshood, of full humanness. (Maslow, 1971, p. 325)

How consciousness relates to well-being and the growth and development of the individual is a distinctive angle of inquiry pursued by many transpersonalists (Boucouvalas, 1980; Frager, 1989; Grof, 1980a; Scotton, 1985; Sutich, 1969, 1973; Walsh & Vaughan, 1980b). Mystical union, illumination, cosmic awareness, and numinous and peak experiences are terms for altered states of consciousness which have been explored as they affect one's physiology, behaviors, and perceptions of self and the world. Within the parameters of ordinary waking consciousness, one can hypothesize about a broader structure of self beyond ego identity. However, the actual experiencing of this fuller picture of existence lies within the domain of transcendent reality (Frager, 1989). These transcendent states of consciousness will next be examined in terms of their definition and their significance to the transpersonal therapeutic model.

William James (1961/1902) in his lecture series on religious experience, proposed four marks of the mystical experience. The first characteristic is that of ineffability: the experience is difficult to capture in words, it is more like a feeling state and thus must be directly experienced in order to know its quality and
worth. According to James, a second descriptor of the mystical experience is a *noetic quality*: it is a state which carries "insight into depths of truth" providing significant illumination and revelation with "a curious sense of authority for aftertime" (p. 300). *Transiency* is the third mark of a mystical experience in that such states cannot usually be sustained for long periods of time. Lastly, the quality of *passivity* describes the feeling that one's "own will (is) in abeyance" and that one is "grasped and held by a superior power."

In addition to the noetic quality and sense of ineffability, Walsh, Elgin, Vaughan and Wilber (1980), characterized an altered state of consciousness as including the experience of altered perception of space and time; appreciation of the "unitive integrated nature of the universe"; and, "intense positive affect including a sense of the perfection of the universe" (p.47). A sense of "sacredness" is also presented in the literature as a defining quality of altered states or "mystical consciousness" (Pahnke & Richards, 1969). In this vernacular, sacredness is considered to be an intuitive "response in the presence of inspiring realities" creating a profound sense of holiness (p. 403). The predominant emotions experienced are humility yet accompanied by absolute integrity, and overwhelming feelings of awe and reverence. An experience of very special value unfolds as one senses the sacred.

Admittedly, James commented that the mystical state is difficult to regard as it is so discontinuous with ordinary consciousness. However, he underscored the power of such experiences by suggesting that they can determine attitudes and open new regions of awareness, thus accounting for more of the totality of one's universe. The existence of mystical states erodes the authority of the non-mystical states which are ruled by the senses and rational mind. William James eloquently depicted a symbiotic relationship between the mystical and ordinary states of consciousness, "They (mystical states) are excitements like the emotions
of love or ambition, gifts to our spirit by means of which facts already objectively before us fall into a new expressiveness and make a new connection with our active life" (1961, p. 335).

Stanislav Grof is a psychiatrist who has begun mapping this numinous territory with his own set of descriptors (1980a, 1980b). In his research on the effects of LSD on states of consciousness, Grof identified the transcendence of the dualistic reality as being the predominant aspect of the psychedelic experience. This includes the transcendence of space and time, transcendence of distinctions between matter, energy, and consciousness and transcendence of the individual's identity as ego. Grof delineated four major types of altered state experiences in his research: abstract and aesthetic; psychodynamic; perinatal; and transpersonal experiences.

The abstract or aesthetic level primarily includes reified sensory experiences creating impressive perceptual changes in the environment such as vivid colors and sounds. The experiences in the psychodynamic category of altered states, according to Grof, "can be understood, to a great extent, in terms of the basic Freudian concepts" (Grof, 1980a, p. 345). In dreamlike fashion, symbolic experiences of important memories and emotions are relived at the psychodynamic level of altered states. The perinatal experiences in the LSD sessions dealt with problems related to physical pain and agony, biological birth, disease and death. Research subjects often reported the actual experience of reliving their own birth trauma which invited the working through of existential concerns such as death, isolation, and the meaning of life. Grof's last type of altered state experience is that of the transpersonal realm of consciousness. In such a mind state one extends the individual consciousness beyond the boundaries of ego and limitations of space and time. Examples of these transcendent experiences include: clairvoyance, extrasensory perception,
identification with a larger order, out-of-body phenomena and archetypal visions or experiences.

Grof has considered his research to be an empirical basis of transpersonal psychotherapy (1980a). He has found that his subjects who have had experiences at the perinatal and transpersonal levels (skeptics, atheists, materialists, and religious persons alike) have become interested in the spiritual dimensions within the "universal scheme of things." Thus he presented a close relationship between spirituality and the exploration of altered states of consciousness. He also concluded from his research findings that those subjects who had profound spiritual experiences were better able to work through their issues and traumas of a more personal nature.

The presence of somatopsychological factors such as psychedelic or stimulant drugs, sleep deprivation, hyperglycemia, dehydration, and hyperventilation is but one way to stimulate the occurrence of altered states of consciousness. Ludwig (1969) suggested that altered states are produced when levels of stimulation are above or below the range which maintains normal, waking consciousness. For instance, with a considerable reduction in sensory input, a change in the patterning of sensory data, or with constant exposure to repetitive, monotonous stimulation altered states of consciousness may be induced. Categorical examples of this are: prolonged social and stimulus deprivation; hypnosis; profound immobilization of the body; and sleep. Conversely, sensory overload and/or strenuous physical activity leading to intense emotional arousal and mental or physical fatigue may contribute to an altered state. What is commonly known as "brainwashing"; hyperkinetic trance encountered as a part of a "mob mentality" experience; acute psychotic states and shamanistic and prophetic trance states during tribal ceremonies are listed by Ludwig as examples of altered mind states due to increased external stimulation.
Changes in the normal flow or organization of cognitive processes may act as an internal agent in the production of altered states of consciousness. Ludwig listed activities such as prolonged vigilance to an activity; intense absorption in a mental task; enraptured listening to a charismatic speaker; and attending to one's rhythmic breathing or the beating of a drum as examples of ways to alter cognitive processes. The induced mental state is primarily due to "focused or selective hyperalertness with resultant peripheral hypoalertness over a sustained period of time" (Ludwig, 1969, p. 12). On the other hand, a decreased alertness or a "relaxation of critical faculties" can also create revelatory or transcendent states. Through passive meditation or other methods which relax the physical and mental faculties, one may daydream, experience drowsiness, or induce aesthetic, insightful, and illuminatory states of consciousness.

Transpersonal experiences involving the expansion of consciousness beyond ego boundaries can be rich and deeply moving, yet mysterious. To form a theoretical framework or even empirically gather data on experiences which are by nature ineffable is a difficult task at best. Meditation, however, is one example of an altered state "technique" which has been the focus of much research and even public attention. In a recent cover story for TIME magazine, meditation is listed along with hypnosis and biofeedback as an "alternative medicine" of growing acceptance by health care consumers and professionals (Wallis, 1991). Cited in the article is the research conducted by internist, Dean Ornish, of the University of California at San Francisco, in which meditation along with diet and exercise is being used to reverse heart disease. Additionally, workshops and courses on meditation have been offered by health promoting organizations and have even popped up in such unlikely places as university course catalogues. Of the many varieties of meditative techniques, Transcendental Meditation (TM) has received perhaps the most popular press
and has been most frequently empirically scrutinized (Murphy & Donovan, 1983; Walsh, 1980).

The professional literature provides a comprehensive study of meditation as well. Curiosity about the powers latent in the meditative state resulted in studies conducted during the 1960's of yogis who could control involuntary bodily processes such as heart rate while in a meditative state (Green, 1984; Walsh, 1980). A bibliography of meditation theory and research spanning the years from 1931 to 1983 was published in *The Journal of Transpersonal Psychology* and includes 776 entries (Murphy & Donovan, 1983). Many of these articles addressed the physiological effects of meditation such as relaxation of vasoconstriction and muscle tension, and decrease in respiratory rate. Importantly, however, there are frequent entries in the bibliography which point to the psychological effects of meditation. The successful use of meditative techniques to treat phobias, anxiety, addiction, and low self-esteem decidedly adds meditation to the roster of psychotherapeutic "tools" (Walsh, 1980).

The transpersonalists not only appreciate the physiological and psychological benefits of meditation, but also attend to the transcendent nuances of the meditative experience. These subtleties, once again, are not so easy to measure and would be, perhaps, more suitably examined phenomenologically. In his review of meditation research, Walsh (1980) summarized phenomenological data on the effects of meditation as including enhanced perceptual clarity and insights, experiences of self-transcendence and unity with others, and "an underlying calm and nonreactive equanimity" (p. 155).

Meditation is often categorized as a technique of concentration. Either the meditator focuses on an internal or external stimulus to the point of absorption in the object of concentration, or the meditator observes the ongoing process of awareness, such as the flow of breath, feelings, or thoughts gradually becoming
less identified with the processes (Metzner, 1989). In some spiritual traditions meditation is not considered to be merely concentration, rather it may be referred to as a practice of "mindfulness" in which attention is given to the internal here-and-now experience including bodily, emotional, and mental states (Naranjo, 1984). In other traditions, the meditative practice is one of "God-mindedness" which is concentration on "God" or the "Divine" (Yogananda, 1946). In other words, it is a redirecting of consciousness away from senses and psychological processes and into the transcendent realm (Naranjo, 1984). All that a meditative practice brings to one's psychological and spiritual development graces the healing experience in transpersonal psychotherapy.

It is important to emphasize that the attainment of transcendent experiences is not a goal of transpersonal psychotherapy per se. The alteration of the context in which life is experienced, rather, is the desired result which can be facilitated by such shifts in consciousness. Frances Vaughan (1979), one of the predominant theorists in transpersonal psychology, distinguished between the content and context of transpersonal psychotherapy, neither of which, she wrote, are defined by technique. According to Vaughan, transcendent experiences qualify as therapy "content" and are not essential to the transpersonal therapeutic experience. In fact, since the content of therapy is rarely exclusively transpersonal and for some clients not transpersonal at all, Vaughan sees the distinctive attribute of transpersonal psychotherapy as being contextual in nature. Whereas the content of therapy can be largely determined by the client, Vaughan considers the creation of context to be the domain of the therapist. She suggested that the context is defined by the therapist's beliefs, values and intentions which can enhance or inhibit the client's exploration of self and the potential for healing. It is this "context" of transpersonal psychotherapy which is so nebulous and therefore difficult to empirically capture that will be of
particular interest in this phenomenological study. The role of the therapist in
determining this context is further elaborated in a later section of this review.

In discussing the transpersonal dimensions of optimum health,
consciousness and therapeutic context, a language develops which allows the
defining edges of transpersonal psychotherapy to emerge. What meta-language
or beliefs, one might muse, allow these particular dimensions to come forth?
What assumptions do transpersonal psychologists make about the nature of
reality which lead them to define health and study consciousness in the ways
mentioned above? These philosophic premises may perhaps, at this point, be self
evident. Though to make them explicit encourages a fuller understanding of the
roots which characterize transpersonal psychology.

The fundamental transpersonal cosmology presents a transconceptual
reality (i.e. consciousness is more than individual mind) in which all apparently
separate phenomena are actually unified and the individualized self is only one
manifestation of a greater transpersonal self. Furthermore, it is possible for each
individual to directly experience this transpersonal reality (Valle, 1989). Not only
is it possible for humans to know self, but the passion to do so is instinctual and
necessary for total awakening to be evoked.

Transpersonalists assume that inherent in human nature are impulses
toward spiritual growth and ultimate states of being which must be met along
with survival and relationship needs to optimize health (Sutich, 1969; Vaughan,
1979). Given these assumptions, Sutich (1969), one of the forerunners of the
transpersonal movement, concluded that transpersonal tendencies are positive,
desirable, beneficial, essential, ultimate, and divine. Sutich extended his premise
to assume that transpersonal tendencies can be investigated scientifically, though
he cautions that laboratory or quantitative procedures may not be the
appropriate means for conducting such an examination.
The premise of "selfhood", mentioned above, is a notion which is given philosophical consideration in transpersonal theory. Michael Washburn's (1988) contributions to this inquiry include his dynamic-dialectical paradigm of human development. This paradigm presents a bipolar conception of the psyche comprised of an egoic pole and a non-egoic or physico-dynamic pole. Washburn contends that the egoic pole is the logical, linear, analytic part of the psyche, while the physico-dynamic pole is the "seat of dynamism, bodily substance, feeling, intuition, and creative vision" (p. 12).

There is a dialectical interplay between these two poles over the course of a triphasic development of self (pre-egoic, egoic, and transegoic). During the pre-egoic phase, the ego is dominated by the influence of the dynamic pole or "Dynamic Ground". As maturation continues, the egoic pole increasingly dominates the developmental process as it begins to function more independently of the Dynamic Ground. In the third phase of development (transegoic), the dominance of the ego recedes as the ego returns to the Ground through a process of integration with the non-egoic pole. Washburn further suggests that throughout a person's development the ego remains as a basic identity structure, although it is transformed through a synthesis with the Dynamic Ground. This assumption that the transegoic phase of self development includes both of these poles, according to Washburn, differs from Ken Wilber's developmental theory which suggests that ego exists only as a transitional stage to the ultimate existence of selflessness. In other words, Washburn proposes that the ultimate goal of human development involves a "unity-in-duality" of ego and spirit. Wilber, on the other hand, sees the highest attainment of selfhood as being beyond all duality, existing in the realm of consciousness of Universal Mind (Wilber, 1977).
The differences between Washburn's (1988) and Wilber's (1977) developmental models of self identity are not elaborated on in this chapter. However, it should be noted that Wilber's model is next explored in detail because it provides a paradigm of identity development which clearly explicates the realms of consciousness as they relate to various schools of psychotherapy.

**Comparison of Transpersonal Psychotherapy to Other Counseling Theories**

The major theories of Western psychotherapy span the continuum of identity development as they address healing and mental health. When viewed integratively, the collective of counseling theory offers complementary insight to create a comprehensive psychology of human consciousness. These ideas are espoused by Ken Wilber, one of the predominant theoreticians in transpersonal psychology. Wilber describes a universal view of the nature of human consciousness, which he calls the fundamentals of a perennial psychology or, more specifically, the Spectrum of Consciousness (Wilber, 1977, 1979, 1980).

Wilber's Spectrum of Consciousness presents human identity development as being pluridimensional with each level of identity representing a distinctive and limited manifestation of a single consciousness. Although these levels or "bands" are not discrete, according to Wilber, "...each level of the Spectrum represents an increasingly narrowed sphere of identity, from the universe to a facet of the universe called organism, from the organism to a facet of the organism called psyche, and from the psyche to a facet of the psyche called persona" (1980, p. 77). Thus, as one's identity narrows, more of the universe is viewed as being external to self. For example: to the organism, the environment is external; to the ego, the body is also not-self; and to the persona, even aspects of one's own psyche appear foreign (Wilber, 1979). Therefore, Wilber theorizes that schools of psychotherapy vary in their appropriateness of use depending on
the identity band being addressed with the client. The transpersonal model of therapy as well as other prominent counseling theories will be discussed in light of Wilber's Consciousness Spectrum. First, each of the levels of consciousness, as described by Wilber, will be presented.

The most narrow sphere of identity, according to Wilber's model, is "the Shadow level." In this stage of development, one identifies with only a part of the ego, which is referred to as the "persona." This impoverished sense of self renders an inaccurate self-image and embellishes its disguise by alienating aspects of self which are too painful or undesirable as the contents of the Shadow. If one remains in a pre-egoic state, difficulties arise as relationships are not fulfilling and psychosocial pressures become overwhelming. As identity arises from enmeshment with others, distancing evolves in the struggle for individual selfhood (Wittine, 1989).

On the Ego Level, one does not fully identify as a psychophysical organism. The self as "intellect" predominates creating the feeling that one exists in the body not as the body. Wilber's rationale suggests that this psychosomatic split functions as an entrapment in that one cannot transcend the identity as organism if one does not fully acknowledge it. The therapeutic "cure" for the distorted self-image of the Shadow and Ego levels, therefore, involves the establishment of an accurate and acceptable self-image. The shadow self is contacted and re-owned and, as one's identity expands, the split between intellect and body heals into a sense of self as a whole psychophysical organism.

Welwood (1984) refers to the psychological work of healing relationship wounds and direct work with sense and the body as "grounding." According to the transpersonal paradigm, psychological healing at the Ego level is considered essential, in order for further exploration of identity to occur (Wittine, 1989). Welwood offers the following explication: through psychological work, one may
begin to have an open heart, to allow others in, though there may be clinging
and attachment to the others — a not letting them be. The blossoming of
compassion therefore requires a groundedness in a healthy ego as it "...develops
out of our involvement in the world of form..." (Welwood, 1984, p.70).

The Existential band is where the line between self and other as organism
and environment, is firmly drawn (Wilber, 1980). One can begin to develop the
personal will by making choices and actualizing the power gained through the
knowing of the egoic self. Ironically, while the growing edge in the ego stage is
to develop boundaries, the existential challenge is to let go of structure. The
limited understanding of self and resultant patterns of living become too
restrictive at this stage, and can limit personal power, the capacity to extend love,
and creativity (Wittine, 1989). In the search for meaning and freedom in life, one
further pushes the boundaries of personal potential and begins to express
oneself in relationship to others and activities in ways that are congruent to self.
Through this existential identity, the understanding of connectedness to others
and the world at large deepens, however, it is important to note that it remains a
view of self which involves separateness (Walsh & Vaughan, 1980b; Wittine,
1989). The existential world is still a dualistic one, i.e. self versus other. Thus, to
authenticate and potentiate the person as organism represents the psychological
work at Wilber's Existential level of identity.

The upper limits of the Existential level, Wilber named the "Biosocial Bands."
These bands acknowledge the interaction effect of the organism and its
sociocultural environment. This interconnectedness allows cultural patterns to
exert a profound influence over one's behaviors and orientation to life. Just as
the Ego level therapies aim to dispel individual distortions of self, Wilber
suggests that Biosocial Band therapies, such as family and feminist therapies,
address the personal limitations which are culturally imposed.
The Transpersonal Bands represent the level of the Spectrum in which one is not fully awake to one's identity as the Universal Mind, and yet one is also not confined to the boundaries of the individual organism. As the realization of self as being unified with all life increasingly becomes an integral part of one's identity, one then begins to contemplate one's place in the evolutionary scheme of things and likely begins to explore the spiritual disciplines. The themes of love, will and creativeness embraced at the Existential level are dealt with again, only in a more universal context. At the first three levels of the Spectrum, love is of a personal nature and loneliness and isolation are issues. At the Transpersonal level, one recognizes the unification of all beings and thus senses the impossibility of being separated from loved ones. And, "Feelings of meaninglessness gradually diminish as we sense our place and function in the cosmic scheme of things" (Wittine, 1989, p. 276).

Experiences at the Transpersonal level of identity can be characterized by a suspension of dualisms such as time and space, thus opening up the possibility for the direct experiencing of Maslow's B-values, mythological or archetypal awareness and transcendent states of consciousness. Wilber (1980) noted that the abeyance of such dualisms as persona versus shadow, ego versus body, and organism versus environment undercuts the support of individual neuroses. In other words, if one goes beyond the identity associated with duality, then one can more easily go beyond the individual neuroses associated with that identity. The ability to view one's emotional and ideational patterns allows one to move away from exclusive identification with them. This act of "witnessing" or observing oneself without judgement is practiced in the Buddhist tradition of "mindfulness." As Stephen Levine described this process, "Where there is awareness, conditioning is no longer on automatic.... Awareness melts holding" (Levine, 1991, p. 29).
As life is lived to full human capacity, all levels or facets of identity are continually experienced. The transpersonal awareness does not obliterate one's characteristics taken on at other levels, though perhaps the expression of them is altered. Ram Dass concedes that after 30 years of spiritual practice he still maintains the same neuroses which he began with as he embarked on his spiritual path! The encouraging result is that he now has a different relationship to these neuroses in that they are less controlling of his ideations and behaviors as his attachments to them have withered away with his expanding realization of who he really is (Ram Dass, 1990). Welwood (1984) referred to the surrender of attachments to ideas, agenda, structure and scripts as "letting go." This can happen at a psychological level as letting go of old patterns and identities occurs in order to embrace "the new." In spiritual work, however, Welwood named the processes of letting go and surrender as ends in themselves. Levine referred to this process as, "...a letting go of all that limits letting go" (Levine, 1991, p. 27).

The "Supreme" level of identity in Wilber's Spectrum of Consciousness is that of Universal Mind. "The core insight of the psychologia perennis," wrote Wilber, "is that man's innermost consciousness is identical to the absolute and ultimate reality of the universe, known variously as Brahman, Tao, Dharmakaya, Allah, the Godhead..." and which Wilber simply called Mind. He extended his definition by elaborating, "...Mind is what there is and all there is, spaceless and therefore infinite, timeless and therefore eternal, outside of which nothing exists" (Wilber, 1980, pp. 75-76). This is the state of cosmic consciousness.

The distinction between the Transpersonal level and the level of Mind is the primary dualism of observer versus observed. As one bears witness in the transpersonal identity, the witness versus that which is witnessed represents a subtle form of dualism. In a transpersonal awareness, one observes reality, whereas at the level of Mind, one is reality. Wilber remarked, therefore, that the
aim of therapy at each level of his paradigm is to collapse a particular dualism. To address this primary dualism is the domain of such spiritual traditions as Mahayana Buddhism, Taoism, Hinduism, Sufism and certain forms of Christian mysticism.

The "mode of knowing" at the level of Unity Consciousness is necessarily intuitive and direct experiencing, reasoned Wilber, as the representational or conceptual mode of knowing can never present the entirety of Universal Mind. Otherwise expressed, as long as the duality of observer versus that which is observed exists, "...the universe will always partially elude itself. No observing system can observe itself observing. The seer cannot see itself seeing. Every eye has a blind spot" (Wilber, 1977, p. 37). Thus, the only true reality is that which is known directly, intimately, and non-dualistically in Universal consciousness. The adjective Wilber offered to describe this state of consciousness was not "altered" nor "abnormal," rather he pronounced it to be the "only real" state of consciousness (1980, p. 76). Anything less is only illusion or maya in that it is only partial truth, which is precisely the state of affairs in a world of dualism.

It is important to mention that Wilber acknowledged his assignment of psychotherapies as being appropriate treatment at certain levels of his model as "a rough approximation." Many of the counseling theories also effectively deal with the concerns which manifest at the levels above their placement on Wilber's Spectrum. However, he also noted that these schools of therapy often view experiences of identity at levels below them in the model as being pathological. Although pathology can occur at any of the levels except that of Universal Mind, a sweeping discount of the lower bands of experiencing demonstrates the therapeutic limitations of these theories, according to Wilber's model. In contrast, the comprehensiveness of the transpersonal view is revealed as the entire Spectrum of Consciousness is acknowledged and the different needs and
symptoms which arise at different levels of identity can be treated with a corresponding therapeutic approach. Though the expansion of identity is not cleanly sequential from level to level, it is an assumption of Wilber's model that the healing that occurs at the upper levels facilitates one's descent to broader levels of awareness. The synergistic effect is that progress made on the lower levels can reduce the work to be done on the upper levels.

The question of "Who am I?" is thus answered differently at each level of Wilber's Spectrum. The search for the self is the identity crisis, the conclusion of which results in boundaries which distinguish self from not-self (Wilber, 1979). As the boundaries are drawn, then corresponding characteristics, symptoms, and potentials are embodied. And as the boundary line shifts, then the territory expands bringing with it new challenges. Many psychotherapies and religions can assist in the quest of the identity seeker, though according to Wilber, with varying degrees of effectiveness depending on the seeker's level of identity consciousness. The underlying commonality of these schools, suggested Wilber, is the goal of effecting change in a person's consciousness. He argued that the different psychotherapy schools are "... actually approaches to different levels of a person's self" and that rather than "being conflicting or contradictory, (they) actually reflect the very real differences in the various levels of the spectrum of consciousness" (1979, p. 11).

To heal and strengthen the ego is the aim of classical psychoanalysis. The on-going struggle between one's irrational id and overcontrolling superego is mediated by one's ego (Brenner, 1974). The mark of health, according to the psychoanalyst, is then considered to be a well developed ego and an absence of pathology (Walsh & Vaughan, 1980a, 1980b). Thus in reference to Wilber's Spectrum of Consciousness, psychoanalysis can be an appropriate therapeutic approach in treating the client who is searching to integrate aspects of his or her
psyche. Through an evolving self-image which becomes more accurate and acceptable to the client, the self can be experienced as a total psychophysical organism (Wilber, 1980). What was unconscious is brought into the light of consciousness, "...a goal (which is) very much in harmony with the transpersonal theme of understanding and expanding consciousness" (Frager, 1989, p. 291). Therefore, it is generally agreed by transpersonalists that a strong ego is a necessary milestone leading to health, even though it is not considered to be the hallmark of mental health. One's identity must continue to expand if optimum health and well being are to be actualized.

Behaviorism insists on measurability and verification of behavior and behavior change (Bandura, 1977a). And certainly, treatment for behavioral problems and certain pathologies using behavioral techniques has been proven to be highly effective (Bandura, 1969). The interaction effects of behavior with consciousness, thoughts and feelings, however, have not been a focus of behaviorism. The more recent work of the cognitive-behavioralists concerning for instance, the effects of behavior change on self-efficacy (Bandura, 1977b), has fortunately extended the behavioral model to include the exploration of the capacities of self. Though in sum, behaviorism offers little in the way of practice and theory concerning the condition of optimal health and well-being (Walsh & Vaughan, 1980b).

Behavioral and cognitive-behavioral techniques could certainly be a part of the transpersonal therapist's repertoire. For example, Walsh and Vaughan (1980a) suggested that meditation may be used as a technique of reciprocal inhibition in which the experience of relaxation enhances feelings of calmness in order to inhibit anxiousness. This intervention may have the fortunate result of increasing the client's ability to control her or his response to an anxiety producing situation and thus increase the likelihood of behavior modification. In
addition to valuing the more obvious behavior changes, the transpersonal therapist may view the client's proficiency of meditation as an opportunity to explore the more subtle and subliminal experiences which can expand the sense of self.

The Humanistic tradition of psychotherapy affects one's growth primarily at the ego and existential levels of development (Walsh & Vaughan, 1980a). The development and achievements of the personality blossoming into the full actualization of the self are the therapeutic focus, thus extending identity to all facets of the total organism (Frager, 1989; Wilber, 1980). The humanist's intent of integrating the physical, emotional and mental elements of health may, however, neglect the spiritual dimension. It is entirely possible and according to Walsh and Vaughan, it is most usually the case, that humanistic psychologists are not "willing or interested when it comes to exploring transpersonal experiences." (1980a, p. 25).

The Existential therapies address identity challenging issues such as meaning and purpose, death and isolation, and responsibility and choice; though like the Humanistic approach, the search remains in the realm of duality. As Wilber reminded, "...the Existential level is also the home of man's two root dualisms, namely, that of subject vs. object (or self vs. other) and life vs. death (or being vs. nullity)" (1980, p. 80). The direct and intuitive experiences of consciousness may therefore, not be encouraged or explored. Walsh and Vaughan distinguish the existential and transpersonal approaches in the following passage, "Existentialists might be said to be aware of the first Noble Truth of Buddhism, namely that all life is suffering, but not to see a way out; so they struggle continuously to confront life and reconcile it with these apparent inevitabilities. However, the Buddha went further. In the remaining three
Noble Truths he pointed the way out of this dilemma, a way that leads directly to the transpersonal realm beyond the ego and existential levels (1980a, p. 26).

The experiencing of archetypal images represents the collective unconscious which is directly accessed at the Transpersonal level. Carl Jung's analytical or depth psychology delves into these primordial images and the meanings they hold for individuals and the collective of humankind (Frager, 1989; Walsh & Vaughan, 1980b; Wilber, 1980). "The archetype as an image of instinct," wrote Jung, "is a spiritual goal toward which the whole nature of man strives; it is the sea to which all rivers wend their way, the prize which the hero wrests from the fight with the dragon" (Jung, 1953, p. 42). Jung asserted the significance of the mystical realms as he wrote of his orientation to psychotherapy, "The main interest of my work is not concerned with the treatment of neuroses but rather with the approach to the numinous. But the fact is that the approach to the numinous is the real therapy and inasmuch as you attain to the numinous experiences, you are released from the curse of pathology" (Jung, 1973, p. 377).

The work of Analytic Psychology is very much concerned with the contents of consciousness or consciousness in relation to its objects. Whereas, the experiencing of awareness in perhaps an imageless form or directly being without acknowledgment or assigning meaning to the experience is attained in the spiritual practices at the level of Universal Mind.

Psychosynthesis is a theory of human growth and healing, developed by Roberto Assagioli in 1910, which also addresses the Transpersonal level of consciousness. This theory includes principles and techniques aimed at the integration of all aspects of an individual into a "harmonious, powerful whole" (Brown, 1983, p. 3). These aspects of "self" include a lower, middle, and higher unconscious, the conscious field, the conscious Self or "I", the higher Self, and the collective unconscious. The achievement of a harmonious integration is attained
through a successful completion of the following stages of growth: 1) thorough knowledge of one's personality, 2) control of the various elements of the personality, 3) realization of one's true Self -- the discovery or creation of a unifying center --, and 4) psychosynthesis: the formation or reconstruction of the personality around the new center. (Assagioli, 1965, pp. 21-31).

In Assagioli's model, the "Self" is comprised of different aspects of consciousness which "manifest in various degrees of awareness and self-realization" (1965, p. 20). A knowing and controlling of the elements of personality occurs through a process of disidentification which frees the person to discover a "unifying center" around which personality is reformed. According to Assagioli, "We are dominated by everything with which our self becomes identified. We can dominate and control everything from which we disidentify ourselves" (1965, p. 22). One's "personal" and "spiritual" psychosynthesis results in a unification of the "lower and higher aspects of Self" through a natural process of inner growth. This process is facilitated by awareness, understanding, and specific techniques (Assagioli, 1965; Brown, 1983). Techniques include, for example, dream analysis, bibliotherapy, projective techniques, such as the Rorschach, the use of symbols, meditation and contemplation, and imaginative training.

A distinguishing focus of transpersonal psychotherapy has been illuminated by reviewing it in conjunction with other counseling theories in relation to Wilber's concept of identity development. This focus on the numinous and the underlying unity of being does not wholly define the transpersonal paradigm, however. The transpersonal psychotherapist does not exclusively deal with identity issues of a transpersonal nature. Wittine's first of five postulates of transpersonal psychotherapy states, "Transpersonal Psychotherapy is an approach to healing/growth that addresses all levels of the spectrum of identity -
egoic, existential, and transpersonal" (1989, p. 270). It then follows that some of the therapeutic goals of transpersonal psychotherapy are shared with other counseling theories, as examined above. An expansive view of identity such as the "Spectrum of Consciousness," presented by Wilber, births therapeutic goals which may be unique to the practice of transpersonal psychotherapy.

**Therapeutic Goals of Transpersonal Psychotherapy**

Symptom relief and behavior change are common treatment goals which are shared by the transpersonal model and other models of psychotherapy (Walsh & Vaughan, 1980b). Aspirations toward optimum health, however, require that the healing process continue beyond the realization of goals such as these. The attainment of symptom relief and behavior change, in fact, could more accurately be considered as being part of a "treatment plan" in the transpersonal view, meaning that they are means to an end, rather than representing the end to therapy itself. More specifically, behavior change or reclaiming of the shadow, as examples, might be a part of the plan to build a strong self-structure which in turn would provide a firm foundation from which to further expand one's understanding of self.

This formation of a healthy ego, as addressed in Wittine's first postulate of transpersonal psychotherapy, mentioned above, is a crucial step to knowing the transpersonal self. In fact, Welwood (1984) cautioned against ignoring the development of self as ego and organism. He labeled the action of using spiritual practice to avoid or inappropriately transcend basic needs, feelings, and developmental tasks as "spiritual bypassing." Unhealthy psychological conditions and psychodynamic processes are seen as barriers to transpersonal realizations and therefore must be addressed in transpersonal psychotherapy (Sutich, 1973). Thus, it is a function of transpersonal psychotherapy to balance a
focus on wounds and developmental arrests with an emphasis on wholeness as a part of the transcendent experience (Scotton, 1985).

Sylvia Boorstein (1986) suggested that transpersonal issues or interpretations may not be successful with some clients until pressing presenting concerns are addressed in a more traditional interpersonal manner. She described the use of a transpersonal interpretation as "interpreting up" and referred to the use of an interpretation at a personal level as "interpreting down." She proposed that a transpersonal therapist should use therapeutic discrimination in knowing when to "interpret up" or to "interpret down." To illustrate, she suggested that when integration of an entire experience is necessary, "interpreting up" may be helpful, while "interpreting down" may be needed to address personal conflicts. In other words, transpersonal insight should not be used as a defense against confrontation and conflicts. As a specific example, a client who is struggling with the consequences of being raped, would likely need to focus on her psychological distress (interpreting down) before exploring the possibilities of how her experience of being raped may serve to awaken her to a greater sense of self as she reaches new emotional depths and gains awareness of her needs and how to meet them (interpreting up).

The example just mentioned also demonstrates another goal of transpersonal psychotherapy, which is the practice of using all life experience as a part of learning (Boucouvalas, 1980; Vaughan, 1979; Walsh & Vaughan, 1980a; Weide, 1973). This practice called "karma yoga" promotes the integration of one's spiritual practice into one's daily life. The self is seen as the vehicle for one's spiritual unfoldment or as "the context of life experience." "This shift in identity is frequently associated with a shift in motivation from self-enhancement to service, implying less investment in the achievement of specific ego goals and
a predominant motivation for participation and service in the world" (Vaughan, 1979, p. 109).

Another function of transpersonal psychotherapy is to recognize, accept, and explore transcendent states of consciousness in order to foster the realization of self as being interconnected to all of life (Boucouvalas, 1980; Sutich, 1973; Weide, 1973). Grof's research with altered states, mentioned previously, examined how altered state experiences can foster a greater understanding of self at ego, existential, and transpersonal levels of identity expansion. Wittine's third postulate of transpersonal psychotherapy acknowledges identity expansion as being a part of the transpersonal therapeutic experience. He states, "Transpersonal psychotherapy is a process of awakening from a lesser to a greater identity" (1989). Wittine's use of the word "awakening" implies that as one's structure of self expands, one's identity is not created anew; rather, it is "enfolded" within one's being or unconscious. Growth then becomes a process of removing barriers to knowing one's true self and unfolding potential. The transpersonal paradigm may facilitate this process of discovery and expansion through the exploration of the client's transcendent experiences.

As a consequential aspect of the client's "awakening" process, a crisis involving loss of identity may occur for the client. Wittine referred to this crisis of awakening as "the dark night" (1989, p. 281). As a client begins to emerge to a greater identity, there may be feelings of loss and anxiety as he or she leaves the stability and safety of "knowing one's self" and moves into the "unknown." A void and seeming unrealness appear for the client -- a sort of birth and death process occurs. The client may even be angry about the "awakening." In order for the client to come to terms with his or her experience of "the dark night," the client must recognize that birth also follows death. The therapist must also have
faith in the birthing process and offer the client support and acceptance as he or she experiences chaos as a crucial aspect of transformation.

A client's "process of awakening" may also be facilitated by the enhancement of the client's inner awareness and intuition. Wittine (1989) expressed this axiom in his fourth postulate of transpersonal psychotherapy. A goal of the transpersonal approach to counseling is, therefore, to foster the development of the client's "inner life," "inward awareness" or as Bugental (1981) described it, the client's "inner sense of being." Thus, a client's therapeutic work, according to the transpersonal paradigm, is often intrapersonal in nature (Sutich, 1980). Shifting a client's mind-set from a judging, analyzing mode to an inner focus which nurture's the development of the client's intuition is a therapeutic goal which is shared by transpersonal and humanistic therapists (Wittine, 1989).

To accomplish this goal, therapeutic interventions are designed to heighten the client's awareness of her or his feelings, sensations, images and here-and-now experiences. A more meaningful inner life can be restorative and healing as it enhances the client's process of self discovery. According to Wittine, the client is necessarily, "the central figure in the inward search; the therapist is primarily a guide" (1989, p. 283).

The process of awakening to greater awareness is extended to the therapist in Wittine's fifth postulate which states, "In transpersonal psychotherapy, the therapeutic relationship is a vehicle for the process of awakening both client and therapist" (1989, p. 283). He suggested that the phenomenon of countertransference can help the therapist to better understand the client as well as help the therapist to better know him or herself. By examining one's feelings and reactions to the client, the therapist learns about his or her own unconscious material. As a result of working with this mirrored material, the therapist can gain empathy and insight as to how to assist the client's healing work.
Underlying this postulate is the transpersonal assumption that all life is connected. Thus, as one person assists the healing of another, both participants in that relationship are impacted and have opportunity to know themselves better.

The Profile of the Transpersonal Psychotherapist

The therapeutic process is not value-free (Bergin, 1980; Bergin, 1988a, 1988b; Vaughan, 1979). Bergin endorsed this belief when he wrote, "Values determine the goals of treatment, the selection of techniques, and the evaluation of outcomes" (1988a, p. 25). If even in deference to a theoretical orientation a therapist wants to maintain a therapeutic stance of anonymity, Boorstein (1986) maintains that the therapist's values, attitudes, and belief systems are still conveyed to the client. The outcome of therapy can be shaped by the responses the therapist chooses to make, the client's issues found to be most interesting or focused on, which interpretations are emphasized, and the subtle hints and casual remarks made by the therapist.

Boorstein suggested that the therapist's anonymity is not only not possible, but it is also not helpful. Informing a client of the therapist's world view may foster the therapeutic alliance and the therapist's credibility or at least assist the client in making an informed choice concerning therapy. Therapeutic values which are explicit actually protect clients as it is the values which are more subtly expressed which act as the "hidden persuaders" (Bergin, 1988b). It is, therefore, important for transpersonal psychotherapists to "be explicit about the principles and assumptions to which they subscribe...." as these beliefs affect the process and outcome of therapy (Wittine, 1989, p. 286).

It is the therapist's values, beliefs and intentions which constitute what Vaughan (1979) referred to as "therapeutic context." This context may serve to
facilitate or limit the client's potential for healing. For example, a therapist may frame questions and interpretations based on her or his personal beliefs in a way which may deflect the client's self exploration of his or her transcendent nature. Conversely, a therapist who believes in and values self-transcendence would likely choose to enhance the client's exploration of existential and spiritual concerns. In this example, the transpersonal paradigm would allow the client the opportunity to work within this expanded context. That is, transcendental experiences would be dealt with as valuable opportunities for growth, rather than interpreted as inappropriate or as pathological symptoms (Walsh & Vaughan, 1980b).

What values and beliefs contribute to what may be the unique therapeutic "context" offered by transpersonal psychotherapy? Wittine's second postulate of transpersonal psychotherapy "recognizes the therapist's unfolding awareness of the self and his or her spiritual world-view as central in shaping the nature, process, and outcome of therapy" (1989, p. 278). This "spiritual world-view" has been explored in the section of this chapter which addressed dimensions and assumptions of transpersonal psychotherapy. Briefly, a basic premise of transpersonal psychology supposes that people aspire toward a sense of optimum well-being which eventually leads them to explore the transcendent experiences connecting all of life.

To identify what a psychotherapist values in his or her approach to life and healing, one might look at the personal and professional pursuits of the therapist. In his doctoral dissertation, Hutton (1992) compared 104 psychotherapists on issues of spiritual values, training, experience, and therapeutic techniques, as related to the practice of psychotherapy. These therapists were self-identified as well as identified by professional membership as being transpersonal, behavioral, or psychoanalytic in their orientation to
therapy. The results of Hutton's survey showed that transpersonal psychotherapists had a more frequent spiritual practice, a greater likelihood of having had a spiritual experience, more transpersonal training, and greater influence from spiritual readings than did the other two groups of therapists. In regard to techniques used in therapy, the behavioral practitioners used intuition and dreamwork less often than did the other two groups, whereas the psychoanalytic practitioners used visualization and relaxation less often than the behavioral and transpersonal practitioners. These results affirm the importance of the spiritual quest for those transpersonal psychotherapists surveyed by Hutton. Furthermore, the transpersonal psychotherapists' valuing of the transcendent realm of consciousness was reflected in their personal activities (spiritual practice and reading) as well as in their professional endeavors (transpersonal training and technique).

A "firm grounding" in conventional counseling theory and reductive techniques is frequently acknowledged as a necessary training requirement for transpersonal psychotherapists (Scotton, 1985; Sutich, 1973, 1980; Welwood, 1984; Wittine, 1989). As noted above, the transpersonal paradigm addresses healing and growth at the egoic, existential, and transpersonal levels of identity development, therefore requiring a matching breadth and depth of therapeutic intervention. The transpersonal therapist's belief in this broader spectrum of identity creates a transcendent context within which the reductive and transcendent work can be accomplished. The ability to sense the larger context of the client's unfoldment while working with the client's concerns in a reductive way, according to Welwood (1984), can help to prevent "therapist burn-out" or in other words, it can help to keep the therapist from getting overwhelmed by the client's problems.
As Thich Nhat Hanh so eloquently stated in his discourse on Buddhism and psychotherapy, "One cannot give students a theory; one has to give them the fruit of one's practice and experience" (Thich Nhat Hanh, 1989, p. 17). This caveat could easily be applied to the therapeutic relationship as well as to counselor training. Comprehension of the transpersonal realms of consciousness demands an experiential knowledge base to prevent superficial and pathologizing interpretations. It is widely acknowledged in the transpersonal literature that a transpersonal psychotherapist should have a spiritual practice and strive to integrate the fruits of his or her practice in everyday life (Scotton, 1985; Sutich, 1973, 1980; Vaughan, 1977; Walsh & Vaughan, 1980b).

In his study of the development of empathic abilities in Master's level counseling psychology students, Lesh (1970) examined the effects of a Zen meditation practice. The experimental group received audio taped instructions for Zazen meditation which the subjects practiced together for 30 minutes each week day for 4 weeks. Using a pretest/post-test design, Lesh detected a significant increase in the experimental group's ability to accurately detect and describe the affective states of others as compared to the control group. Each subject's degree of self-actualization was also measured, using Shostrom's (1966) Personal Orientation Inventory. The results of the study showed a positive relationship between the degree of self-actualization a person has achieved in her or himself and empathic ability. Lesh concluded that meditation appears to be an effective means of assisting people in self-actualization.

Meditation is one example of a spiritual practice. There are many others. The Eastern path of yoga, for example, can be pursued through sound (Nada yoga), wisdom (Jnana yoga), devotion (Bhakti yoga), body control (Hatha yoga) or meditation (Raja yoga). Another yogic tradition is that of Karma yoga which is the yoga of service and contribution to others through work (Yogananda,
A commitment to psychotherapy as a vocation is valued by transpersonal psychotherapists as an opportunity to serve the spiritual unfoldment of the client, counselor, and community (Walsh & Vaughan, 1980a).

Within the scope of transpersonal psychology is a concern for the well-being and evolution of society and the planet (Boucouvalas, 1980). Transpersonal activity is "more than just a search for altered states of consciousness or personal enlightenment, but rather is a process of skillful and conscious response to the needs of a Greater Whole, particularly to the needs of humanity at a given time and place (Bogart, 1991, p. 1). Contributing to organizations and ecological activities which acknowledge and nurture the interconnectedness of all life represents transpersonal values at a global level. Healing the "big picture" and healing "the self" go hand-in-hand. The impact is reciprocal.

Psychotherapists should not deal only with sick people, but with the roots of that sickness in nature, the environment, society and the family. I urge psychotherapists to apply their own principles to their lives, to spend more time healing themselves and their families. (Thich Nhat Hanh, 1989, p. 20)
CHAPTER III

RESEARCH METHODOLOGY: THE PHENOMENOLOGICAL INQUIRY

There may be a few who will dare to investigate the possibility that there is a lawful reality which is not open to our five senses; a reality in which present, past, and future are intermingled, in which space is not a barrier and time has disappeared...It is one of the most exciting challenges posed to psychology. — Carl Rogers

To inquire about what characterizes psychotherapy as "transpersonal," an important first step is to explore the meaning the term holds for those psychologists who identify themselves as practicing it. It is hoped that an examination of their statements will reveal unique aspects of what constitutes transpersonal psychotherapy. In order to make known individual differences among transpersonal practitioners and also the common elements underlying their practice, it is necessary to employ a research method which is sensitive to nuances and themes in the interview data. Such discernment is the specialty of phenomenological research. Using the phenomenological approach in this study, the methodological inquiry becomes how to seek clarity and understanding of what constitutes "transpersonal psychotherapy" and how to communicate these findings to others in a systematic and rigorous way.

The natural science method of experimental inquiry would suggest that to garner understanding of transpersonal psychotherapy, one measures specific outcomes of clinical practice. The search is for causation and explanation, and includes description of observable or measurable results. Adopting such a
quantitatively based research approach might allow for the confirmation or
disconfirmation of therapeutic effectiveness. However, it would probably not
allow the subjective complexities and subtleties of the transpersonal context to
emerge. Thus in order to ascertain these more subtle qualities of transpersonal
psychotherapy, one might best focus upon reports of subjective experience. In
brief, the essential question here is not how to "measure" transpersonal
psychotherapy, but rather, what does the experience of transpersonal
psychotherapy mean to those who practice it.

Poikinghorne (1989) argued that a clear understanding of experience
provides a "firm foundation" for studying the object or outcome. Indeed,
measurement can be informative to psychological theory, though "only after the
meaning and quality of the experience is known" (Kruger, 1986, p. 203). This is
precisely the status of research in transpersonal psychotherapy. The recency of
the transpersonal movement in psychology as well as its inherently elusive
nature contribute to the difficulty in constructing theory and the difficulty many
practitioners have in describing its practice. This ambiguity surrounding the
therapeutic context, discussed in more detail in the previous two chapters, points
to the need for further exploration of the "what is" of transpersonal
psychotherapy. Thus the research methodology adopted for this study must
facilitate the uncovering of as many meanings as possible. Furthermore, it must
serve to reveal the phenomena more completely and rigorously than just
ordinary understanding.

Phenomenological psychology offers the perspective that human behavior
is an expression of meaningful experience, the understanding of which provides
"the fundamental locus of knowledge" (Poikinghorne, 1989, p. 43). Therefore,
phenomenology or the study of phenomena examines the subjective experience
of the situation in which the subject is living. The method of phenomenological

Giorgi describes a series of steps in the gathering and analysis of phenomenological data. An initial step of obtaining descriptions of lived experience or phenomenological structures from individual subjects provides data for analysis. The analytic procedure includes a series of four steps which serve to organize, reduce, and integrate the interview data to identify constituents or themes. Giorgi's method, which will be explained in detail later in this chapter, was the primary research design and analysis used in this study.

The Method of Phenomenological Psychology

To study human consciousness without sacrificing the uniqueness and essential characteristics of the subject's experience requires a method, such as that of phenomenological psychology, which is sensitive and rigorous enough to bring clarity to meaning. In addition to its sensitivity to nuance, individual differences and themes, the method of phenomenology presents an advantage to clinical research in that it matches closely the clinical process. For example, in the processes of gathering data through interview and data analysis, the phenomenological researcher chooses follow-up questions and derives theory based on the described experiences of the subject. This process of listening, probing, clarifying and interpreting is similar to how a therapist might fit interventions and theory to the reported experiences of the client as they unfold
in the therapeutic relationship. Therefore, clinical practice is a domain which lends itself well to such a qualitative exploration.

Some phenomenologists suggest that phenomenological research methods examine different features of the psychological domain than the methods established by natural science (Keen 1975; Polkinghorne, 1983, 1989). The positivists in psychological research search for the existence of "the natural object" and attempt to measure it. The knowledge attained must be valid and certain, and is considered problematic if it lacks such qualities (Polkinghorne, 1983). Phenomenological researchers attend to "human awareness" and attempt to clarify and understand it. The knowledge gained by such investigations is based on the meaning of experience and thus, the judgment of truth versus falsity becomes irrelevant. The phenomenologist is concerned with the fact that an idea occurs and it is considered to be "psychologically true" in as much as it exists in personal reports (Jung, 1938). The validity of the quantitative characteristics of transpersonal psychotherapy are, therefore, not the features of interest in this phenomenological study, rather the qualities of experience comprise the focus.

A broader range of research methods could benefit the professional practice of psychology (Gelso, 1979, 1984; Goldman, 1989; Helmes, 1989; Hoshmand, 1989; Howard, 1984, 1985). The human realm is complex and diverse, and deserves creativity and continual renewal in the ways that we study it. The received view of positivism may no longer be the only methodological approach to knowing more about the inner and relational lives of people (Bevan, 1991; Giorgi, 1970, 1971, 1985; Hoshmand & Polkinghorne, 1992; Keen, 1975; Kruger, 1986; Polkinghorne, 1983, 1989; Strong, 1984; Tyler, 1984; von Eckartsberg, 1986; Wertz, 1985). In his recent article in the American Psychologist, Bevan (1991) characterized the majority of psychological research as being narrowly focused
and preoccupied with data at a quantitative level to the neglect of fundamental metaphysical issues, life experiences, and world views. As long ago as 1961, Sigmund Koch (1961, 1981) suggested that psychologists borrow from the humanities its methods of insight inquiry, and linguistic and textual analyses in order to demonstrate sensitivity to the subtleties of individual experience. Phenomenological research has since then proven to be an investigative method which is beneficial in this way.

With the advent of the Humanistic movement in psychology, a new goal has been coming to the fore, that of looking at the whole person. Thus, methodology which is context-sensitive, rather than context-independent becomes an important research tool (Bevan, 1991). This is an important concern for this study in that the spiritual context which the transpersonal approach brings to the therapeutic relationship is considered, by some authors, to be its most distinguishing feature (Vaughan, 1979).

The aim of phenomenological research, in general, is to discover the structures, assumptions, or organizing principles which are essential to the phenomenon being studied, which in this case, is the lived experience of transpersonal psychologists in their clinical practice (Keen, 1975; Moss & Keen, 1989; Polkinghorne, 1989). Polkinghorne (1989) concludes that these essential structures are necessary for the phenomenon to have the specific appearance it has. Thus, through uncovering the essential and invariant, the researcher is identifying the typical way in which a phenomenon presents itself in experience.

Although phenomenological research is sometimes categorized as a "descriptive" methodology, it is much more than that. The process of phenomenological research is rigorous in its approach in that it is not a mere inventory of behaviors, feelings, and ideas; rather, it is a discovering of the implicit meaning of experience via structural and thematic analyses of the
subject's lived experience (Moss & Keen, 1989). Rather than being a product of the researcher's reflective insight or description of a subject's behaviors, the data are derived from the subject's own account of her or his experience and the meaning of the experience (Giorgi, 1985). The realm of investigation, therefore, exists within the subject's awareness as opposed to being a product of the researcher's observations.

Another distinguishing element of phenomenological research is the search for the structures that are necessary to produce meaning in consciousness (Polkinghorne, 1989). Husserl (1931/1913) first developed the phenomenological method as a means to gain knowledge of invariant structures of consciousness. In this case, the phenomenological researcher compares interview data across subjects to discern cognitive processes inherent to consciousness itself.

The phenomenologist believes that meaningful subjective experience is the fundamental entry point to knowledge and understanding of human behavior. "To understand the meaning of behavior" posits Giorgi, "one must understand its functional significance, and in order to understand the functional significance of any behavioral act one must understand its relationship to the whole" (Giorgi, 1971, p. 53). To investigate meaning in this way, the entire procedure requires the researcher to listen, think, and interpret phenomenologically. To do this, the researcher must adopt what Edmund Husserl (1931/1913) called "the natural attitude" which requires a setting aside of the researcher's preconceived meanings of an event, during both the interview and data analysis, in order to be open to the phenomenon as it exists with its own meaning and structure. This way of listening is also termed "phenomenological reduction" or "bracketing" and facilitates the emergence of the event as a meaningful whole (Aanstoos, 1985; Keen, 1975; Polkinghorne, 1989). The resulting interpretations then become more representative of the subject's meaningful experience as he or she
describes it, rather than that of the phenomenologist's (Giorgi, 1985). The way in which "bracketing" was accomplished in this study will be explained later in this chapter.

Selection of Subjects

Five subjects were interviewed for this study. According to Giorgi (A. Giorgi, personal communication, July, 1992), the essential aspects of a phenomenon will be apparent in a study design including three subjects. Therefore, it was anticipated that interviews from five subjects would elicit essential aspects of transpersonal psychotherapy as well as provide examples of the diverse ways in which these aspects manifested in this study.

The subjects were known to the researcher as transpersonal psychotherapists, and they were selected to be interviewed based on the criteria below. During the initial telephone contact, the potential subject was informed of the purpose of the study and what would be involved if she or he chose to participate as a subject. Each person contacted was asked if he or she fit the subject selection criteria. If the potential subject fit the criteria and was willing to be interviewed, a date was scheduled for the face-to-face 90 minute interview session. The subjects were not identified by name, and they resided in the San Francisco Bay Area.

The criteria for subject selection in phenomenological investigations are that the subject self-identifies as having had the experience which comprises the research focus, and that the subject have the ability to sensitively express and fully describe his or her experiences which are relevant to the study (Colaizzi, 1978; Polkinghorne, 1989). The subjects for this study were psychotherapists who identified themselves as being transpersonal in their approach to
psychotherapy and had been practicing psychotherapy for a minimum of five years. Because the interview questions required subjects to reflect upon their experiences as psychotherapists and to cite descriptive examples of their work with clients, subjects were selected who had ample clinical experiences to which they could refer. The subjects for this study were also selected because they differed in their theoretical approaches to transpersonal psychotherapy. For instance, three subjects identified their transpersonal orientation as being based primarily on Jungian theory, one subject was primarily phenomenological in his approach, and another subject approached her transpersonal orientation through the theory of Psychosynthesis.

Subject selection, in this study, was based on the criteria above rather than on random sampling of a population. It is important in a quantitative study to relate experience or outcome to the statistical characteristics of a group; whereas, "the phenomenological concern is with the nature of the experience itself" (Polkinghorne, 1989, p. 48). Thus the final achievement of the phenomenological study is not statistical generalization, but rather the discovery of any invariant structures within the richly varied descriptions of subjects.

Data Collection Procedures

Setting. The selection of setting for each subject interview was negotiated with that subject. One criterion for the interview setting was that the environment be conducive to the subject's self-inquiry and communication of experiences. Additionally, the setting needed to be convenient to the subject in terms of accessibility and travel time. For these reasons, all of the interviews took place at each subject's office of professional practice.

Pilot interviews. In order to test the clarity and relevancy of the Interview Guide questions, two pilot interviews were conducted by the researcher. This
also provided the interviewer with an opportunity to gain confidence and competency with the phenomenological interviewing technique. Pilot subjects were selected using the same criteria and procedures listed above.

As a result of the pilot interviews, it was decided to ask for idiographic information in a written questionnaire format to be completed by the subjects after the interview. The phenomenological questions were still addressed during the 90 minute interview. The original intent was to ask all of these questions during the interview; however, it became evident that there was not enough time to gather information which was in addition to the phenomenological descriptions.

Another outcome of the pilot interviews was the deletion of several questions from the phenomenological Interview Guide. These particular questions proved to be confusing in their wording and intent. Once these changes were made, all of the subject interviews were easily conducted within the 90 minute time frame. The final version of the interview guide and the written questionnaire are presented in Appendices A and B, respectively.

**Intensive interviews.** Each subject was interviewed one time by the researcher of this study. The audio-recorded interview lasted approximately 90 minutes. The interview was semi-structured, with interview questions (See Appendix A) to guide the focus and format of each interview. The interview guide was designed to pose questions which elicit anecdotal responses which pertain to the clinical experiences of interest for this study, yet the questions are open-ended enough to elicit rich descriptions of phenomena as each subject sees them. Whenever a subject's responses seemed ambiguous or too abbreviated, the interviewer probed and reflected impressions of the subject's experience in order to expand or confirm the subject's intended meaning. The interviewer's questions and comments are included in the verbatim interview protocols.
Each subject was given a written questionnaire (see Appendix B) at the end of the interview. They were asked to complete the short-answer questionnaire and return it to the researcher by mail. The purpose of this questionnaire was to obtain idiographic information with which to embellish the contextual nature of the interview data. Information concerning the subjects' number of years of clinical practice, the nature of their conventional and transpersonal training, religion of origin, and current spiritual practices was requested. Examples of other questions included are, "What values do you prize the most in yourself?" and "Who are the two people you admire the most?"

Mishler (1986) suggested that the strength of the research interview is that it blends a formalized research method with the "natural" inclination of discourse or conversation. If not thoughtfully considered however, the interview questions can elicit irrelevant, ambiguous or confusing answers and dialogue. The interview guide for this study has been carefully constructed to conform to the following characteristics of the qualitative research interview as presented by Kvale (1983). Foremost, the purpose of the qualitative research interview is to describe and understand the interviewee's "life-world" or experiences. The interview focus remains on descriptions of experience to the exclusion of the subject's interpretation or theoretical explanations -- the exploration is of the "what" rather than the "why."

The interviewer seeks descriptions of experience which are specific, anecdotal, and contain action sequences in the world of the interviewee, avoiding general opinions, whenever possible. If the interviewee's responses are ambiguous, inconsistent, or contradictory, it is the interviewer's task to seek clarification. Finally, the interviewer must be knowledgeable enough about the subject of investigation in order to discern nuances of emerging themes in the interview and to ask relevant follow-up questions.
Bracketing presuppositions. A challenge to the knowledgeable interviewer is that of remaining "presuppositionless" throughout the interview. The interviewer's attitude should be that of curiosity and sensitivity in order to remain open to new and unexpected phenomena, rather than approaching the interview with ready-made categories and schemes of interpretation. In this case, the interviewer maintained "naive curiosity" regarding transpersonal psychotherapy.

The interviewer's stance of being presuppositionless is referred to in phenomenological research as "bracketing." In order to experience phenomena freshly, the interviewer is to set aside or "bracket" her or his biases and presuppositions about the subject of study. This process allows for the phenomena, as it exists for the interviewee, to unfold without the distorting influence of the interviewer (Aanstoos, 1985; Giorgi, 1986; Keen, 1975; von Eckartsberg, 1986). To facilitate the process of bracketing or phenomenological reduction, the researcher can engage in a process of self-reflection prior to the interview. By discussing and/or writing about her or his own personal experiences pertaining to the subject of study, the interviewer becomes aware of her or his biases which are to be kept in abeyance during the interview and continued throughout the data analysis (Polkinghorne, 1989).

To accomplish a phenomenological attitude in conducting this study, the interviewer examined her expectations of what the interviews might uncover. This preparatory step of self-reflection was done alone and in dialogue with a dissertation consultant, prior to data collection and throughout the data analysis. For example, the researcher supposed that the subjects would describe altered state experiences as examples of transpersonal experiences in therapy. Whereas, this was sometimes the case, transpersonal experiences were not always precipitated by altered states of consciousness. For instance, the client's
experience of "grace" seemed to manifest through an intimate therapeutic connection.

Another bracketed expectation was the anticipation that techniques would be frequently employed by the subjects to induce altered states or transpersonal awarenesses in their clients. As discussed in the following two chapters, techniques do play a role in the therapeutic process for these subjects. However, as it turned out, the development of an intimate therapeutic relationship was a more predominate concern or goal than was the use of specific techniques for intervention.

It was also assumed that subjects would easily describe discrete therapeutic exchanges or events as examples of transpersonal psychotherapy. At times this was the case, although often the development of a series of related exchanges involving the unfolding of an intimate therapeutic connection were offered by the subjects instead. And lastly, the subjects' experiences of love as a predominate quality of the therapeutic relationship was a bit of a surprise. There was a continual struggle during the data analysis to not redefine the quality of love as empathy or the commonly used psychological term of "unconditional positive regard". The concept which was bracketed was the common assumption held in Psychology that therapeutic boundaries are more easily preserved if feelings of love are kept in abeyance or couched in more benign terms.

Procedures of Data Analysis

A rigorous phenomenological research study not only requires appropriate and sound methods of data collection and organization, but necessarily includes a systematic qualitative analytic procedure as well. The data analysis procedure used in this study is based on the phenomenological methodology designed by
Amedeo Giorgi (1983, 1985) with adaptations based on the phenomenological method used by Wertz (1985). Giorgi's method consists of four procedural steps, and are generally expressed as the following: first, the descriptive interview protocol is read by the researcher one or more times in order to garner a sense of the whole; second, the raw interview is reread and breaks are inserted to indicate changes in meaning. A psychological perspective is used to discriminate these "meaning units" with a concern for the phenomenon of interest, which in this case, is the experience of transpersonal psychotherapy. Third, the meaning units are concisely transformed into their psychological equivalent, thus more directly expressing the psychological insight which is implicit to each meaning unit; and fourth, the transformed meaning units are synthesized into descriptive statements yielding a psychological structure of the experience. The ways in which the analysis used in this study differs from Giorgi's are elaborated below. The final method for this study involves seven procedural steps of analysis.

More specifically, Giorgi's analytic procedures were adapted for use in this study as follows. In step one, each protocol was read multiple times since each interview was 90 minutes and resulted in a lengthy description. Giorgi refers to the data at this stage as the "naive description" since the protocol is a verbatim transcript of the interview. This initial step is not interrogative in nature, rather it provides a foundation of understanding from which the next step unfolds, the discrimination of meaning units.

The second step of analysis required a delineation of each meaning unit which expresses a self-contained meaning. A transition in meaning is indicated by a change in subject matter or a change in activities. Although viewed from a psychological perspective, the researcher is not to interrogate the text or impose theoretical expectations. Instead, each constituent should reflect divisions which are inherent to the subject's own experience (Polkinghorne, 1989). Giorgi makes
a point of referring to meaning units as "constituents" rather than "elements" to distinguish their nature as being context-laden rather than being independent of context (Giorgi, 1985; Polkinghorne, 1989).

Step three involved the transformation of each subject's everyday expressions into psychological language. Here the researcher expressed the implicit psychological concept which dominates each constituent. Each transformation is stated in third person and continues to reflect the situated character of the subject's naive description. This step of the procedure serves to present the data in a form which facilitates a more complete understanding of the events from a psychological perspective. The transformations were arrived at through the processes of reflection and imaginative variation which are next described.

Wertz (1983, 1985) elaborated on several aspects of psychological reflection which define the researcher's posture as she or he reviews phenomenal descriptions. In phenomenological methodology the description itself provides the researcher's point of entry into the subject's lived experience. According to Wertz, psychological reflection requires the researcher to become empathically immersed in the subject's assumptive world of description. The reflective researcher must slowly review the description and dwell upon the details of the situation. This dwelling seems to amplify and magnify the details of the subject's situation emphasizing their importance for the researcher. Wertz then suggested that the researcher must necessarily step back from the empathic embrace in order to "interestedly" reflect on the subject's experiences in terms of their genesis, relations to each other, and overall structure. During this process of reflection, the researcher is not concerned about facts, objects, or reality, but rather the functions and meanings that these things hold for the subject become the focus of attention. A final step in the reflective process is to verify, modify,
and reformulate the newly emerging reflections by comparing them to the original description. Questions such as, "Is everything I am saying supported by the original text?" and "Is everything in the protocol reflected in my languaging or in my structural description?", need to be asked and responded to with necessary changes.

Imaginative variation is an activity of mental exploration employed by the researcher to discern whether or not a word, phrase, constituent, or theme is essential to the psychological structure of the experience (Giorgi, 1985; Keen, 1975; Polkinghorne, 1983; Wertz, 1983, 1985). For instance, if a constituent is subtracted or changed without causing a change in the meaning, then the constituent was not essential to the psychological structure of the text. One specific example of imaginative variation is to imagine that an apple is red and then purple or yellow and determine whether this color change alters the essence of the apple. In other words, what features must be invariant in order for something to be experienced as "an apple"? In this same way, a word or phrase can be altered to test its essential relationship to the whole. "By varying each aspect of the experience," writes Wertz, "we can ascertain precisely what must be involved in order for the peculiar character of the individual's psychological reality to be as it is, thus its essential determinations are grasped" (1985, p. 176). These techniques of imaginative variation and reflection were used in steps three through seven of this analysis.

Step four entailed the clustering of transformed meaning units into general themes. This thematization helped to identify which themes were the most critical to the individual psychological structure for each subject while maintaining the idiographic nature of the transformed units. Only those constituents which are revelatory of the phenomenon of interest, the practice of transpersonal psychotherapy, were included in the clusterings.
Following this stage, it became possible to synthesize the transformed meaning units into a descriptive statement of structure for each subject, as step five of the procedure. This process entailed pulling together all of the researcher’s reflections and eliminating redundancy in order to concisely express the psychological structure of the individual case. Both the facts of the case and their psychological significance are presented in enough detail to "show how everything essential to the psychology of the individual arises out of and in turn illuminates the subject's description" (Wertz, 1983, pp. 215-216). The reduction process used for this procedural step required the researcher to identify the essential, recognize themes and relationships between constituents, and concisely and inclusively integrate the data into a structural description of an individual experience which is labeled, "Individual Psychological Structure" (Wertz, 1983, 1985).

In the instance of a single subject design, Giorgi then proceeds by rewriting the individual description at a more general level. The specifics of the situation are not included, yet the description is acknowledged as being an individual instance. If multiple subjects are used, such as in this study, Giorgi suggests that individual descriptions be synthesized into one general description. In order to facilitate the discernment of a general psychological structure, the sixth step of this study was included to provide a listing and brief description of the critical themes which emerged across subjects.

Step seven involved the integration of these themes into a single general description of the psychological structure of transpersonal psychotherapy, as presented in this study. This final descriptive statement, which follows the adaptations of the phenomenological method made by Wertz (1983, 1985), is entitled, "General Psychological Structure of Transpersonal Psychotherapy" and was arrived at in two graduated steps. First, the general structure was written as
a concise integration of the insights contained in the preceding steps. This is followed by an expanded exposition of the general structure which is clarified and illustrated by the inclusion of relevant verbatim material from the interview protocols.

The results from each step of analysis were discussed with a consultant prior to proceeding with the subsequent step. The consultant was a licensed psychologist who had experience using this phenomenological method under Giorgi's direction. Working with this consultant throughout the data analysis provided to the researcher training and assistance in the processes of imaginative variation, reflection, and bracketing.

In summary, the methodological procedures used for this data analysis are as follows.

1) Read through the entire interview protocol to get a general sense of the whole description.

2) Discrimination of meaning units from a psychological perspective.

3) Transformation of discriminated meaning units into more psychological language.

4) Clustering of transformed meaning units into general themes.

5) Determination of Individual Psychological Structure of each subject's experience.

6) Listing and brief description of critical themes which emerged across subjects.

7) Determination of a General Psychological Structure across subjects, through analysis and synthesis of critical themes and individual structures. This is presented as a concise summary and as an expanded exposition including documentation from the interview protocols.

To briefly clarify, steps one through five were performed separately for each subject, while steps six and seven entailed an integration of the data across subjects to render explicit the generalizable results of the study. Protocols for all
subjects from steps two, three and four of the analysis are presented in Appendix E. The Individual Psychological Structures for all five subjects are included in the results chapter of this study along with the list of critical themes and the General Psychological Structure, both concise and expanded.

The data from the written questionnaire are summarized in the results chapter and presented verbatim in Appendix C. These data are discussed in the last chapter of this dissertation as they are illuminating of the phenomenological results of this study.

Issues of Validity

Can the reader be convinced that the findings of a research study are accurate? Are the results reflective of the original intent of the study? These are legitimate and relevant questions to pose when examining a psychological study in human science. If the study in question is of a quantitative design, then the reader might inquire as to whether the quantitative instrument accurately measures what it claims to measure, and do the experimental procedures generate the data necessary to answer the research question? In the case of a phenomenological research design, the exactness and accuracy of results are determined by the "precision in description and stringency in meaning interpretation" (Kvale, 1983, p. 175). The reader of this study, for instance, might wonder if the General Psychological Description is an accurate portrayal of the common features experienced in the practice of transpersonal psychotherapy. This question could be explored in several ways. First of all, to what extent did the interviewer investigate the meaning of the life-world themes which were intended for this study? And, did the interviewer influence the subjects' responses in such a way as to bias the results? Finally, how convincing are the researcher's psychological inferences derived from the raw data?
In reference to these concerns mentioned above, Kvale (1983) posed questions to the phenomenological researcher which address the validity of interpretations and conclusions. During the analytic processes of transformation and interpretation, is it the subject's expressed meaning or intended meaning that matters? In other words, is the purpose of the analysis to make explicit the meanings which are latent in the subjects' responses? Then follows the principal question of whether there is only one correct interpretation of a constituent or text? According to Kvale, if the principle of plurality of interpretation is accepted, then it becomes imperative for the researcher to demonstrate validity by presenting the evidence and arguments which were applied to her or his particular interpretation. The reader must be able to follow the thought processes of the researcher and be convinced by the researcher's conclusions (Poikinghorne, 1989).

Although the ways in which issues of validity are addressed have been discussed earlier in this chapter, these procedures will now be summarized in order to clarify and emphasize their inclusion in this study. The interview procedure for this study is semi-structured, using questions phrased in an open-ended fashion to guide the subjects to disclose the meaning of their experiences concerning the topic of interest as well as to encourage anecdotal descriptions rather than opinions. Thus the interview guide served to keep the discourse focused on material relevant to the study while allowing the subjects to respond in ways which were representative of their experiences rather than being reflections of the interviewer's expectations. Whenever meanings were unclear or needed to be made more explicit, the interviewer asked the subjects for clarification and confirmation in order to minimize inaccurate transformations and interpretations.
During the phases of data collection and data analysis, the researcher employed the phenomenological technique of bracketing in order to minimize the influence of biases and expectations of findings. The methods of reflection and imaginative variation facilitated accuracy in the reduction of protocols to psychological constructs and essential themes. Thus, the various possibilities of meaning in each protocol were considered with reflective scrutiny. Finally, in acknowledgement of the plurality of interpretations, the detailed exposition of the General Psychological Structure explicitly articulates and supports the researcher's transformations and interpretations. Otherwise expressed, having read the final structural description, one should be able to track the development of the researcher's viewpoint and hear what the researcher heard from the subjects of this study.

The following note concerning reliability as it relates to phenomenological methodology should be mentioned. Giorgi (1971) suggested that the investigated phenomenon of a study need not be duplicated identically in order to establish the reliability of results in phenomenological research. In fact, given the idiographic nature of experiences and their descriptions, it is most likely impossible to exactly duplicate them. Rather, reliability in a phenomenological study is established when the essential theme(s) can be identified through its varying manifestations. To demand constancy in the ways that essential themes manifest would actually negate one of the gifts of the phenomenological design; when in actuality, examining these various ways in which a phenomenon presents itself leads to a fuller understanding of its essential nature. The case for reliability is thusly summed up by Giorgi, "...one knows that he (or she) is dealing with the same phenomenon when the meaning of the phenomenon is essentially the same in spite of the variations in its manifestations" (1971, p. 24).
Limitations of this Study

Two common criticisms of asking and listening as a methodological technique are, first, that people do not always have a conscious awareness or understanding of their behavior and its antecedents; and secondly, people sometimes tell researchers what they think the researcher wants to hear regardless of whether it represents the truth or not (Keen, 1975). Since how a question is answered depends upon the way a question is formulated (Mishler, 1986), a strategically framed interview guide (open-ended and suggestive, rather than definitive) and thorough interviewing technique, as described above, can help to obviate this first concern. So we can see that the interviewer must be able to direct and probe in order to elicit explicit and relevant descriptions without biasing the respondent's answers. It was also found that since the subjects for this study are psychotherapists, they were readily aware of and able to articulate their experiences.

The second criticism concerning "truthful disclosure" can manifest as a challenging limitation of a phenomenological study. It is impossible for a researcher to control for honesty in a subject's descriptions. Even if the respondent is truthful in answering, he or she may choose to focus on information which he or she presumes to be of interest to the researcher, to the exclusion of other relevant material (Keen, 1975). What is within the control of the researcher is her or his own ability to inquire without bias, probe inconsistencies, and encourage depth and breadth in descriptive responses.

This study is a discovery-oriented research approach and, therefore, did not test pre-determined hypotheses concerning, for example, therapeutic effectiveness. Instead, the researcher sought to uncover the fundamental psychological structure implicit to the practice of transpersonal psychotherapy
and to illuminate the phenomena of transpersonal psychotherapy through exploring its various manifestations in clinical practice.
CHAPTER IV

RESEARCH RESULTS: THE ESSENCE OF TRANSPERSONAL PSYCHOTHERAPY

...the achievement of the essence is not the end of phenomenological analysis, but only a means of bringing to light all of the actual living relationships of experience. -- Amedeo Giorgi

As anticipated, this phenomenological inquiry has uncovered the commonalties of therapeutic practice among these psychotherapists who have a transpersonal approach to counseling. And certainly, it is also revealed that differences in the lived experience of these psychotherapists add to the complexity and mystery of that which this study has sought to define. The richness of these results is embellished and reified through the myriad of manifestations in which the data appear. In this chapter, both shared essence and divergence of experience are illuminated through the meaning they hold for those who lived them. Most specifically, the data which were arrived at through the graduated analysis explicated in the previous chapter are presented as well as idiographic and contextual information gained from the interviews and questionnaires.

Included in this chapter is a summation of the characteristics of the subject sample followed by the presentation of the phenomenological results including the Individual Psychological Structures for all five subjects, the descriptive list of the General Critical Themes which emerged from these structures across subjects.
and the General Psychological Structure of transpersonal psychotherapy as represented by these subjects as a whole. The general structure is written as a concise description of the psychological structure which was found to be essential to the practice of transpersonal psychotherapy. Also included is the expanded version of the structure which includes illustrative excerpts from the verbatim interview protocols. The preparatory data from steps two through four of the phenomenological procedural analysis are presented for all subjects in Appendix E of this paper. The verbatim responses to the written questionnaire appear in Appendix C.

As it turns out, some of the questions asked in the interviews elicited responses concerning the subjects' pathways to becoming transpersonal psychotherapists and to a lesser extent their early training. Whereas, this information was not revelatory to the central research question, it is no doubt illuminating of the characteristics of the subject sample and worthy of inclusion in the results section. Therefore, these data were analyzed using the first five steps of the phenomenological method and a descriptive summary is presented below. The Individual Psychological Structures for these data are in Appendix D.

**Characteristics of Subject Sample**

The five volunteers for this study more than met the subject selection criterion of a minimum of 5 years of professional experience as a psychotherapist. With a range of 9 to 22 years, the average number of years of psychotherapeutic practice was 12.8. All of the subjects currently have a private practice in which they see clients for individual counseling. Additionally, one of the subjects holds a full-time faculty position, another subject is an adjunct faculty member at a graduate degree institution and the remaining 3 subjects provide
clinical trainings and workshops for counselors and other human service professionals. Four of the subjects are published authors.

Except for one subject who earned a doctorate from a program providing training in cognitive-behavioral and psychoanalytic psychotherapy, all subjects received graduate level counselor training which primarily emphasized humanistic and transpersonal approaches to psychotherapy. The primary counselor trainings which were identified as being transpersonal in orientation were Jungian, psychosynthesis and phenomenological. It is interesting to note that two of the subjects listed their meditative practices as being relevant to their transpersonal counseling training. These same transpersonal schools of psychotherapy, just mentioned, are also representative of the current theoretical orientations of these subjects, with the exception that subject 4 also considers himself to be psychoanalytic and subject 5 also identified as being eclectic in his approach to counseling.

For the most part, none of the subjects are still practicing their religion of origin although, subjects 1 and 2 mentioned an integration of their familial religious faith with their current spiritual practices. All five of the subjects indicated regular involvement with meditation and other spiritual practices primarily of the Eastern spiritual traditions such as various forms of yoga (Hatha, Raja, Kundalini and Karma). The Christian traditions of prayer and contemplation as well as nature-centered communion are also practiced. The expressed interests and experiences in spiritual practice are reflective of the values most prized in themselves, by these subjects. Qualities of being such as love, kindness, service to others, compassion, intuitiveness and humility were included among others. And again, predominantly the favorite books of these subjects were spiritual in foundation with varying emphases on such issues as the environment, psychology and psychotherapy, living spiritually and poetry.
People who are admired the most by these subjects are spiritual leaders, mentors and people with whom there is an intimate personal relationship. Comments regarding their admiration for these others resound of the prized values mentioned above. For instance, the Dali Lama is admired by subject 5 for his compassion, gentleness, humility, reverence for truth and spiritual presence. And lastly, how these subjects express their transpersonal perspectives in everyday life echoes the valuing of service to community through teaching, activism, caring for the environment and relating to others in spiritually minded ways.

Descriptive Summary: Vocational Calling

It is true, that for all of the subjects, their interests in spirituality and service to others preceded their choices of psychotherapy as a vocation. For example, subject 4 was an astrologer and self-directed student of metaphysics prior to entering a graduate counseling program and subject 1 assisted young men in reconciling their spiritual beliefs with choices concerning the military draft. Prior to discovering his affinity to counseling, subject 5 embarked on an avid search for ways to manifest his spiritual convictions through political activism, teaching and administrating an alternative school, while subject 3 sought to embody her spiritual beliefs in her work as a school teacher.

Most outstanding and clearly evident for at least four of the subjects was an expressed sense of being "called" to do spiritual work. In general, their inner inclinations toward spirituality and service, when joined by community needs and opportunity, coalesced into a vocational choice of counseling. This career choice process was referred to by subject 1 as a synchronicity of inner and outer events. For example, his "epiphany" involving a personal moral and spiritual dilemma coupled with his attraction and ability to relate with others were guide-
posts to him especially, when simultaneously his community presented obvious needs and opportunities for the counseling profession. Specifically for subject 2, it was an altered state experience of transcendence which elicited an acute awareness of his endowment and felt sense that his future is to include the bringing of transpersonal awareness to others through teaching and healing. These inner realizations combined with his perception that psychology could offer him an avenue to bring forth his felt calling led to his pursuit of a doctorate in psychology.

Subjects 1 and 3 spoke briefly about their early counselor training expressing their sense of awe regarding the interwoven nature of their spiritual unfoldment and training experiences. Particularly, Subject 1 conveyed passionate and active involvement with his early training and counseling, and he remarked that his studies in spirituality and psychotherapy were mutually potentiating. Because she was not taught psychotherapeutic techniques early in her training, subject 3 was left to draw upon a deeper wisdom as a counselor and thus gained a greater understanding of her own spirituality. Her newly experienced wisdom, intuition and empathy, as a counselor, were awe inspiring for her. She clarified, "It wasn't mine (the power of these qualities)... It was in me, but it wasn't mine. It was a universal force that was in me that I found out I could surrender to, if you will, and make use of." She laughingly recalled the paradox of having "to just really be almost in desperation (and) draw upon my own wisdom, which wasn't mine."

Individual Psychological Structures

Subject 1

Transpersonal psychotherapy is about "relatedness" and being able to connect and empathically "tune-in" with clients, which S finds to be essential to
the healing process. In fact, he chooses not to psychopathologize clients using
diagnostic categories as he finds it to be dysfunctional to the therapeutic
relationship as well as being an untrue representation of the client.

S finds himself in awe of the numinous quality of clients' symbolic processes
and he is humbled by the pain which can emerge. His honoring of the pain and
struggle is an important aspect of the transpersonal process. His reverence for
the vastness, profundity and mysteriousness of the human unconscious has
grown as he works with clients. S feels "speechless" as he witnesses a client's
experience of healing as grace. The healing seems "miraculous," as if it was
bestowed from beyond their individual awareness.

S works with clients in a variety of ways such as, using symbolic processes
and problem solving to support the search for meaning and purpose in life. He
finds that clients' lives become "endowed with meaning" or "at least the
possibility of meaningful activity or purpose" through the agency of
transpersonal experience.

Intuiting symbolic processes is a way to assess, understand and personify a
client's psyche disposition and unconscious processes. This work includes the
honoring and consecration of those processes which need to be "served" in order
for healing to occur. S joins with and supports those aspects of a client which
need to be developed. They set goals and then look for the blocks which get in
the way and need to be dealt with. This may require an assessment of the
client's readiness to engage in transpersonal processes.

Story telling and dialogue are rituals within the therapeutic process. A
"superordinant understanding" can arise from a deep dialectical process including
attunement to emotions, symbolic processes and ensouledness. He and his client
are both affected by this "other" which includes an enlarged sense of the
transcendent.
Subject 2

In working therapeutically, S's premise is that the original nature of each person is one of being inherently free and whole with positive potential. A goal of his practice is to help clients to enlarge their perspective to include a remembering of original nature. His therapeutic attitude is a non-judgmental receptivity and transpersonal awareness which allows him to witness and lovingly be with or "embrace" the client's experiential process as it unfolds. In this way, the relationship has primacy over theory which evokes clients' understanding of and openness to their own original nature as extending beyond personal identity. Holding this spacious and loving perspective of the client's divinity also provides S with a fuller understanding of the client's reality than the framing of a psychiatric diagnosis would allow.

Through the practice of attunement to clients' subjective experiences, S uses imagery, dreams, cognitions, energy flows and altered states to uncover the connection between personal and transpersonal realities. Clients may experience a release from emotional burdens and a more complex and increased understanding and acceptance of life and self. Such experiences seem bestowed on the client from a greater reality through the vehicle of the therapeutic relationship. This bestowal experience or "grace" is paradoxical in that it is unpredictable and gratuitous yet, when it occurs it seems fully planned and intelligent as if "everything has fallen perfectly into order."

S has discovered that spiritual practices may cause a client to become less grounded and functional if the spiritual traditions are mixed or the client is not able to integrate transcendent states with everyday experience. In such cases, transpersonal experiences may actually defend against psychological healing.

If clients are ready to integrate the transpersonal into their lives, a spiritual practice is facilitative of personal growth, forming loving and meaningful
relationships and knowing one's emotional and original nature. As one becomes more selfless and experiences the ineffable, paradoxically one becomes more defined through a greater understanding of one's life and purpose.

Subject 3

It is an honor and an experience of wonder when clients share their "ineffable and holy" realizations in therapy. S is steadfast in maintaining a loving presence with her clients which includes her trust, acceptance and compassion. Her therapeutic attitude is to be authentic and affirming of the "divine" nature of her clients. She allows her role as therapist to evolve beyond conventional boundaries and is willing to risk her own comfort in the service of the client's emotional expression and healing, without attachment to the outcome.

It is her therapeutic aim to help clients disidentify from their presenting problems, which may or may not be spiritual issues, and see them as experiences which will help them to know more fully who they are. This process involves a gradual broadening of perspective and increased relatedness with others at a deeper "soul" level. Sometimes catharsis, ritual or imagination are a part of this process. With a greater sense of self, the client is freer to be authentic and make changes as acts of self love.

S varies the therapeutic focus depending on the client's readiness to explore emotions related to the past, the therapeutic relationship itself or current unresolved relationships. Her perspective of clients is inclusive of and larger than the personal realm as she looks for their hidden spiritual impulses toward being and relating more consciously in the world. She finds that a narrow view of a client may lead to an incorrect assessment of the client's strengths, deficits and needs. In this way, a diagnostic label is an inadequate description of a client
Subject 4

S's therapeutic attitude includes a reverence for the vastness of the unconscious and the spiritual dimension of life, and guides his approach in working with clients. He finds that his own meditative practice allows him to be in touch with his "soul qualities" and thus trust the natural timing for healing and change to occur in clients. His intention is to create a therapeutic environment which is safe, nurturing, encouraging and sometimes educative. Therapeutically, his goal is that of expanding clients' understanding of self and world and to help them disidentify from their rigidified egoic structures of experience to become freer, open, spacious and in more "fluid states of being," which are qualities of "soul." Often times, clients who have transpersonal experiences in therapy also have spiritual practices which bring up unconscious material needing to be worked through in therapy. Assessing clients in terms of arrested "soul qualities" rather than in terms of discrete classifications of pathology provides S with a meaningful guide in his treatment of clients.

S's therapeutic approach is primarily "comprehensive and interpersonal" with a focus on clients' subjective experiences in the moment. Early in his counseling practice, S learned the importance of being "empathically attuned" and establishing an alliance with clients prior to introducing intuitive and imagistic processes, which he uses occasionally. He finds that transpersonal experiences emerge in therapy as a result of his intimate connections with clients. The therapeutic relationship becomes a "vehicle" which allows for the manifestation of transcendent qualities. This process can feel like a bestowal of "grace." Optimal therapy involves both the therapist and client opening to more fluid states of being.
Subject 5

S views clients from a transpersonal perspective which enables him to disidentify clients from their limited views of self and circumstances. This greater perspective allows him to have faith in his clients' abilities to heal, yet without imposing expectations for them doing so. He conveys his reverence for clients and the therapeutic relationship through maintaining "unconditional love and presence," thereby creating a safe, comfortable and accepting therapeutic environment in which clients feel encouraged and empowered to embrace their own visions of existential and transpersonal possibilities.

The therapeutic goal is for clients to reconnect with the essence of their being which is "soul." To accomplish this, S assists clients to see what blocks them from this reconnection by exploring their psychological projections and the aspects of their sub-personalities or "inner cast of characters" which are being acted out. This process necessarily includes a focus on the "darker" aspects of consciousness such as, "existential vulnerabilities" as well as the "lighter" transcendent experiences of consciousness in order for a greater perspective to be gained.

Through therapeutic dialogue involving client self-disclosure and the use of ritualistic, symbolic and imagistic processes, S helps clients to explore and consecrate "a deeper reality or essence" which expands beyond limited personality structures. Difficulties become less overwhelming and shaming when the client's limited self-understanding is able to broaden to include alternate perspectives and to expand from the personal perspective to the "universal." Clients' broadened perspectives of self and circumstances helps them to "let go" of emotional attachments and become freer from constrictive psychological defenses.
S varies his interventions, suggestions for "spiritual practice" and languaging with clients depending on their readiness to work at "deeper unconscious levels." He playfully tests his clients' readiness for this work and trusts them to open-up to it as appropriate for them. S's knowledge of traditional and non-traditional diagnostic measures informs his assessment of clients, though does not define it. He finds it more helpful to assess clients in terms of their lived experience, particularly in significant relationships.

**General Critical Themes**

Psychological themes emerged as common to all or most subjects and are listed and briefly described below. This step is a crucial bridge intermediate to the determination of the Individual Psychological Structure for each subject (step 5) and the General Psychological Structure across subjects (step 7). The elucidation of these themes required the identification of the experiences that are common to these subjects, which then informed the intuitive process involved in the next step of the phenomenological analysis of the research data. Five predominant themes were identified and are next presented. Themes which surfaced less often are mentioned in the Integrated General Structure.

1. **Reverent and loving therapeutic attitude.** The therapeutic attitude of transpersonal psychotherapy is one of awe, reverence and compassion for the pain and mystery revealed in the therapeutic process.

2. **Therapeutic relationship as vehicle for healing.** An intimate relationship between the therapist and client is vital to the process of transpersonal psychotherapy. Transcendence emerges from a deep level of relatedness and is sometimes experienced as a bestowal of "grace."
3. **Understanding of self and world enlargens beyond the personal.** The client's healing process involves disidentification from limiting self-world structures through an expansion of awareness and one's life potentialities including a fuller knowing of one's essential being.

4. **Use of symbolic and dialectic processes.** Therapeutic healing is facilitated through symbolic manifestation and dialectic processes.

5. **Holistic diagnosis and assessment.** To more fully assess a client's strengths, deficits and needs, personal, social, existential, and transpersonal concerns are considered as well as the client's readiness to focus on these concerns.

Tradional diagnostic categories and measures are found to present too limited of an understanding of the client and thus are dysfunctional to the therapeutic relationship.

**General Psychological Structure**

To arrive at the General Psychological Structure underlying the practice of transpersonal psychotherapy, the intuitive analytic process is assisted by the contemplation of the Individual Psychological Structures and the General Critical Themes. The purpose of this last step of analysis is to discover the psychological structure implicit to the general themes and to articulate the inter-relationships of the themes. The expanded version of the general structure also serves to contextualize the structure by relating it back to the original interview data. This brings the research methodology full circle, reincluding the idiographic descriptions to validate the conclusions and endow them with meaningful and oftentimes eloquent narrative offered by the subjects.
Concise General Psychological Structure

That which essentially underlies the practice of transpersonal psychotherapy is the cultivation of freedom within the client's life experience -- that is, freedom to be more fully oneself including a transcendence of the captivation of one's self-world structure. While transcending the limitations of the self-world structure, there is a deepened sense of embodiedness and inhabitation in the world. The intention of transpersonal psychotherapy is to facilitate a transformation which brings increased accessibility to emotions, aliveness, and fullness of spirit.

Increased freedom is accessed in relationship to the therapeutic other. The compassionate and reverent presence of the therapist and the therapist's openness to personal, social, existential and transpersonal realms help open the client to the possibility of an intimate relationship through which transformation can occur. Therapeutic processes are often facilitated through a variety of symbolic and dialectical interventions, depending on the therapist.

Integrated General Psychological Structure

The cultivation of freedom as a therapeutic aim is an essential feature of transpersonal psychotherapy which these subjects pursue in a variety of ways, in their therapy practices. This aim is revealed in the following text as the lived practices of these counselors are explored. Freedom, as defined by these data, implies an expansion of awareness involving transcendence of a client's self-world structure, while still remaining very much in the world. In other words, the self-world structure is transformed as it is experienced within a larger context allowing for a more conscious living of one's personal and spiritual existence. It is the self-limitations or captivation of the self-world structure which are transcended rather than the self-world structure itself. Although transcendence
promotes a greater sense of selflessness as the personal world view becomes less all encompassing, paradoxically one's self-nature becomes more clearly defined as it is understood from a greater perspective.

So there is this kind of selflessness that continues to come forward more and more accompanied by this great sense of well-being and openness and spaciousness and loving kindness, in a way. But the individual sense of who one is paradoxically becomes more acute because its more transparent and you can see one's entire incarnation in all of its subtleties and nuances and just why we are in this life... S #2.

The transpersonal definition of becoming more fully oneself means that the actualization of the personal self and the spiritual self is advanced through the therapeutic process. One continues to operate in the world through a conceptual framework which is personal without being bound to this limited perspective as a goal. The potential of actualization is enriched as one's connection to all of life is considered.

It's not a matter of transpersonal versus ego but rather, an expansion of that.
When personal work needs to be done, it needs to be done and you do it just like anybody else but, its still in that larger context of "I'm doing this so that I can express my spiritual self. I'm getting my personal stuff taken care of so that I can express my spiritual self" rather than, "I'm doing it because I want to be well adjusted or I want to fit in or I want to be an okay member of society." S #2

I don't think these things (transpersonal qualities) come from our personal ego, but descend and come through us which is what the word transpersonal means. The word trans has to do with not just going beyond but, its something that is beyond coming through the personal. So, the personal is never really lost, it becomes the vehicle for the vaster. S #4
Freedom to know oneself more fully necessitates the disidentification from the personal as being one's complete self definition. This can be accomplished through the attainment of an enlarged perspective gained through the therapeutic process. This expansion might include the discovery and embrace of a complex and paradoxical emotional awareness or a realization that one's identity is not confined by difficulties but rather, increased by the working through of them. The goal is for clients to see that they are more than who they thought they were and thus become more capable of working through their personal and spiritual issues. Therapeutic interventions are then directed to facilitate this vision. For example,

I think the greatest healing came in the acceptance, its something of a cognition and its something of a felt sense, a sense of knowing that the universe is not comprised of just black and white but, essentially its comprised of relationships, of elements. For example, that she could love her father and hate him at the same time... So, the acceptance was not so much an acceptance of him as being a perpetrator of abuse, but an acceptance that the universe is not so clean and clear in what it is, its nature. That we do live paradoxical lives and by seeing that she got pushed out of the dichotomy that he had to be either bad or good and that he could be both bad and good to her in her heart. S #2

If I'm holding out of my direct experience the very relative truth of his rigidified, calcified way of seeing himself and the world and can frame my interventions as a way to help him to disidentify somewhat from that well entrenched cognitive system, then I'm helping to unfold a kind of state of being that is beyond, freer I want to say, then the imprisonment that he is usually experiencing. Imprisonment by his own self and object representational system within his unconscious that is giving rise to the difficulties in relationships and work or whatever it might be. S #4
And so, what I began to do was listen to what she would present each week and it would be a mixture of a kind of dread and hopelessness about her inability to sustain her sobriety and at the same time just for brief moments there would be this light, metaphorically speaking, where there felt like there was this sense of "oh yeah, maybe my life isn't that bad." It would be very fleeting but, I would try to hold on to that with her and ask her the ways in which prior to her addiction she felt a sense of self, a sense of being free, a sense of having hope, a sense of enthusiasm... There's a belief there that's going on for me. That belief system is that we are born into this world inherently free and whole and that its through our conditioning that we move away from that. And its a matter of recollecting the memories of that wholeness. S #2

The aspect of the enlarged identity which is beyond the ego is variously referred to as "spiritual," "transpersonal," "divine," "original nature" and most frequently by these subjects as "soul." It is that with which each person is endowed whether there is conscious awareness of it or not. It is an aspect of being which is essential to life and life is enhanced when it is actualized more fully. Freedom as a reconnection with "soul" was an intention expressed by all of these subjects. For example,

I'm not concerned with the strengthening of the ego. I am concerned if it serves the soul's purposes with adaptation. But, I'm really more interested in the transformative path that the person needs to pursue. It is, what I would say, soul centered as opposed to ego centered, not with a reduction of symptoms or emotional pain as that happens anyway. I would say that's how I characterize the transpersonal work that I do. Its soul centered, rather than ego centered. S #1

When they (clients) have lost touch with a deeper essential aspect of themselves, its like they're caught up in this one dynamic, depression, "I'm no good," an addiction, whatever their wound may be. My sense is that they've lost
touch with some essential aspect and I think soul is one of the words I use as a way of touching into that essential aspect. Essential life force is another way that I might use the word soul. S #5

So, my job is to shake free the consciousness from its emersion in these very rigid unquestioned beliefs about themselves and about life. ...this one fellow I was telling you about calls it a "nova" experience. When the consciousness is freed from the structure a bit, he is experiencing a kind of nova going off inside of him. Its like a star bursts and the atoms of the star go off through-out the universe and he has a direct experience in his body of breaking apart. What is left then is a much freer, much more fluid state of being, at least for a period of time. ...Very often what you have here is something that is a state of great freedom, a state of great choice, an emancipated feeling, a feeling of being open and spacious, a feeling of having choice that they didn't have before. I consider the states of openness and spaciousness as qualities of the soul not of the ego. The ego qualities are more rigid qualities. There's not much choice there. S #4

When the client is in touch with soul, there is an experience of freedom which manifests as increased potentiality, greater access to emotions, a sense of aliveness, openness and spaciousness, and deeply felt connections to others. When one has soul-strength, emotions are experienced intensely regardless of the bliss or pain which may result. Whereas, if one has ego-strength and thus a sense of efficacy in the world, the freedom to feel deeply is lacking if soul is not realized.

Its (soul) a feeling, its a felt sense, aliveness. It doesn't mean you can't be sad. You can be totally alive in your sadness. You can have blues. You can have joy, soulful joy, soulful blues. Its not feeling happy, its feeling alive. Soul and feeling have some connection. S #5
Soul strength is very fluid. "I'm strong yet, I'm also vulnerable", "I'm strong and courageous but I can also tolerate my fear", "I can also tolerate those places where I am really wounded and I can't do certain things." Soul strength has a great fluidity to it, it's not locked anywhere... I have a man (client) who is a lawyer. He has an enormous capacity to wheel and deal and control things. He is very successful in his work. He did not have good relationships though... He was very frightened at heart but, the fright at heart, the fear of death, of being at the mercy of forces that are far bigger than he was put into the background and he compensated by developing a way of being in the world which for all intent and purposes we would see as being, culturewise anyway, healthy... but, his strength is not real strength. Its compensated, defended strength, its ego strength in that sense. Its not the strength of the soul. In order for the strength of the soul to come forward, he'd have to go back into himself and discover and face the deep fragility that he feels, the fear of being annihilated, the fear of being overwhelmed... So for him, its not only strength that's missing but, empathy and love and tenderness. So, we have a long way to go yet. S #4

There's no mistaking when original nature is around. Its a presence. That presence is invariable. ...They'll describe what it is and how they experience the divine or the ways in which their original nature is manifesting. It could be a very overt conspicuous way or it could be very subtle. For example, it could be a sense of having more access to forgiveness in their relationship to others, acceptance of their own lives. These are all attributes of love. S #2

After that we had only one or two more sessions. It just seemed like he was done. He had gotten what he really wanted which was to feel connected. He really felt connected, especially to his wife which had been a problem. Its like he was connected to her but, on some deep level he was holding back. It was like all of the barriers were down after that... So, I guess transpersonal has a lot to do with
relationship but, not just relationship in the sense of whether you get along with somebody but, having that sense of deep connection, deep soul connection. That was the level at which he was really feeling disconnected, on a real deep level. S #3

The therapeutic relationship is revered as a powerful element in the healing process. Through an intimate connection between the therapist and client, many of the "soul" qualities identified above such as openness, trust, and love are experienced creating a fertile environment for the emergence of shared sacred moments and the exploration of deeper meaning. The therapist maintains a brimming presence to the here-and-now experience with compassion and courage to receive and bear witness to all that unfolds.

And for me, as a transpersonal therapist, its about relationship and its about two people encountering one another in a way that rarely people get to encounter one another in our society, with love and acceptance and openness and presence and trust and following the process and seeing what's emerging and supporting what's emerging and hanging in there through the tough times and all of that. Its about love. So that's what's transpersonal. S #3

We must have sat for ten minutes, after she told me that story, with each other, and just experienced the ascent of that child's soul. It was an astounding experience. I was moved by her ability to share it with me because it moved our relationship to a new level of trust... Not because of what she said, but because we were both there with the reality of it. Life and death. I felt very connected to her. We just looked into each other's eyes and experienced the gamut of emotions that were present. There was a bitter sweet feeling about it. Her pain about having been through it and my not being afraid to connect to it, that I think was very important... It was just that silent pulse between us that, for me, was both a witness to the life and death process, the profound tragedy of the situation and of
life itself and also to stay with it to affirm the aliveness in her. It was a very
courageous thing that she had done, that a lot of people couldn't have... So, I
would say that being in that silent space together, we were two souls witnessing
the tragic aspect of life. To me that's transpersonal. S #1

To me that is very much at the heart of my work and what seems to me to be
transpersonal is the willingness to simply be there with whatever is happening and
not trying to fix it, not trying to make it better, not trying to interfere. S #3

For these subjects, the quality of the therapeutic connection has primacy
over technique and theory. The successful use of dialectic and symbol
interventions is born out of a therapeutic relationship in which empathic
attunement and alliance have been established. The therapist’s agenda as guided
by a theory or technique, irrespective of the development of relationship, has
potential to fail the therapist’s capacity to hear the client’s needs and form an
intimate connection.

Well, I did that and a symbol came back to me, the image came back to me and
told this person what the symbol was and she never came back. So, there is great
power in the intuition but, I also saw that it was not a good thing necessarily to
present. I mean the image that I got was probably true but, it was not an
appropriate thing to say at that particular point. I didn’t have the alliance. I
didn’t have the relationship with her. I hadn’t really listened enough. I hadn’t
become empathically atuned. So, I say what I said and I think that the image that
came back was a sly fox. That she was a sly fox and I said it to her, “I have this
image of a sly fox as you talk to me”, and she was insulted and left... I certainly
have learned though, since that experience, that transpersonal experiences seem to
emerge in the course of therapy when there is, at least in my practice, quite a
remarkable degree of attunement going on between the therapist and the client,
when there is real intimacy that is going on. I don’t really have transpersonal
experiences going on in my therapy practice nowadays unless there is a real deep relationship that has unfolded over time with me and a client. S #4

So, by not being identified with any particular theory but, just holding the relationship with the client as the client is there to do their work to once again return, as a kind of homecoming, back to one's original nature. S #2

There are sometimes ineffable experiences which are evoked through the intimate therapeutic relationship. It seems as though relationship becomes a third body or a conduit capable of bringing life to a divine experience. These experiences have a largeness about them as if descending from beyond the two individuals. The bestowal of these experiences feels like a gift has been given and they are called "grace."

The way that I believe in the word transpersonal is that the transpersonal represents a state of being mind, consciousness, energy that is universal. It can be received by the individuals much in the same way that television programs are floating through the air and it requires an instrument in order to be able to receive the signals from the television or radio station. So, if the relationship between the client and I can become that instrument, then we can become mediums for this transcendent region, an archetypal region that Jung described, the superconscious region that Assogoli described, the transpersonal self, qualities of the transpersonal self can descend into us like grace and they can unfold. S #4

So I think that the greatest feeling element was the acceptance and she describes that as grace. Grace meaning that that is an experience that she could not attain but, is something that was given to her. ...Its not anything that I have done or anything that she has done specifically but, its a way in which we're conduits for some greater reality to manifest. S #2

I think what was transpersonal about my client's situation was that something moved in the course of our work and I don't think it was the disease. 1
don't know if it was a missed diagnosis or not. It almost doesn't matter. But, something moved so profoundly in her. With this move, with the news that the diagnosis was incorrect, let's just say that, all the sudden she was enlarged. It was like she died and she was reborn... It blew me out of my chair too. I did not expect that at all. I just was speechless. I sat there the whole hour and just listened to her and she was just on one hand euphoric and on the other hand I called it being in amazing grace. That's where she was. So, that was transpersonal because something happened that was bigger than both of us and neither of us expected it... She said, "all the sudden I have these two men (therapist and father) in my life who have taken my skepticism and my negativity and I now have this profound experience of trusting others." What's flowing out of it is what's remarkable. In other words, being touched by what I consider a transpersonal event that no one could have anticipated. There was all of these little parts: the physician, me, her friend, all adding up to being touched by the grace of something, someone. S #1

The preeminent role of the relationship in the healing process leads the transpersonal psychotherapist to assess clients' concerns and therapeutic needs in a holistic framework which expands rather than reduces the potentialities of the therapeutic relationship. By discretely labeling a client as being representative of a particular diagnostic category, as is done when the DSM-III R is referred to, sometimes severe limitations are placed on the positive potentialities of symptoms and the intersubjective healing possibilities of relationship. The client easily becomes narrowly defined, for instance, as the "sick" person in the therapeutic relationship, suggesting that the "illness" has only to do with the client's personal realm of existence. Admittedly, labeling clients from an egocentric or personal perspective can serve a purpose in so far as it helps to identify interpersonal and coping patterns for instance, "alcoholic and co-
dependent." These categorical references for self, however, eventually confine the possibilities of who one is in relation to the world. These types of classification are experienced as incomplete and at times restrictive of the healing relationship. In these ways the more traditional diagnostic system is dysfunctional to the interactions of therapist and client and is not found to be informing nor beneficial to the course of therapy.

I don't do diagnosis but, its more of a sense of okay this is where this person is and these are the issues they're dealing with and this is where they seem to be trying to go. So there's an assessment but, not a diagnosis in the sense of a label or a category or whatever... with diagnosis you separate. They tend to separate the therapist from the client. Well here's this client who has this diagnosis and here's this almighty therapist who is going to cure them or treat them. ...traditional diagnoses tend to be rather than saying this is what your life circumstances have brought you to and here's your opportunity to learn and grow through this experience. S #3

First of all, diagnosis, to me, is a fiction, its a crutch when we are hunting around in the dark, when we need to guess at what's in the dark. I don't use the allopathic model or the DSM-III R. I try not to psychopathologize much with people because I find it is dysfunctional interaction... I work intuitively, so I don't really rely on any testing. I find that actually I don't want that energy in the room. It seems contaminating because I feel like what really happens that is effective between myself and other people is the quality of the relationship that I form with them. S #1

I think that most of our pain is because we define ourselves egocentrically. Now, some people need to define themselves for periods of time but, overall I think that it is important that people move beyond self definitions. I would include in this things that are controversial like defining yourself as a victim, alcoholic or co-
dependant. Those make passages so that you can move through periods of time
but, any definition is going to be, by definition, limited. ...that's why I believe so
deeply in the transpersonal psychology because it hopefully can take you beyond
those limiting definitions. S #5

In transpersonal psychotherapy, assessment tends to center on clients' well-
being and psychodynamics, looking at their health on a continuum in terms of
abilities to cope, make life choices, relate to others, and know oneself more fully.
Those patterns or circumstances which are hindrances to a client knowing one's
fuller potential and "soul qualities" become the target of the diagnostic search.
More traditional diagnostic labeling does not inform the course of transpersonal
psychotherapy in terms of conceptualizing clients' issues and needs for healing.
Instead, a more holistic approach which allows for assessment on personal,
social, existential and transpersonal levels is called for. This multi-layered
perspective is advanced therapeutically through the therapist's awareness of and
reverence for all of these levels of consciousness sometimes including intuitive
processes of assessment such as dream interpretation.

I rely on dream material to tell me what's going on. First of all, it locates the
person. Locates their major focus, where they are, where their inner life is. It tells
me what the dominate concerns are. So, they don't easily fall into diagnostic
categories. I can't think of any situation where the transpersonal isn't present in
my diagnostic skills. S #1

I tend not to diagnose in the traditional ways. I will certainly look for red
flags. I'll diagnose in terms of behavior, ego strength, choice making ability, danger,
or substance abuse. But beyond that I don't get into the subtleties of anxiety
disorder versus depression that has anxiety overlays. So, I more pull for
psychodynamics... To me what's important is what's going on in their lives and in
this relationship or their committed relationship. S #5
So, we could frame a whole way of assessment by looking at the relationship of where a person is inside him or herself, in relationship to these qualities of the soul that a person needs in order to live happily and fulfilling and creatively in the world. Let's talk about T. again. The qualities of the soul that T. is missing are a couple. First of all, basic trust. Well, I think that its a quality of the soul, a quality of the transpersonal self. That when the transpersonal self is really flowing and the heart is opening, you experience a basic trust. What I keep seeing is the missing strength... I see why that's there is because of the early deficits in her parenting. So, I as the therapist want to sit and support the unfolding of those qualities within herself. To me it doesn't do any bit of good to label someone borderline or narcissistic or schizoid or whatever it might be. ...I could really look to see, now what would make her life different? What has arrested that kind of ideal from unfolding in her? S #4

I'd much rather hold people in their divinity than hold them as a psychiatric classification. So, (I am) perceiving and holding a client in their true nature which is openness, spaciousness, and love. By holding them in that way, then we're able to see we have a much greater scope of perception and understanding about the other aspects of their life. Its the ultimate lens to look through because it has not boundaries. S #2

The transpersonal psychotherapist's openness to the limitless possibilities inherent in the exploration of the personal and transpersonal realms is accompanied by a sense of awe and wonderment for the process of therapy and all that it reveals. There is a reverence for the vast mysteriousness of the unconscious and its unveiling as it becomes embodied with new awareness in everyday events. The therapist's transpersonal awareness is seasoned with humility that suggests the healing process is revered as homage is paid to the pain the person has experienced.
But yes, it (view of the unconscious) has expanded quite a bit. There is a profundity there that I didn't anticipate. Especially in the humor, in the all encompassing nature of what the psychic artifacts that come up on shore are. Its vast. Early on I maybe gave lip service to the idea that the great mystery is personality. But now I think I directly experience that when I work with people, that I truly am working at not knowing and being humble in the face of what someone presents. That's the mysterium tremendum. I use that metaphor of the artifacts that wash up on shore. Generally the material that people bring is what is on their shore, what is in their reality. But, I am never convinced that what I work with with people is all there is. S #1

Many times coming to a place of the ineffable, coming to a place of touching some kind of a quality or realization or an experience that is holy and where I feel really honored and in awe and the person does to... Where a person will come to a realization of the preciousness of life or a sense that the universe is somehow supporting them, that there's more to reality than they previously allowed themselves to think. S #3

Often the therapist's attitude of reverence is coupled with loving and non-judging qualities such as compassion, trust, courage, nurturance, and steadfastness. This consecration of the healing process is deeply affirming to clients and beckons the creation of an intimate relationship.

Also from my own personal being as a way of just sitting with people, I try to come in from a place of heart energy and unconditional love, presence... I hold it in my own mind that this is really sacred grounds, sacred space. S #5

Well, I hope that I am for some people a "male mother." I hope that they find in me a great safety but, yet just a little nervousness. Just a little bit of an on-the-edge quality like there's an excitement or intensity. Not too much that its
overwhelming but enough that we're moving, we're going somewhere within a context, within a holding of great nurturance and care. That's what I hope. S #4

Holding (the therapeutic relationship) is sort of a metaphor for well, imagine the arms outstretched... So it's sort of in this way an embrace, figuratively embracing whatever it is that the client is experiencing without judgment. S #2

...we'd have long periods of silence and what seemed to happen is that my tenacious presence, its like whatever was going on I was there and accepting and trusting him, was just deeply affirming to him... S #3

The foundation of the transpersonal therapist's reverent attitude is a faith in "divine nature" or "soul." This stance guides the therapeutic focus and suggests to the client a larger perspective of self and circumstances. The client's knowing of self is reawakened through the therapist's faith, acknowledgment and guidance. For instance, sometimes the therapist might directly affirm the client's divine nature, if appropriate, or the therapist might guide the client's exploration of thoughts and feelings toward the experiencing of inherent soul qualities.

Well, it (the therapist's transpersonal perspective) is very affirming for one thing. It communicates to her in various ways, mostly subtle, sometimes direct, "You are a beautiful being, you are a spark of divinity and you are dealing with this problem. But, you are not your cocaine addiction. And working through your cocaine addiction is your spiritual challenge right now. That's your spiritual work. That, as you work through that, you are moving yourself closer to who you really are." S #3

There was a way in which I would hold myself with clients. In the beginning I was a school psychologist and I can remember specifically working with children in adolescence and I would listen to them in a different way and respond not to where things were particularly problematic for them but, the places in which they
were experiencing some sense of openness or freedom and to help them with that. To move that further in their lives. S #2

Clients experience an expanded perspective of who they are in relation to others through dialectical processes. For instance, a client is encouraged to continue re-telling his or her story and to notice the different emphasis or truth which emerges each time. Like a many faceted diamond, the client begins to see a greater whole of what was once a one-sided view. With a recognition of the fullness of one's experience, the client's attachment to a limited reality and the accompanying pain are lessened. Thus, it is the dialectical process between the therapist and client which creates a new understanding which seems to have a life of its own and effects both parties. This creation of an "other" or a "third" through relationship and dialogue is a transpersonal process in itself as consciousness is expanded beyond the personal sphere of therapist and client. This dialectical process can be enhanced by engendering "soul-centered" content accessed through the unconscious.

The more you can tell your story, the more you can let it go. For instance, a client has just broken-up with her boyfriend. Most likely she will tell her story as a tragedy to begin with. You honor that and allow that to happen. Then she talks about some fun stuff or about the romance and how she misses romance. Then she might get to see how silly their relationship was and that she knew from the beginning that it was never going to work. It's no longer that painful... she's worked it through by telling each different aspect of the story. S #5

I think maybe a way that I frame the encounter with anyone is as a dialectical process. In other words, what I'm really looking for is not something that comes through the dream or through me or through the other person but, there actually is an entry of a third. There's the dialectic which produces the third party. In other words, out of the dialectic something occurs in the way of an understanding that's
superordinant and that is an understanding that effects both of us. That's the third in psychology that I look for in the interaction. And I think that that is transpersonal. S #1

The primary importance of relationship and the therapist's attitude and perspective in fostering the client's expanded perspective have been illustrated. In these ways, transpersonal psychotherapy has more to do "with a process rather than any particular moment in that process or any particular exchange" (S #3) or intervention. There are, however, symbolic processes which are sometimes implemented in therapy to potentiate therapeutic dialogue and experiences. Through the use of ritual, mythology and dream interpretation, as examples, the unconscious and universal realms of consciousness are accessed and embodied as archetypes and represented as psyche dispositions.

The identification with archetypal symbols shifts the client away from a purely personal point of view to being a part of a collective realm equally embodied by other humans and even all of nature. This universality allows the client to experience the darker aspects of self without shame which in turn frees-up energy previously spent in denial. This greater awareness of self in not merely a cognitive revelation but, the experience is intuited by the client and embodied as a felt sense. Tapping into the unconscious like this can carry with it a "breakthrough" or illuminating awareness which can bring relief to the client or it can open the client to the gravity of pain in her or his everyday reality.

She's an artist. And, she was unable to go into her studio... I'm trying to make the connection between a process which eventually incubates a dream which then she sees and the next day after we worked on it she has this hired hand who's helping her and they went in and they cleaned and reorganized her studio and her twin sister came and helped her do that and she's been painting... In other words, they have an emotional experience. There's an ah-ha. And from that emotional
connection they make to the dream, the rest of the dream falls into some
meaningful whole. Its not really a cognitive process. Its more a total being process.
S #1

Anyway, as I was sitting here one day with her and she was lying on the
couch, we were talking and she had had a dream. She then entered into the dream
as an on-going active imagination... At that moment, it seemed to both of us that
what descended upon us was that the two of us were held within the fluffy soft
billowy arms of the finest most magnificent mother figure that we could ever
possibly imagine and it was an earthy mother figure yet heavenly at the same time.
It was a feeling. The images that I am using of the mother figure come after the
feeling. It was a quality of being utterly held and utterly in good hands... Now
you'd think that what transpersonal psychology thinks is that the transpersonal
experience is the end all and the be all. Well, I say the transpersonal experience
can be the end point of a number of months of really struggling but, it can also be
the beginning point of a new struggle. And that's what it was for my client. What
happened is that as a result of this experience and in relationship with me, what
began to surface then is the enormity of the abuse... There's an old saying, I found
it in Alice Bailey and the saying is, "the light of perfection brings imperfection to
the surface." And I interpret that to mean that if someone is having some sort of
spiritual awakening, that the very fact of the increased awareness and the
expanded, heightened consciousness that that entails is going to bring to light
unconscious material. It will uncover. S #4

When I work mythically and archetypally I am working transpersonally. I
worked with a woman who was going through a divorce and was finding a lot of
inner rage and anger that she hadn't touched into before. She was open to
mythology. I talked about some of the devouring aspects of the feminine and she
was able to relate to that and subsequently went out and got this book by Dimitri
George. There is this dark side of the feminine that has a lot of energy and power in it. It really freed her from feeling bad and guilty about her anger and rage. Her anger and rage was just some aspect of her being... Its similar to self-disclosure. It just takes it another step deeper. In the example of the woman, that could be really rich for her to know that its deeply historical. That in every culture there's a myth of that kind of a powerful woman that serves a real spiritual function. That's the power of the archetypal realm. It ties us to the mythic. It ties us to the earth. The archetypes are not just a human construct. Everything is born and dies. There's death and rebirth all of the time. There's heros and adversaries. There's these basic archetypal structures that are in life. S #5

The primary ways in which archetypal images were evoked were through dreams and dialectical work with myth. Sometimes altered states were induced allowing access to archetypal realms through waking dream imagery and work with body energy flows. In one instance, ritual was used with adolescents in a group home to help them come to terms with their dreams (S #5).

Ceremoniously working with dreams brings intentionality to the symbolic process. The intention is to honor that which is archetypally embodied and to come into relationship with it. Following this intention is the therapeutic goal to weave an understanding which includes the universal qualities of the experience with the personal manifestation therein. In this way, the unconscious is met and positioned in a greater perspective, becoming less domineering of the personal experience.

So the kids would come in the morning to the day center and they would gather and we would enter ceremoniously and open up this special sacrerium which contained some sacred objects. ...the residents would sit around with the staff and two or three of us would be dream elders... Then we would ask if anyone wanted to share a dream and if they did they would put a stone into a bowl and
we would put all of the stones in a bag — the dreamstones. Then each one we
would call forth and they would hold the bag. Then they would describe the
dream and we may ask them questions about it and work with it. Then we would
assign a task in order to bring that dream alive. Draw the dream or create a
dialogue with it, to make an object around it, to plan some ritual around it.
Sometimes it would be very big, we would have kids do whole dramas and get
people to help act out the dream. We'd light a candle before and then we would
close the dream session by blowing out the candle and putting everything away
and we would close up the sacrerium and we would leave. S #5

At times, the appropriateness of a client's use of meditation is assessed by
the therapist. If a client's meditative or spiritual practice is serving the client well,
then the emergence of transpersonal experiences in therapy is facilitated,
bringing to light relevant unconscious material and opening the client to a fuller
experience of her or his existence. In these ways, the psychotherapeutic process
is augmented by the client's spiritual practice of meditation and/or prayer.
So this mindfulness practice, this in-sight meditation began to open her to other
dimensions of her being. Not only to the fullest sense of her emotional life, but
what her emotional life was being held within. That is she was beginning to see
and experience what I was referring to earlier as her original nature... S #2

...she has been dedicated to a spiritual path and the spiritual path is working
because its bringing up the material that's getting in the way of her being able to
have a deeper experience of her own self which is the ultimate aim of spirituality
anyway, in my mind. S #4

Sometimes, meditation has been presented as a relaxation and centering
technique to clients for whom it might be beneficial, yet unfamiliar. In other
instances, the therapist recommended that a client discontinue a meditative
practice as it became apparent that developmentally the client needed to be more
grounded in personal reality and thus transcendent experiences functioned as denial or escape routes. In other words, the client was incapable of successfully integrating the transpersonal and personal processes. The therapist then frames the therapeutic work in terms of the client's egoic structure or, at least, does not encourage the client's experience of altered states of consciousness.

I was introducing meditation as a way of dealing with some material and I found that there was an increasing sense of disassociation that was taking place. It felt like that the client was becoming less grounded, less integrated, less capable of functioning independently in her life or making judgments that seemed to have integrity. By eliminating the practice, I noticed that there was a dramatic shift in the other direction. So there are ways in which meditation is inappropriate for people at certain places in their development. It allows them to be more transcendent rather than to contact feelings and emotions and images. This one particular person I'm thinking about would use the meditation to rise above those experiences. And its well documented in the literature on meditation that its possible to go beyond the personality with meditation. There are many examples where you see someone who is very skilled at meditation, very skilled at creating altered states of consciousness and sort of inhabiting those realms in which the personality doesn't hold sway. But, their personal lives are a mess. They are not aware of their feelings. They act in inappropriate ways. They are socially inept. Their personal/intimate relationships are quite dysfunctional. So, it renders that practice of transcendence of less value. S #2

The therapist's experience with his or her own spiritual practice informs the assessment process regarding the efficacy of the client's practice. Additionally, if the client and the therapist both have an established spiritual practice, then there is a common reference base for framing and discussing transpersonal experiences. The shared understanding and languaging allows for direct
consultation regarding the client's integration of spiritual practice and psychological processes. However, regardless of the client's inclination toward maintaining a spiritual practice, the therapist's regular practice can facilitate the therapist's role of creating a transpersonal context in which the therapeutic relationship becomes a means for healing to occur.

My working way right now is taking time, building a relationship, building the alliance and praying a lot that the holy spirit holds us. You know, praying for guidance. The days that I don't do a sitting practice before I see my patients, I can really feel the difference at this point. S #4

...I think that the more clear that I get with myself, the more of an opening... I used the term conduit before, but let's talk about this in phenomenological terms as the more that's available to my awareness and the more open I am, the more I can act as a context for other people to embody that same openness. S #2
CHAPTER V

DISCUSSION: THE LIVED EXPERIENCE OF TRANSPERSONAL PSYCHOTHERAPY

*People say that what we’re all seeking is a meaning for life. I don’t think that’s what we’re really seeking. I think that what we’re seeking is an experience of being alive, so that our life experiences on the purely physical plane will have resonances within our own innermost being and reality, so that we actually feel the rapture of being alive.*

— Joseph Campbell

The psychological structure intrinsic to the experience of transpersonal psychotherapy has been revealed, for these subjects, as being a process involving the cultivation of freedom within the client’s life experience to be more fully oneself. This revelation has been explicated in the previous chapter in light of the integration of the verbatim interview data with the analytic research results. In this chapter, the essential features of this structure are more thoroughly discussed with consideration given to the research literature and the limitations of this study. The implications of these findings to theory, practice, and training in the discipline of counseling psychology are also addressed as well as suggestions for further inquiry.

The fourth objective of this study, listed in the Introduction chapter, is to examine emerging themes which explicate the features essential to the practice of transpersonal psychotherapy. As stated above, this intention has been accomplished via the research method and is further considered throughout this
discussion chapter. The first three objectives of this study include the
examination of theory, the exploration of mechanisms for therapeutic change,
and the identification of therapeutic interventions as revealed by the practice of
these Transpersonal psychotherapists. This chapter discusses how the research
results meet these objectives.

**Assumptions and Theory of Transpersonal Psychotherapy**

The beliefs and assumptions of the practicing therapist fundamentally affect
the intention of her or his approach to psychotherapy. Specifically, the
therapist's belief in what constitutes the dimensions of self informs the therapist's
concept of mental health as well as his or her choices of therapeutic goals and
approaches to treatment. For these Transpersonal psychotherapists, the idea of
"self" includes egoic, existential, and transpersonal realms of consciousness, all of
which are represented in the spectrum of mental health. Given this definition of
self, they described therapeutic experiences in which they dealt with the client's
egoic and existential vulnerabilities while maintaining a therapeutic aim reflective
of the client's divine expression of being underlying these vulnerabilities. That is,
the cultivation of freedom to know oneself involves the potential to explore all of
these realms of identity.

These subjects primarily referred to the transpersonal aspect of self as "soul"
or "essential being" indicating a spiritual quality to this experience of self. In a
recent interview, Frances Vaughan suggested that there is no, "succinct way of
saying what's the difference between what's spiritual, what's transpersonal, and
what's religious. There's a large overlap" (Simpkinson, Walsh, & Vaughan, 1993,
p. 43). Although, being "religious" was not a point of reference for these subjects,
the assumption was evident that the transpersonal realm of consciousness is
spiritual in nature. This spiritual nature was described in terms of the felt
experience its presence evoked within the context of therapy. The experience for these therapists included a felt sense of sacredness, awe, and reverence.

Intrinsic to this transpersonal identity is the individual's connectedness to all things which is referred to in the literature as a "cosmic order" (Sutich, 1973). In keeping with this assumption, ego development is considered to be vital to one's health as it can facilitate a greater experience of self including the transpersonal dimension. The idea that there is a transpersonal identity and that the integration of the transpersonal and egoic aspects of self leads to optimum health are assumptions held by these subjects and by theorists in transpersonal psychology (Assagioli, 1965; Walsh & Vaughan, 1980b; Washburn, 1988). To be free to experience life most fully, there must be this integration — one's "soul" must be directly experienced within everyday events.

The dichotomous aspects of soul and ego, derived from these data, present a concept of self similar to Michael Washburn's (1988) and Roberto Assagioli's (1965) paradigms of self development. According to Assagioli, the personality or ego remains an integral aspect of spiritual maturation. Through a process of inner growth, the personality is transformed and reformed around the newly discovered "unifying center" located in the spiritual or "higher" self. The assumption is that this psychosynthesis frees one to live in the world in ways which are deeply personal, yet integrated with one's spiritual convictions.

Washburn suggests that one's egoic aspect of self "is the center of operational cognition and rational volition" (1988, p. 11). These are necessary and powerful functions affecting one's quality of life. If, however, one's ego remains dominate to the non-egoic aspects of self, throughout life, then the non-egoic (Dynamic Ground) attributes, such as instincts, feelings, and imagination can not be fully realized. The goal of self realization therefore includes the ego's synthesis with the Ground bringing to life the "collective potentials, structures,
and functions" from both. The continual interplay and synthesis of the egoic and non-egoic or transpersonal aspects of self are concepts which are more fully elaborated below, particularly as they relate to the results of these data.

An important theoretical feature of the assumptions mentioned above is that the pursuit of freedom is more of a movement toward something rather than away from something. In other words, the egoic experience of life is not one to leave behind. Instead, the freedom experienced as a result of an expanded context for living deepens the felt quality and meaning of egoic experiences. Thus, there is a movement toward greater inclusion and as a result, emotions and actions become endowed with the aliveness of soul.

The aim of transpersonal psychotherapy as indicated by these subjects, is for clients to experience a heightened sense of aliveness in their personal world rather than retreating from everyday events. However, this intensified inhabitation includes a flexibility to move in and out of a personal perspective (egoic and existential) and to maintain intentions which are not necessarily personal. Thus, one still lives a personal existence without being captive to its limitations. One is better able to be in the world yet, not of the world — a desirable and noble way of being as professed by Jesus Christ.

This relationship between personal and transpersonal levels of identity is an active integrative one and is distinctly different from a concept of transcendence involving an attempt to leave behind one's personal relationship to the world. This latter idea is referred to by Welwood (1984) as "spiritual bypassing" and by Subject 2 as "flight into light." In such an instance, the transcendent experience lacks grounding in the personal frame of reference rendering it less meaningful and less useful to the client. Therefore, the underlying psychological structure of transpersonal psychotherapy involves an intention to free the client from the captivation of the client's self-world structure without his or her abandoning the
structure itself. The nature of this self-world structure is explored in the next section of this chapter.

One may further anticipate that transcendent experiences bring only "heavenly" images devoid of all "earthly" sensations with the objective of increasingly leaving behind the experience of being human. However, the many experiences shared by these subjects displaced this concept with one involving transcendent awareness as adding increased acuity and fluidity to one's emotional life and perceptions of the world; therefore, there is a fuller participation in the human experience as it becomes infused with expanded awareness. An eloquent picture of this process is depicted in this passage written by Paramahansa Yogananda describing his first experience of samadhi or cosmic consciousness,

My body became immovably rooted; breath was drawn out of my lungs as if by some huge magnet. Soul and mind instantly lost their physical bondage and streamed out like a fluid piercing light from my every pore. The flesh was as though dead; yet in my intense awareness I know that never before had I been fully alive. My sense of identity was no longer narrowly confined to a body but embraced the circumambient atoms. People on distant streets seemed to be moving gently over my own remote periphery. The roots of plants and trees appeared through a dim transparency of the soil; I discerned the inward flow of their sap. The whole vicinity lay bare before me. My ordinary frontal vision was now changed to a vast spherical sight, simultaneously all-perceptive. Through the back of my head I saw men strolling far down Rai Ghat Lane, and noticed also a white cow that was leisurely approaching. When she reached the open ashram gate, I observed her as though with my two physical eyes. After she had passed behind the brick wall of the courtyard, I saw her clearly still... (1946, pp. 166-167)
Even in an experience of samadhi, which is a possible gift of devout spiritual practice, the perceptions of the world and sensations of being alive are heightened to a great degree. Thus, the "journey into the cosmos" becomes an experience right here on earth. The individual experience is maintained while the connection to all things is realized. As described by these subjects, attunement with the world, from the transcendent point of awareness, is not from afar rather it is an embodied intimate experience.

Wittine's (1989) third postulate of transpersonal psychotherapy states that, "Transpersonal psychotherapy is a process of awakening from a lesser to a greater identity" which has been corroborated by this study. The experience of this greater identity leads one to the fulfillment of "metaneeds" or B (being) needs such as aliveness, wholeness, goodness, trust, and transcendence which Maslow (1970b, 1971, 1980) contends are essential to one's health. Optimum health, therefore, necessarily includes the gratification of metaneeds (Vaughan, 1979; Vaughan & Walsh, 1993). These metaneeds identified by Maslow, were qualities of experience which these subjects attributed to their clients' healing processes and which they referred to as "qualities of the soul."

In light of these research findings, optimum health also includes the direct experience of "dark" or painful emotions, as more of the client's unconscious is revealed. Subject 4, of this study, recounted an experience in which the client's transcendent encounter with the archetypal qualities of "mother" including the sensations of being nurtured and held, threw her into the depths of despair as she realized more vividly than ever what she had missed in her life. Touching these qualities in her soul created an excruciating longing within her. As described by these subjects, soul-strength brings to it's bearer the capacity to embody the wholeness of life including the darker aspects of being human.
If somebody is really deep in their pain, feeling it, sitting there crying, I would say that they are in touch with their soul. It's a wound but, it's at a feeling level. It's a touching. ...I'm concerned about all of this seeking after the light and not honoring the dark aspects of consciousness. Dark being many different things; sometimes just being unconsciousness, sometimes destruction, sometimes death. I think there's existential vulnerability. I think there's essential anxiety if we live in a body and we are awake to some degree in this world. If you don't have some anxieties, then I don't think you're awake. If you don't feel vulnerable, then you're not tuned in. So, it's not all joy and light... it's not feeling happy, it's feeling alive. S #5

The holistic paradigm for transpersonal psychotherapy, as concluded from these results, includes dualities of experience such as, pain and bliss, ego and soul, as legitimate and necessary contributions to healthy living. This assumption is a call for courage and faith to those who desire optimum health.

According to Ken Wilber's theory of identity development, different approaches to psychotherapy provide effective mechanisms for client change, depending on the level of identity needing to be addressed (Wilber, 1979). Given the therapeutic experiences described by these subjects, it can be assumed that clients often present issues appropriate for therapeutic approaches spanning the various levels of identity development. In fact, all but one of these subjects indicated having more than one theoretical orientation to psychotherapy on the written questionnaire. Even though Subject 3 listed one theoretical orientation, she described instances with clients in which she used techniques borrowed from other psychotherapeutic approaches such as, Gestalt. Thus, the transpersonal paradigm which emerged from these data involves an eclectic psychotherapeutic approach including various orientations such as Jungian, psychoanalytic, phenomenological, and existential within a transpersonal frame of reference maintained by the therapist. Transpersonal psychotherapists may work with
clients using techniques, interventions, and theoretical conceptualizations borrowed from more traditional schools of therapy. However, they deal with cognitions, psychodynamics, and behaviors while maintaining a set of priorities and intentions reflective of a transpersonal perspective. It is the transpersonal framework of therapeutic practice that this study has sought to define.

This umbrella context of the transpersonal perspective to psychotherapy provides the therapist with a comprehensive therapeutic model from which to assess the client's issues and behaviors. From this point of view it stands to reason that without a holistic approach to assessment and treatment of clients, the search for a fuller experience of self is in some way hindered. This is not to say that healing does not occur to some degree for clients outside of a transpersonal context; however, in some cases clients' comments and actions can be misinterpreted by a therapist's limited perspective. For example, Subject 3 described a case in which a client had come to her for counseling after having had an experience with a "classical Freudian psychoanalyst" who had interpreted the client's vivid imagery as indicative of penis envy. The client said she was left with guilt and shame as she secretly continued to create her drawings. Subject 3 worked with this client regarding many of her personal problems such as an eating disorder while also encouraging her creative expression through imagery, writing and drawing. This client is now a successful author and artist. The therapist concluded that her transpersonal perspective affirmed this client's creative spirit. She did not view the client's vivid imagination as a psychological symptom. Instead, she considered the client's struggle with an eating disorder as, in part, a symptom of a life-long suppression of her creativity.

In summary, these data support the general assumption that a psychotherapist's limited definition of self has potential to likewise limit the client's awareness of self to that same degree. Whereas, if a therapist has an
expansive view of identity such as that of the transpersonal perspective, then therapeutic assessment, treatment, and goals are supportive of a client's potential to develop a similar expanded self awareness. It may also be concluded that the received diagnostics commonly used by psychotherapists are inadequate to account for therapeutic realities. For instance, each of these subjects interviewed suggested that diagnosis using the DSM-III-R categories excludes the spiritual dimensions of experience and thus limits the client's potentialities of self expression.

There are psychologists who contend that the DSM-III-R does not account for the legitimacy of assessing client issues related to transcendent experiences as being distinct from psychotic experiences (Lukoff, 1985, 1988; Lukoff & Lu, 1988). The literature suggests that symptoms such as panic attacks and hallucinations which may be brought on, for example by spiritual practices, would have different clinical implications and treatment than if they were symptoms of a psychotic break (Bragdon, 1990; Grof & Grof, 1989). Researchers in the field of spiritual emergence have proposed to the DSM-IV task force that psychoreligious and psychospiritual problems be included in the upcoming diagnostic manual (Turner, Lu, & Lukoff, 1991). If accepted, this proposed addition would be indicative of psychology's acknowledgment of the religious and spiritual values and concerns of many people who may seek help from psychotherapists.

It is suggested in the literature that the counseling process, including diagnosis, is not value-free (Bergin, 1980, 1988a, 1988b; Vaughan, 1979). The therapist's beliefs, values, and attitudes are conveyed either directly or subtly to the client via diagnosis, therapeutic goals, treatment, evaluations of outcomes, and even by casual remarks (Bergin, 1988a; Boorstein, 1986). The theoretical assumptions, regarding these dimensions of transpersonal psychotherapy, were
made explicit through the analysis of these subjects' descriptions and were found to reflect the personal and professional values and attitudes disclosed by the subjects on the written questionnaire.

The subjects' beliefs in a spiritual dimension of life are revealed in the following ways: expressed reverence and awe for the therapeutic process; therapeutic aim; commitment to a spiritual practice; interest in spiritual books; great admiration of spiritual leaders; and in service to their community. Even the subjects' vocational choices were made for reasons congruent with the values evident in their work. All of these subjects had a conscious awareness of a spiritual dimension to their lives prior to their training as psychotherapists, and nearly all of them expressed a sense of being drawn to do this work as it promised opportunities for spiritual self-expression and service to others.

These data are corroborative of the recent study done by Hutton (1992) in which self-identified transpersonal psychotherapists reported having a more frequent spiritual practice, a greater likelihood of having had a spiritual experience, more transpersonal training, and greater influence from spiritual readings than did the behavioral and psychoanalytic therapists surveyed. And lastly, the attributes which the subjects of this study most prized in themselves such as love, compassion, genuineness, kindness, and intuitiveness proved to be the same qualities of being that they bring to their therapeutic relationships.

The Therapeutic Relationship as Mechanism for Change

What seems remarkable and perhaps most surprising in the outcomes of this research is the prominent role that the therapeutic relationship plays in the healing process for these subjects. Although therapeutic context and techniques are evidently important parts of the process, the relationship of therapist and client seems to be at the core of how change occurs. This function of the
therapeutic relationship was not found to be a focus in the literature reviewed and presents a dimension of transpersonal psychotherapy worthy of further investigation. In this section of the discussion, the interplay of the therapeutic relationship with the context and intentions of transpersonal psychotherapy is discussed. Also, the ways in which the quality of the relationship facilitates the successful use of techniques are investigated. But first, the nature of the therapeutic relationship, as described by these subjects, is explored.

A premise of transpersonal psychology is that at the universal level of consciousness, all beings are essentially one (Sutich, 1973; Valle, 1989; Wilber, 1979). Therefore, there is a fundamental connection we have with each other and all of nature. To more fully know oneself includes a direct knowing of one's connection to the universe. An intimate relationship between therapist and client brings to the healing process potential for a direct experience of the aspects of self which exist in relationship to "other." This joining of the two creates a "third other" or the "one" through which transcendence manifests.

These subjects spoke of the therapeutic relationship as becoming a "conduit" or channel through which transcendence manifests. This third other was also referred to as a "subordinate understanding" or "dialectical other." It is through this channel that the bestowal of grace manifests and the expansion of awareness occurs. The felt sense of this phenomenon is that there is a presence larger than and "other than" the individual therapist and client, bringing illumination to the therapeutic process. The sweet surprise is that this "other" is actually a divine aspect of those who summoned its presence.

The qualities of this intimate connection in therapy were described by these subjects as compassion, trust and reverence. This is different from therapeutic relationships in which the bond is primarily intellectual. The very attributes considered by these subjects to be "soul qualities," such as love and openness, are
also attributes of the therapeutic connection. One could then say that the ultimate counselor-client connection, in this therapeutic model, is one of "soul." The extent to which both client and counselor are open to the experiencing of "soul" impacts the approximation of such an ultimate therapeutic relationship.

The healing is therefore not just an intrapsychic process for the client, occurring by external prompting and guidance from the therapist. Rather, the development of an intimate connection between the two facilitates the healing process including intrapsychic changes. Therefore, a client's process of awakening to a fuller sense of self does involve an internal process for the client. Wittine (1989) refers to the therapeutic process as an "inward search" for the client; and, it is evident that these subjects consider the enhancement of the client's inner awareness to be an important part of what happens in therapy. However, the psychology that has emerged from these results is a relational rather than an individual psychology.

The term "self-world structure" is frequently used by James Bugental in his workshops addressing existential psychotherapy and was used in the General Psychological Structure of this analysis to indicate that the client's concept of self is in relation to the world, not isolated from it. The lesson is that it is impossible to fully know oneself without also experiencing one's connection to the world. Even for the yogi who lives life meditatively in the mountains, there is a relationship with the guru or the divine which is the avenue to freedom. It is said that Mother Teresa lives in constant awareness of her relationship to "her beloved" -- to Christ, to God -- and that all of her human relationships are a mirror of this "one." And the descriptions provided by these subjects also highlight the therapeutic relationship as a way through which the client can experience a fuller sense of self.
A transpersonal therapeutic context may not be necessary for a therapeutic relationship of a "soul" nature to develop. It can certainly be imagined that these kinds of deep connections occur for therapists with other theoretical perspectives. It is, however, evident from these findings that the attitudes of these subjects affect the qualities of the therapeutic context. In this study, the context was defined by therapists who profess to have transcendent beliefs and experiences of self as well as values consistent with loving ways of being with others. These attributes are conducive to the intention of forming a relationship which has potential to connect both parties to a transpersonal realm of consciousness. Therefore, for these subjects, the context of their orientation to psychotherapy is congruent with and perhaps even responsible for the ways in which they enter into relationship with their clients.

There are probably psychotherapists who identify as being transpersonal in their therapeutic perspective and primarily use techniques to promote change in clients without developing an intimate relationship. A limitation of this study is that the effectiveness of outcomes was not measured nor were results methodically compared to other counseling approaches. Therefore, it can not be concluded that the successful use of techniques in transpersonal psychotherapy is dependent on the development of an intimate relationship between counselor and client. However, it has been the experience of the transpersonal psychotherapists interviewed for this study, that healing and transcendent experiences were more likely to occur when they had established presence, trust, and compassion with clients. What's more, these experiences may or may not have been precipitated by the therapist's use of a particular technique. In sum, these results indicate that relationship is the mechanism for change or the medium through which change occurs, while techniques are tools which can facilitate the healing experience.
Techniques of Transpersonal Psychotherapy

Techniques are sometimes used by transpersonal psychotherapists to induce altered states of consciousness during which there can be a direct experience of the transpersonal dimension of one’s existence. Additionally, techniques are sometimes used by these therapists to help the client increase awareness and widen perspective while maintaining an ordinary state of consciousness. These interventions are intended to heighten the client’s awareness of self and self-world structure through here-and-now experiences of feelings, sensations, and images (Wittine, 1989). The particular techniques described by these subjects are next discussed.

It should be noted that for the subjects interviewed in this study, the techniques used in psychotherapy do not predominantly characterize their work with clients. The only possible exception to this statement is Subject 1 who does frequently work with clients and their dreams as his approach to psychotherapy is primarily Jungian. This same subject, however, also described the power of dialectic work and the relational connection.

Subject 2 demonstrated the most variety of techniques used compared to the other subjects. For instance, he described working with one client in which he used waking dream imagery through which she accessed archetypal aspects of her consciousness which they then integrated with her biographical material presented in therapy. He also worked with her negative cognitions and used a technique called Eye Movement Desensitization Reprocessing (EMDR) which allowed this client, in a waking state, to access forgotten memories of abuse by her father. Additionally, he worked with a technique called Shen. This somatic way of working with the client facilitated the freeing-up of her body energy flows resulting in an ecstatic altered state of consciousness. During this experience, the client felt she had energetically cast off her father’s sexual...
dysfunction which she had incorporated into her being emotionally and physically. An interesting point is Subject 2's conclusion that this client's greatest healing was not a direct result of a particular technique or intervention; rather, it came from a moment in the therapeutic relationship in which she could accept the totality of her experiences with her father including the paradox of her negative and positive emotions regarding him. He and the client referred to this healing process as "grace." During this experience of grace, the therapist's role was that of "witness" or "mid-wife" to the healing as it manifested through their therapeutic relationship.

The predominant techniques used by these subjects were those involving symbolic process such as dreams, storytelling, mythology, and ritual. The dream work includes interpretation of clients' recorded dreams as well as clients entering waking dreams with their active imagination during therapy sessions. Examples of the use of story and ritual were offered in the Integrated General Psychological Structure of the Results chapter.

The commonality to these techniques is the use of symbolic process evoking a felt experience or embodiment of archetypes. According to Joseph Campbell, archetypes are "elementary ideas" that are "biologically grounded" in that they are unconscious "manifestations of the organs of the body and their power" (Campbell, 1988, p. 51). These elemental ideas are universal representing spiritual goals which are instinctively evoked in the person having an archetypal experience (Jung, 1953). Subjects 1 and 5 described archetypes as "powerful" in that they are embodied as a felt sense rather than only understood at a conceptual level. Tapping into to this felt sense through the archetypal experience connects one to "soul" and to the universe that shares this same embodiment.
The tradition of mythology brings with it stories about archetypes. These stories provide meaning and maps to the inner experience of the outer world and raise to consciousness submerged archetypes of lost psychic drives (Estes, 1992). Rollo May (1991) suggests that the telling of myths unifies society and keeps our souls alive. These same ideas are expressed by Clarissa Pinkola Estes when she wrote of myths as being "soul vitamins" and "little pieces of pine pitch for fastening feathers to trees to show the way" (1992, p. 29). Joseph Campbell, when interviewed by Bill Moyers, defined myth in the following way,

The images of myth are reflections of the spiritual potentialities of every one of us. Through contemplating these, we evoke their powers in our own lives. ...They (myths) are the world’s dreams. They are archetypal dreams and deal with great human problems. I know when I come to one of these thresholds now. The myth tells me about it, how to respond to certain crises of disappointment or delight or failure or success. The myths tell me where I am. ...Myth helps you to put your mind in touch with this experience of being alive. (Campbell, 1988, pp. 6, 15, 207)

Through the use of mythology whether it be through story and dialogue or a client’s direct experience of the myth and archetype through an altered state of consciousness, one is contacting an increased knowing of self. "When the ego makes contact with the Self, it usually has an experience of the awesome and numinous aspects of life. The numinous comes from the word numen, which has to do with awe, terror, and ecstasy as the ego has an experience of the sacred and the transpersonal" (Agosin, 1992, p. 44). These same qualities of experience, both light (awe) and dark (terror), were shared by these subjects as examples of how their clients experienced altered states and encounters with archetypes and myth. It seems that with or without the occurrence of an altered state, the experience of the archetype is a direct and embodied contact with the transpersonal realm of consciousness.
The attainment of the transcendent experience is not the goal of transpersonal psychotherapy. Rather the desired result is a changed context for living through a fuller knowing of self which can be urged into being through altered state experiences (Vaughan, 1979). The actual experience of one's transpersonal self does, however, occur in the transcendent domain of consciousness (Frager, 1989). Qualities of this type of mystical experience listed in the literature and corroborated by the results of this study are ineffability, noesis (James, 1961/1902, Walsh, Elgin, Vaughan, & Wilber, 1980), a sense of sacredness, and overwhelming feelings of awe and reverence (Pahnke & Richards, 1969). These felt experiences offer new expressiveness and aliveness as they are integrated into the client's everyday life.

William James (1961/1902) suggested that such qualities of mystical experience are powerful enough to determine attitudes and open new awareness, which seems to be the case with these subjects. Their attitudes as transpersonal psychotherapists reflect their own experiences of the numinous. At the beginning of the interviews, the subjects shared stories of their own transcendent experiences and it is likely that these experiences have partially determined their attitudes and perspectives as psychotherapists.

Hutton's (1992) research mentioned above, did discover that transpersonal psychotherapists had a greater likelihood of having had spiritual experiences than did the behavioral or psychoanalytic therapists surveyed. And Grof (1980a) found that his research subjects, who had transpersonal experiences while in altered states of consciousness, afterwards became interested in spiritual pursuits and their roles in the universal scheme of things. Thus, the psychotherapist's own direct experience of the transcendent aspects of self may be crucial to what they bring to the context of psychotherapy.
In an interview concerning his upcoming book, to be co-edited with Frances Vaughan, Roger Walsh talks about one's ability to be able to understand altered state experiences being dependent on having had direct experience of these states. One can know the deeper significance and possible implications of an experience having explored them oneself. Walsh explains this phenomena,

The classic example is of an animal finding a black object. A native finds this same thing to be flexible and filled with systematic black-and-white marks. A Western child recognizes the object as a book; a Western adult recognizes it as a book but one that makes no sense whatsoever; a physicist, however, recognizes it as a brilliant treatise on quantum physics. The intriguing thing about grades of significance is that each conclusion is correct, but each contains no information to suggest that higher grades of significance are being missed. You can hear a report and think you are getting it fully but because you lack sufficient direct experience to know that there are higher grades of significance, you get no further information.

What this means is that the profound implications and meanings — the higher grades of significance — of transpersonal teachings, systems, practices and philosophies will be understandable only to the extent to which we are adequate to them. (Simpkinson, Walsh, & Vaughan, 1993, p. 43)

It is commonly indicated in the transpersonal literature that psychotherapists should maintain a spiritual practice and integrate the fruits of their practice with their personal and professional relationships (Scotton, 1985; Sutich, 1973, 1980; Vaughan, 1977; Simpkinson, Walsh, & Vaughan, 1993; Walsh & Vaughan, 1980b). The psychotherapists who were interviewed for this study indicated having a spiritual practice which, for all of them, included meditation and other types of yoga and Eastern and Western spiritual traditions. Subject 4 in particular, spoke about his regular spiritual practice as being beneficial to his abilities to stay "centered" with his own "soul qualities" while in sessions with clients. Although
the importance of the psychotherapist maintaining a spiritual practice was not spoken about in any significant way in this study, it seems worthy of further investigation.

**Implications of these Findings**

The primary intention of this research was to discern the features essential to a transpersonal orientation to psychotherapy. This study contributes to the transpersonal psychology literature through its results which corroborate and elaborate on the work of many theorists. Given the nascent state of development of transpersonal psychology, these results can further inform psychotherapists, particularly as a more thorough understanding of theoretical assumptions, mechanisms for change, and techniques for intervention are brought to light. Through the employment of a rigorous methodology, descriptions of lived experiences of transpersonal psychotherapists were analyzed and discussed in terms of how they elucidate a model for psychotherapy. Additional implications to the discipline of psychology will next be considered.

In writing this dissertation, it became evident that commonly used psychological terms and concepts, such as self, therapeutic relationship, and techniques, were relevant to the transpersonal paradigm. However, a difference for this study is that these concepts were expanded upon and redefined in ways representative of the research data and transpersonal psychological theory. It also became apparent that psychology does not currently command a vocabulary necessary to adequately explain the phenomena relevant to the transpersonal perspective. For instance, terms used in this study to convey the transpersonal and spiritual dimensions of self identity, such as soul, essential being, and original nature, are foreign to traditional psychology and the social
sciences in general. Words to explain altered states of consciousness, for example sacred, numinous, and ineffable, are also unusual to the psychological vernacular. A struggle to define terms and to explain what sometimes seemed unexplainable using traditional psychological vocabulary continued throughout this study.

This hardship is caused in part by psychology's focus, which has excluded non-objective spiritual concerns and mystical experiences and created a language avoidant of many of the words needed for this text. As mentioned above, the primary diagnostic nomenclature defined in the DSM to date neglects to include categories for spiritual emergencies. Therefore, the spiritual dimensions and concerns experienced by clients are not easily or adequately accounted for in the expressed culture of psychology.

Spiritual concerns and goals are spoken to in the early history of psychology by William James and are also commented on more recently by psychologists and other human science researchers as being relevant to the lives of many people who seek counseling. The subjects for this study also described experiences in therapy in which clients either knowingly or unconsciously had experiences of a transpersonal nature which they then worked toward integrating into their everyday lives. This points to the need for more acknowledgment and allowance for the transpersonal dimension of consciousness in psychological language, literature, research, and diagnostics. In meeting this need, clients can be therapeutically served in ways conducive to a deep exploration of self and self-world experiences. As such, new terms become more familiar and more commonly understood and psychology's exploration into the transpersonal realms and the integration of these experiences with personal existence will most likely be furthered.
This research also shows that the transpersonal perspective to psychotherapy harmonizes with many approaches to counseling. These subjects use a variety of techniques and conceptual theories while maintaining a transpersonal perspective. Transpersonal psychology offers a theoretical framework encouraging of personal and transpersonal potentialities for clients. This framework therefore allows the therapist to intervene in clients' behaviors, cognitions, and relationships. However, the therapist does this by using various "traditional" conceptualizations, techniques, and interventions while sustaining an attitude, understanding, and relationship consistent with transpersonal goals.

Transpersonal psychology therefore promotes a perspective of counseling which allows for the co-existence and complementary use of other psychological theories and practices. However, given its exclusion from mainstream psychological literature and research, it could be concluded that transpersonal psychology lacks credibility and rigor in that it does not share many central assumptions with current psychological theory. On the contrary, these results suggest that the problem with the transpersonal paradigm is that it has been misunderstood and warrants investigation.

Although this study did not look at the efficacy of transpersonal psychotherapy as compared to other approaches, it did show that psychological constructs, similar to those of traditional psychotherapies, are considered viable and important. For instance, the encouragement of clients' self-development, including expanded potentialities and the nurturing of an intimate therapeutic relationship, are intentions shared by many schools of psychotherapy including transpersonal. The practice of these subjects demonstrated an expansion of psychological concepts of self identity already implicit to egoic and existential theories. Therefore, it would be a realistic goal to include transpersonal theory in the education of psychologists and counselors. Teachers could build upon
currently taught theoretical concepts and terms to include the transpersonal dimensions of self and world experiencing.

In fact, given the involvement with religion and spiritual life expressed by the general American populace (Bergin, 1980, 1991; Religion in America, 1985), it would be remiss if counselor training programs did not include spirituality and transpersonal concerns as a part of their teachings. However, because of the language difficulties and ineffability of transpersonal experience, this is an area which has been little understood in psychology, much less taught. The essential features of transpersonal psychotherapy, elicited by this research analysis, provide a step toward a better understanding of this critical human dimension. If transpersonal psychology were more commonly taught to psychology students, then perhaps more psychologists and psychologists-in-training would pursue theoretical and empirical investigations in this area. This needs to happen in order for psychology to stay abreast of the interests, concerns, and realities of the people in which it studies and serves.

The significant contribution of the therapeutic relationship to the healing process of clients highlights another implication of these results which pushes psychology into new dimensions. The intimate connection to another, especially in moments of "grace," are direct experiences of a greater self. The client's connection to a therapeutic other was found to be a channel for transcendent experiences to occur facilitating the client's unfolding discovery of self. This encompassing notion of self brings this discussion full-circle to the quote from Brian Swimme which introduces chapter one of this dissertation. The pain of life or disconnection from life creates a yearning for what is more, a pining for feeling more fully alive, propelling us to "... take our first steps into the planetary and cosmic dimensions of being, moving out of the anthropocentric modern period and into the cosmocentric, unfolding universe... Only by establishing
ourselves within the unfolding cosmos as a whole can we begin to discover the meaning and significance of ordinary things." (Swimme, 1984, pp. 118, 31)

If the world is self as suggested by a cosmocentric point of view, then to know self more fully includes knowing one's connection to all of life. And to heal the world or the other is also to heal oneself. This implies that psychologists should consider the effects of clients' service to community and the environment on their well being. Such a shift expands the possibilities of the therapeutic process. The nature of this shift and how it might alter the dimensions of psychotherapy deserves exploration. One possibility would be the use of therapeutic ritual and symbolic process, such as the dream ritual described by Subject 5, to encompass this expansion of the therapeutic model. Such rituals could be employed to broaden the client's experience of self and to consecrate the felt connections to others and nature.

In her book, *World as Lover, World as Self*, Joanna Macy (1991) presents four ways in which people on spiritual paths view the world which are more or less supported by these subjects' descriptions. There are those who look at the world as a battlefield. They feel righteous in that they are fighting God's battle; and the role of good is to fight evil. The second view of the world as trap defines a hierarchy of spirit and mind over nature. Transcendent reality is valued as distinct from everyday life suggesting escape from material existence as a spiritual goal. This pursuit was marked by Welwood (1984) as "spiritual bypassing." Macy suggests that the desire to escape an existence we are dependent upon creates a "love-hate relationship with matter," inflaming a "twofold desire to destroy and to possess" (p. 7). These self-world views are not reflective of the therapeutic attitudes revealed in these subjects' descriptions.

Macy writes that, "For some of us, our love for the world is so passionate that we cannot ask it to wait until we are enlightened" (p. 8). The world has
become lover and is considered to be an intimate companion through life. Goddess religions as well as some traditions of Hinduism as examples, affirm the teeming friendship of the world as bringing wholeness to one's life. And as union is sought with the world as lover, the world becomes self. It is this deepened embodiment in the world, this intensified aliveness of being that also emerged from these data as the experience of transpersonal psychotherapy was described by these subjects.

The world as self point of view calls for a paradigm shift in which one's sense of self remains distinct and actualized yet, choices are made in consideration of one's connection to and effect on the world. In other words, the expanded self is not undifferentiated. Rather, there is increased capacity to understand the interdependence of life. This represents an emerging philosophy of nature, called Deep Ecology, which explores life's interconnectedness. Deep Ecology implies that life on earth is an interdependent biotic community in which its members are of equal import to the quality of life (Macy, 1991; Naess, 1988; Seed, 1988).

The reformation of environmentalism becomes more than treating "the symptoms of the environmental crisis" with the recognition that saving the planet is also saving ourselves (Seed, 1988). Arne Naess introduced the concept of an ecological self suggesting that, "We may be in, of and for nature from our very beginning. Society and human relations are important, but our self is richer in its constitutive relations. These relations are not only relations we have with humans and the human community, but with the larger community of all living beings" (1988, p. 20). John Seed supposes from his studies of environmental conditions and his work to save the environment, that the earth can only be saved when humans save the rainforest because they know that they are ecologically and biologically a part of the rainforest, a self-world view which he
metaphorically refers to as "thinking like a mountain" (Seed, 1988). That is, to accomplish the overwhelming task of saving the rainforests, and the earth, would require the power and commitment of such a self-world paradigm shift.

Deep Ecology's self-world paradigm fits well with the principles of Karma Yoga. Karma yoga is spiritual union through action, in which one views life and service to others as a path of spiritual unfoldment. Thus, spiritual practice is integrated with living everyday life. As one's identity increases to include the transpersonal dimension, ego goals become less predominant and spiritual advancement through service and enhanced participation in the world becomes a primary motivator (Vaughan, 1979). This enlarged sense of self was described by these subjects as an important part of healing in psychotherapy. Perhaps then, service to community, including the environment, may be a way for one's self and self-world awarenesses to expand. Should counselors encourage clients to explore these connections in the interest of healing? Might counselors work with clients in natural surroundings outdoors? These are questions stemming from this research which beckon to be answered by modern day psychology.

Transpersonal theory parents an edge of psychology which is rich with implications for the future of society and the world. Psychologists have an opportunity to support this ecological vision of the interdependence of the human and natural worlds. Psychologists can guide clients toward a fuller knowing of self which includes, yet moves beyond the personal, resulting in a greater and more profound healing. The illumination of the transcendent function of the intimate therapeutic connection and the embodied aliveness of spirit through an expanded awareness of self are findings of this study which are quite relevant to the paradigm of deep ecology.

Lastly, this research has sought to contribute to psychology a demonstration of the rigor and discernment of the phenomenological method of
inquiry in counseling process research. Through descriptions of experience by those who lived them, the features essential to the transpersonal perspective to counseling were brought into relief. The subjects bring the data to life and phenomenology brings it to relevance. Subjects' descriptions are brimming with psychology and the phenomenological analytic method makes it accessible. One would hope that psychologists will continue to explore the qualitative human science approaches to research, particularly when the questions are of a definitional and esoteric nature. It could be advantageously used with research teams providing mentorship to student participants. It is a method which lends itself to collaboration as results come forth through dialogue and relationship to an "other", itself rather like a transcendent experience.

**Suggestions for Further Research**

The therapeutic relationship as a mechanism for change is an intriguing finding of this study. The nature and outcomes of intimate therapeutic connections were eloquently and thoughtfully described by these subjects. However, the nuances of this particular finding warrant closer scrutiny. For instance, how does the therapeutic context and attitude of the transpersonally oriented psychotherapist affect the quality of the relationship? More specifically, what elements of the dialectic exchange between the counselor and client foster intimacy or create a channel for healing? Do therapists practicing from other schools of psychotherapy describe healing experiences as "grace," or in other synonymous words, and sense its bestowal as manifesting through the intimate therapeutic connection? The therapeutic experience of relationship in transpersonal psychotherapy would lend itself well to a phenomenological research design and would provide a meaningful follow-up to this current work.
Another intriguing area for study stemming from this research is the development, or inspiration, of the therapeutic attitude of these subjects. What brings the transpersonal psychotherapist to a place of wonderment, awe, reverence, and compassion? All of these subjects described transcendent experiences which they had early in life. Grof found that his research subjects who experienced altered states in the transpersonal realm of consciousness became interested in spirituality and metaphysics (1980b). And, Roger Walsh (Simpkinson, Walsh, & Vaughan, 1993) wrote that "understanding transpersonal experiences, philosophies, and psychologies requires direct transpersonal experience" (p. 43). It would be interesting to know if the early transpersonal experiences of these subjects were crucial to the development of their therapeutic stance?

A related inquiry to that just proposed is the role that religious upbringing may play in the therapeutic attitude of the counselor. All of these subjects indicated having a religion of origin on the written questionnaire, though they had mostly moved on to different spiritual practices as adults. An exploration of early religious training and experiences might bring to light values and beliefs which are somehow related to attitudes of transpersonally oriented counselors. For example, Subject 1 felt that the charisma of his father's faith helped to draw Subject 1 into a "profound transpersonal sense of things." The cultivation of a transpersonal stance and context to therapy is worth exploring as it could inform psychological theory and practice as well as counselor training.

Aligned with these thoughts is the question of how therapists' spiritual practices affect the therapists' competencies, attitudes, and the quality of the therapeutic relationship. As confirmed by Subject 4, a regular spiritual practice could assist a therapist to stay centered, present, and in touch with his or her own "soul qualities" in client sessions. Lesh (1970) discovered a significant
increase in the empathic abilities of counseling psychology students who practiced Zazen meditation. He also measured a positive relationship between the degree of self-actualization of subjects and empathic ability. A demonstrated positive affect of spiritual practice on therapeutic context, skills, and relationship would have implications for students training to be counselors in transpersonal psychology programs. For instance, should having a spiritual practice of choice be a mandatory requirement of such programs?

It was made clear in this study that some therapists with a transpersonal perspective also employ an eclectic approach in their work with clients. It would be helpful to know how this transpersonal perspective alters therapists' more traditional conceptualizations of clients and interventions. As a specific example, how might a psychoanalyst with a transpersonal perspective differ from a psychoanalyst without a transpersonal perspective? Some schools of psychotherapy lend themselves to a transpersonal orientation more than others. Given the eclectic approach of these subjects and the revealed importance of embodied transcendent experiences, it would also be relevant to explore the process and outcomes of somatically based psychotherapies and healing processes such as, Bio-energetics and Rosen Work. Theoretical exploration and research along these lines could prove fruitful in training clinicians.

Another important step in furthering this research would be to apply the phenomenological method to clients' descriptions of their experiences in transpersonal therapy. In addition to advancing psychology's understanding of transpersonal psychotherapy, the phenomenological method could be a rich way of researching diagnostics which remain true to client experience. In such an approach to diagnosis, therapists would apply a phenomenological method to clients' descriptions in order to assess the psychological structure particular to their experiences. The anticipated result would be a depiction of the implicit
complexities of the client's life and his or her unique potentialities for being. In this way, diagnosis would be a process of discovery, allowing for a suspension of judgement and a greater range of experience, and especially subtle experience, to manifest. "The transpersonal potentials of a patient are easily lost when they either do not fit into a diagnostic nomenclature, or, are solely seen as suspect along pathological lines" (K. Bradford, personal communication, July, 1993). While more arduous, such an approach is also likely to be more true to a particular client's predicament and to the effective practice of any depth therapy than the assigning of the client to a preconceived categorical type.

**Concluding Remarks**

There is a calling for healing in this world of a transpersonal magnitude. Many people express a desire for inner and outer guidance in their personal and spiritual development. This dissertation research has helped to clarify ways in which psychotherapists with a transpersonal orientation experience their work as facilitating such guidance. This is a formidable task as the language required to name these subjects' experiences is sometimes inadequate or does not exist at all.

As shown by these subjects, faith, courage, and a grand sense of wonderment are integral aspects of the transpersonal work. The paradoxes confronted are many. The transcendent experience of being one with all life couples with the continued reality of living life with individual presence and distinct potentiality. The increasing selflessness which accompanies one's new found cosmic heritage inhabits the same moment of life as the experience of knowing oneself more fully than ever before. This increased awareness fulfills a human propensity to want to know meaning while the mysteries which remain untold are equally exhilarating.
In closing, it is vital to hold the notion that this study is limited to the extent that the transpersonal realms of consciousness are difficult to regard through description. Like all words, this research is merely an approximation of the experiences beheld by its subjects. It is a Buddhist belief that experience of a transcendent or divine nature cannot be named for the experience transcends all conceptual capacity and linguistic ability. The Tao says that the finger that points at the moon is not the moon. Likewise, this researcher's initiation through the writing of this dissertation is one that has been deeply lived yet never fully expressed. The reader is asked to reflect on these words,

The tao that can be told is not the eternal Tao.
The name that can be named is not the eternal Name.

The unnamable is the eternally real.
    Naming is the origin of all particular things.

Free from desire, you realize the mystery.
Caught in desire, you see only the manifestations.

Yet mystery and manifestations arise from the same source.
This source is called darkness.

Darkness within darkness.
The gateway to all understanding.

— Tao Te Ching

(translation by Stephen Mitchell)
LIST OF REFERENCES


APPENDIX A

Phenomenological Interview Guide
Describe one of your first experiences of the transpersonal.

Tell me about a time when you first realized that you wanted to do transpersonal psychotherapy.

In your experience as a psychotherapist, describe a time when you really felt, "now I am doing transpersonal psychotherapy".

Tell me about a time when a client described his or her experience as being transpersonal.

Describe an experience in which a client acknowledged your transpersonal perspective.

Tell me about a time when a transpersonal intervention really worked. How were you convinced?

Tell me about a time when your transpersonal focus influenced your diagnosis of a client.

Describe a time when a transpersonal interpretation was inappropriate.

Is there anything about your conventional counseling training that you now consider transpersonal, but originally did not? If so, please describe it.

After being a transpersonal psychotherapist for awhile, has your view of the unconscious changed? Tell me about a time when you really experienced the transpersonal aspect of the unconscious.
INTERVIEW QUESTIONNAIRE

Your answers to these questions will provide relevant background information for this study. Please be brief in your answers. A stamped envelope is included for the return of this form. Thank you for your participation in this dissertation research. Your contribution is very much appreciated.

1. What counseling license do you have?

2. How many years have you been practicing as a psychotherapist?

3. What type of job position(s) do you currently hold?

4. Briefly describe your conventional counselor training, i.e. type of academic program, extra trainings and certificates, and theories emphasized.

5. Briefly describe your transpersonal counselor training.

6. What is your current theoretical orientation to psychotherapy?

7. What is your religion of origin? Are you still practicing?
8. Briefly describe your current spiritual practice.

9. What values do you prize the most in yourself?

10. What are you most afraid of?

11. What are your three favorite books?

12. Who are the two people you admire the most and why?

13. How do you express your transpersonal perspective in your community?
APPENDIX C

Questionnaire Data
QUESTIONNAIRE DATA

What counseling license do you have?
S1: Licensed Clinical Social Worker (LCSW), Pastoral Counselor, M.A.
S2: Licensed Psychologist, licensed School Psychologist, Ph.D.
S3: National Certified Clinical Mental Health Counselor, M.A.
S4: Marriage, Family and Child Counselor (MFCC), Ph.D.
S5: Marriage, Family and Child Counselor (MFCC), M.A.

How many years have you been practicing as a psychotherapist?
S1: 22 years
S2: 11 years
S3: 12 years
S4: 9 years
S5: 10 years

What type of job position(s) do you currently hold?
S1: private practice; workshop facilitation
S2: private practice; provide clinical trainings and workshops
S3: private practice; adjunct faculty in graduate psychology program
S4: private practice; provide clinical trainings and workshops
S5: full-time faculty in graduate psychology program; private practice

Briefly describe your conventional counseling training.
S1: family systems; Gestalt, Jungian; Bioenergetics Analysis
S2: cognitive-behavioral; psychoanalytic; Gestalt; phenomenological; hypnosis; Physioemotional Release Therapy; Eye Movement Desensitization Reprocessing
S3: humanistic
S4: existential-humanistic; object relations; self-psychology; Jungian
S5: family systems; psychodynamic approaches

Briefly describe your transpersonal counseling training.
S1: Jungian
S2: self-directed and determined; phenomenological; 21 years of meditation practice
S3: transpersonal psychology; psychosynthesis training
S4: Jungian; psychosynthesis training; years of meditation practice
S5: transpersonal psychology; Jungian; depth psychology

What is your current theoretical orientation to psychotherapy?
S1: Jungian; soul-centered
S2: phenomenological-existential
S3: psychosynthesis
S4: Jungian; psychoanalytic; existential
S5: Jungian; depth psychology; eclectic
What is your religion of origin? Are you still practicing?
S1: Jewish; some integration into current spiritual practice
S2: Roman Catholic; now more identified with the Episcopal Church and the teachings of Christ
S3: Protestant; now a Unitarian/Universalist, Buddhist
S4: Roman Catholic; no longer practicing
S5: Protestant-Congregational; no longer practicing

Briefly describe your current spiritual practice.
S1: meditation in the contemplative tradition Vajrayana Buddhism and Dzogchen; Hatha Yoga and Kundalini Yoga; recipient of oral transmission teachings from the Kagyupa Lineage of Tibetan Buddhism.
S2: Vipassana meditation; yoga, Tai Chi; Shen; Chi Gung; prayer and contemplation in the Buddhist and Christian traditions
S3: Vipassana meditation; communing with nature; journaling and inner dialogue
S4: Vipassana meditation; A Course in Miracles
S5: meditation; ritual and ceremony; integration of spiritual consciousness into everyday life

What values do you prize the most in yourself?
S1: service to others; loving kindness; intellectual acuity; intuitive skill; love for children, animals, and nature; flexibility
S2: love; compassion; sensitivity
S3: humility; genuineness; intelligence/clarity; compassion
S4: kindness; listening/understanding; intuitiveness; good synthesizing mind
S5: non-judgmental nature; ability to embrace many truths; ability to just be

What are you most afraid of?
S1: being controlled; meaninglessness; death of my children
S2: that I would, for whatever reason, fail to surrender to God’s will
S3: hurting others; making major mistakes; being arrogant or vain
S4: mediocrity
S5: inertia; losing my hard won ego-centricities, although I’m trying to lose them; untimely death

What are your three favorite books?
S1: Miller’s Colossus of Maroussi; Hillman’s Revisioning Psychology; Wasson’s The Road to Eleusis
S2: Mann’s Magic Mountain; Strauss’ Last Four Songs; Sistine Chapel
S3: Cries of the Spirit (women’s poetry)
S4: Assagioli’s Psychosynthesis; Jung’s Collected Works; A Course in Miracles
S5: Ram Dass’ Be Here Now; Trungpa’s Cutting through Spiritual Materialism; Jung’s Man and his Symbols

Who are the two people you admire the most and why?
S1: my father, for his faith mind; Gyalwa Karmapa, for his spiritual clarity and compassion
S2: Christ and Ghandi, for their willingness to live in truth and courage upon hearing God’s calling
S3: Joanna Macy, for her passion, clarity, dynamic speaking and teaching; women who are simply themselves, loving, articulate and courageous
S4: Bugental, for his creativity; my wife, for her sweetness, creativity and undaunting spirit
S5: Dalí Lama, for his compassion, gentleness, humility, reverence for truth and spiritual presence; Jesus of Nazareth and the Buddha, for all they brought to the spiritual evolution of all people

How do you express your transpersonal perspective in your community?
S1: teaching; sponsoring public events of a transpersonal nature; networking; participation in a spiritual sangha; participation in a Waldorf School
S2: working toward environmental objectives from a deep ecological perspective
S3: in relationship to friends; working with Nuclear Guardianship Project; writing letters to the editor about peace; environmental issues
S4: teaching and consultation
S5: live it, talk it and walk it
APPENDIX D

Vocational Calling: Individual Psychological Structures
As a young adult, S realized his calling to help people as a counselor and he now recognizes that his orientation to this work was transpersonal from the very beginning. His choice to pursue counseling as a career was motivated by his experience of synchronous events in his life which caused him to deeply consider and act on his moral convictions. His movement toward his emerging career was directed by the coming together of his inner struggles and inclinations with outer life circumstances and needs of the community. His own "epiphany experience" of a moral and spiritual dilemma, his felt attraction toward working with people, his discovery of an ability to relate well with others in a counseling capacity and his disappointment in previously chosen career tracks became meaningful career guide-posts to S as they were matched by the needs of society and outer life events which provided him with counseling opportunities. As the synchronicity between his inner convictions and outer events continued, his trust in his calling to be a counselor grew which further sparked his interest in doing this work.

He found his early training in groups to be particularly useful to him as he honed his ability to be sensitive to the awareness and needs of those with whom he worked therapeutically. He felt very impassioned about his career which he demonstrated through his active involvement and initiative at work and in his aggressive pursuit of knowledge and guidance from teachers and mentors. S was awed by how successfully his career was unfolding all the while he was also learning spiritual practices. It felt as though his simultaneous studies in
spirituality and psychotherapy were somehow mutually potentiating and permeating his life.

**Subject 2**

As a young adult, S had an experience of transcendence which had a "divine" quality and guided him in the direction of psychotherapy as a career. He was opened to a felt sense of his future and his "native endowment" to want to understand the nature of things. His experience of seeing the essential nature of things coupled with an intensity of loving feelings helped him to realize the healing power which transcendent states can bring to psychotherapy. His career choice was a culmination of his felt calling to inquire, teach and serve others and his realization that psychology would likely provide him with the opportunities to fulfill these desires as well as be gainfully employed.

**Subject 3**

S sought a career which was fulfilling and providing of opportunity for her to help others through her interest in the transpersonal. Although S did not always verbally convey her spirituality as she worked, her perspective of others was in recognition of their soul nature. She chose a training program which facilitated the integration of transpersonal psychology and psychotherapy.

S's early training did not provide her with knowledge and practice of techniques, rather she was left to draw upon a deeper wisdom as a counselor. She was awed by the healing forces and emerging talents which seemed to emanate from a "universal force" through her. Later she did learn therapeutic techniques in the context of a transpersonal approach.
Subject 4

Prior to his choice of psychology as a career, S had developed a spiritual practice. In fact, he began to study counseling as a way to pursue his interests in metaphysics. S was certain that his orientation to psychology would remain transpersonal, although his interest in western psychological traditions increased as his studies continued.

Subject 5

S has always felt drawn toward doing "spiritual" work. Over the years he has accomplished this through several avenues of service such as teaching, administrating and being politically active. When he chose counseling as his vocation, he began his studies in a transpersonal psychology counseling program.
APPENDIX E

Contents of Data Analysis
DISCRIMINATED MEANING UNITS

Subject 1

1 Interviewer: What I would like you to describe is one of your first experiences of the transpersonal.

Subject: I would go before I actually recognized my calling as a therapist. I would say I was a pretty sensitive person. So I would locate that experience as growing awareness.

2 From an early age I remember the moment of awareness of pulling my wagon beyond my house when I was two years old and looking up at a bird and all of the sudden realizing that there was a lot more outside of me. It was a moment of both transpersonal and ego awareness. When I think about the transpersonal, I think about the blend of the two - the separateness and the wholeness.

3 But as an adult, I would say probably that it came during the war years of the 60's, and I had to make a decision that a lot of other young men had to make about what to do about the Vietnam war. So, I mulled that over for a long time and I remember I was living in Cambridge, Massachusetts and it was right before I got into graduate school - it was the summer before. I had kind of an epiphany experience about what to do about it. I wasn't going to become a veteran, but I didn't know what to do.

4 I had a dream in which Dostoyevsky was in the dream. I don't know why, I must have been reading Dostoyevsky. But basically, it focused around the moral issue - I guess it was *The Brothers Karamazov* I was reading - and the dream was about Alotia, the young brother, the sensitive one. In the book, he was faced with this challenge by his older brothers, it was a very philosophical work. "If you could build a utopian world", the brothers asked Alotia, "based on the principle of all of the goodness, all the great ideas about structuring a perfect society, would you do it if all the cost was the sacrifice of one human infant?" In the book, Alotia says "no". So I was thinking about how I was going to resist what was going on in the world. I had this dream in which I really got what Alotia's challenge was. I didn't really completely understand the book. I think that it was a turning point for me because I realized that I needed to make a larger statement than just "go to Canada" or "go to jail".

5 The next day I started writing a conscientious objection. I really wrote it on the basis of not a religious system but, personal belief. At the time, in order to get out of the draft on conscientious objection, one had to be an orthodox Jew or someone who is really devout. It was a long-shot, but I realized that I was going to do it on this secular yet, transpersonal basis.
I came from a really small town in Pennsylvania where there was a Colonel on the draft board and they had no idea what a C.O. was, you had to be queer to get out of the army. But I did that, proceeded with it. It was very easy to do once I had the resolution to do it. I did get a C.O. status.

I would call it a transpersonal experience because it came from deep inside and came from a time of real moral crisis for me. I got some inspiration and acted on it.

There was some irony about it because after I was awarded a C.O., they instituted a lottery system and my number was something like 356. So it was a mute point but, I didn't miss the point. I would say that was my first conscious memory I had of that kind of experience.

I: You used the word "inspiration" when you were talking about why it seemed transpersonal. Are there any other adjectives that come to your mind?
S: Yes well, transcendent. I would definitely say it was a transcendent experience because I was faced with a rather depressing reality which seemed insoluble and an answer came. And I wasn't really asking, well I guess I was really asking. But, it came from what I was doing. I was reading this very heavy philosophical novel and making a life decision. I would say there was some transcendent intervention in my process.

Like I said I had been a pretty sensitive person up until then I usually trusted what came up and followed my own sense of integrity. Sometimes to my own detriment. But, I think that this might be a point at which I really started trusting that. Whereas before it might have been acting out or adolescent. Throughout my undergraduate years I always listened to my own voice. But, I think this really coalesced something.

And it was at a time when I hadn't really determined yet that I was going to be a therapist. I had studied literature and history and I was going to study creative writing and journalism. That's what I thought I was going to do in graduate school. So I think it started something. After that I began counseling draft dodgers for the Friend Service Committee. So I got involved in some kind of counseling relationship early in my work with people.

I: In your early work with those people, do you recall any experiences that they shared with you that had a transpersonal quality?
S: I would say that most of the people I counseled had a religious disagreement with the government. In other words, for them it was morally abhorrent what was going on at the time. So, transpersonal in the sense that they had very
strong spiritual beliefs that they couldn't reconcile with what was happening in the glut of the culture.

13
So we talked a lot about that and how to be very practical about those matters - how to walk through and thumb your nose at the government and get heard, not just be a martyr. At the time there were a lot of men who were very martyr oriented and went to jail. I end up counseling some of them now who are still suffering from the whole psychology of being a victim of the government.

14
Yeah, I would say it was very transpersonal in that it was very spiritually oriented, most of that work. Bringing the spiritual into a very practical realm - the military.

15
I: So that was before you made a career decision to be a psychotherapist. Tell me about a time when you first realized that wanted to do transpersonal psychotherapy.
S: Well the label "transpersonal psychotherapy", I probably fit it, but I have never really been that much of a joiner. I think it is important to not label the work I do. I just don't want to get stuck in the box.

16
But I would say from the get-go when I realized that I had some native ability and calling to do the work, I would say it was transpersonal from the very beginning. The more I trusted that, the more I went in that direction.

17
I really started doing the work when I was in graduate school. I did a few courses with a professor that amounted to encounter groups. They were communications theory seminars, but we ended-up taking our clothes off and getting to know each other. And out of that we started a few what we called training groups amongst a lot of other graduate students maybe 15 people. So I really got involved with what at that time was considered to be human potential.

18
I think I really didn't see that I was bound to work with people until I started having experiences, at parties and social settings, in helping people. At the time there were a lot of people doing drugs and ingesting all kinds of things to cope with reality. It was a time of a lot of experimentation. Where I really discovered that I could do the work was I could, across the room, see somebody having a bad trip and kind of zone in on them and bring them down. That to me was transpersonal, this kind of tuning into someone in an altered state who was clearly showing all of the affect and signs of having an episode that wasn't pleasant.
So I just began to trust that because I had sensitized myself through the training in the human potential or whatever we would call that early work. I began recognizing that and it was quite frequent that I was the kind of person who could ground someone going through an experience like that.

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I: Can you describe how you would do that?
S: I don't know. I would just recognize that someone was having a hard time and go over and engage them and bring them more into relatedness rather than just drifting off into a scary place. Mostly verbally talk them down - get them to talk about their experience - what was happening to them in the moment, existentially and just connect to them. It was relatively easy.

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That happened to me a few times and I began to correlate the fact that I actually enjoyed that role, that I felt able to do it.

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It wasn't long after that that I became affiliated with a whole group of people who were interested in doing alternate mental health work in groups. Mostly in response to not just drugs but, the kind of disorientation that was going on in the culture. I was living in basically a student ghetto in Cambridge which was filled with tens of thousands of pretty disenfranchised people and there was a lot of alienation. So, this group did come together and we started a group center rather than seeing people being mistreated for what were maybe short-term episodes because of drugs. We got some seed money from the Division of Drug Rehab in Massachusetts and started a non-profit organization.

23
So while I was in graduate school I was learning to lead groups. Basically I saw it as a preventive to keep people out of mental hospitals. It had to do with both what was happening in the culture and my own growing sense that I was attracted to working with people. Some rescue fantasy in there I guess, but it felt right.

24
I was kind of disappointed in what I was discovering about what I could do in graduate school. I had really tried to shift into education and didn't like that. I felt like the illusion of the media was something I began to experience because you'd be at an event and read about it in the paper the next day or see it on the television and it was just not the same. You'd realize the limitations of that idea of getting at the truth that way as a journalist or as a writer. So, I just followed that and then began to train.

25
Let's see, were there any other transpersonal experiences? There were a lot of synchronicities during that time of my life that I trusted. One guiding sign for me that I would call transpersonal is synchronistic events. I've seen this to an
extreme, by the way. I've treated a few people, one man in particular who's whole life was lived out on the basis of synchronicities. He didn't do anything unless it was synchronize with some outward event that touched him. I thought that he was quite a troubled fellow. But, I was at that time trusting what was happening.

We were an impassioned group of people. There were about 30 of us. We had formed this collective and I became a mover in that organization - helped it evolve along to eventually become a fee for service mental health center. And then very aggressively found teachers and mentors who could supervise and teach me how to do the work more effectively - formally and informally. We did a lot of peer supervision.

But, I think I had a synchronicity when I met my analyst. This would be transpersonal in a way. I had been reading Jung and I had always had an interest in that work. Jung really coined the word "transpersonal". If you look, probably you will see that he did. He definitely used the idea of transcendent function.

But, I had joined - then we didn't have an institute in Boston, not until after I left there actually but, we had a club and we would have speakers and I went to the Loren Vanderpost films about Jung. They were a little melodramatic. In fact, that was part of the problem. We were showing these films and they had invited a new analyst who had just arrived from Zurich to introduce them and he got up and he said, "look, these films are interesting but, they are very melodramatic" and it kind of ruined the film for us. I was kind of angry at him. He was right, but he spoiled the experience because now I had this frame of them. So I went up and told him this afterward and he laughed, he had a great sense of humor. So, I had a very strong connection with this guy right then when he did that.

He was a trickster, a very funny guy. So I decided to take a course on dreamwork from him which was very early, like in the early 70's maybe. I just had a very strong connection with him. I would say that we were brothers from way back. It turned out that he had been a rabi and had been in the military himself as a chaplain. That was his way to get an education. He came from this religious background. So, he trained as a rabi because that's how he could get a doctorate. He was a chaplain when he was in Germany serving in the army. He began studying in the Jung Institute and then just stayed there. When he finished there, he came to Boston.

So, I took this course with him and began an analysis with him. I guess what I'm trying to say is that Transpersonal, to me, is trusting those experiences where the universe kind of winks at you.
He now is my best friend probably, by the way. I did a training analysis with
him and control analysis and we evolved from being analyst to mentor to friend
and colleague.

I: So, you talk about synchronicity and trusting the universe. It's sounding like
to me that you are talking about...
S: Did I say trusting the universe?
I: Maybe not. This would be an opportunity to clarify that. I guess what I'm
reading into that is a trusting or an acknowledgment of something larger than
yourself in terms of guiding what is happening in your life. Is that how you
would describe it?
S: I'm trying to link it to my inner life actually. Because I think for me
Transpersonal is when the inner and the outer tend to match up. I don't know if
I would say "trusting the universe", I mean the universe winks at you but, I think
that's a little too "airy fairy" for me. But, I trusted my dream about the C.O. and
then when I connected with Joel who was my analyst, I then embarked
completely on following my dreams.

I always have had a vivid dream life. I like to sleep. I consider it research. I
really wanted to make that connection. So, I would say that dreams were the
bridge for me. I began to understand and value what was going on inside and
seeing how it correlated outside. And so, there was something transpersonal
about that that didn't form immediately on some deep basis of faith in reality
although it does produce that - now I see that. It was very confirming.

I guess I should say that in that period of my life my father had died somewhere
in there, after I did the C.O. and before I finished graduate school. So, I think I
was probably depressed too and these experiences kind of helped me decipher. I
didn't even recognize that I was depressed for probably two years. When I met
Joel I was just coming out of that and then I just jumped right in with both feet.

My analysis was quite remarkable because I had a growing burgeoning
psychotherapy practice and I had been trusting my dreams even before I met
Joel. At that point, I had started a training program to train other therapists.
This was a time when licensure and all of that other bureaucracy was not in place
and we were really responding to a need. It was very creative. I was just
following the impulse and doing it. So, I organized within this collective a
training program that we offered to the public where we would train 40 people
per year. In group work and other skills.

While I was doing it I was very exhausted. It was very creative time of my life.
And I knew that I needed to take a break between creating, planning, and
enrolling people and actually starting the program. I knew I needed a vacation
or I would be burned out. I was thinking about this and I had a dream in which I don't know how I got from the dream to what I decided to do but, I guess it was obvious.

37
The dream took place in the town where I grew-up which was in the mountains of Pennsylvania in the Pocono Mountains and I was on South Street with a friend of mine and we were trying to ride this donkey out of town. This donkey had in its crown between its ears, a crescent moon shaved out. Somehow in the dream we were going to go from this mountain town to Kathmandu - that was the idea with this friend.

38
I woke-up from this dream and it had really moved me. Something about that crescent and the donkey and I'm trying to remember what I made of that dream. I think I was working with Joel at the time. Definitely the crescent really felt to me like - I had been this very active principle and the crescent was more about the feminine principle or about being and I saw that right away. It was natural and I don't know what we made of the donkey but, I realize that Kathmandu - I love mountains - so, I decided I wanted to go do this trip and I mentioned to my friend in the dream and he wanted to do it too. He was in medical school.

39
This was an example where the experience of the inner and the outer - I don't think that dreams are oracles but, it showed me - I wanted to go somewhere, I got a message and I trusted it. So, I did go on that trip for 6 or 7 weeks. I came back the very day the training program was to begin. I remember that distinctly because my eyes were kind of like this (drooping downward) because I had had a transformative experience. I think that's what I was really associating to in terms of transpersonal, though. I followed that and I knew there was a reason I needed to do it and I did go there and I had remarkable meetings.

40
We met a woman, two of us were traveling, and it was my first time to Asia, and we met a woman in Delhi who had been there many times and she was in need and we helped her and she helped us. She opened up this whole world to us. She had been studying with the Tibetans and was really linked with the core of that tradition. So, I didn't have that much of a religious experience then, although through her it was mediated.

41
But, I had a powerful set of experiences when we did go to the Himalayas and hike. I got into a delirium there, almost everyone gets sick. But, at the height of the trip, like at 18,000 feet I thought I was dying. It was just the two of us except we had hired two Sherpas. The Sherpas were convinced I was possessed. They would sleep at night with their mashedies drawn. It was like a death experience.
I: What do you think convinced them that you were possessed?
S: Well, that's kind of the animistic reality they live in. When someone is in that kind of feverish delirium, they thought someone had gotten some bad energy from someone else.

I: When you say feverish delirium, were you sick or was it an altered state?
S: For about a week I was somewhere else. My friend was a physician and we had every medicine known to man with us and none of it was bringing the fever down. It was either something I ate or the bacteria or it was a little girl who was a witch which is what they thought it was.

So that was a pretty profound experience being in a totally foreign place above treeline - we were 25 miles from the nearest village down. I think that was transpersonal in that there was some renewal in that experience spiritually for me. We did have a lot of contact with Tibetans because it is mostly Tibetan refugees in the higher elevations.

I would say that that was a watershed experience for me what I'm describing to you. In terms of what endows me in my work with meaning and I didn't know it was happening to me at the time. In other words, I didn't take vows in Buddhism or I didn't see the Godhead. It was profound though. When I came down from the retreat that was the turn-around place of our journey, I think we had walked maybe 250 miles, we came down into this village where we stayed in someone's home in the village. We killed a chicken and ate it. It was like the first real food we had. I realized that there was something different at that point. I have a photograph of myself holding this young child, the grandson of the person we were staying with and it looks like I have an enlightened state. My hair was standing out on end and my eyes were - I'm clearly in a state.

I: I realize that that was a while ago but, I'm wondering if in thinking about being in that state, you can just throw out some adjectives about how you were feeling in that moment?
S: It was a sense of well-being and that I was in this culture where everything was connected. I don't know if you are familiar with that part of the world but, everyone lives in spirit there. There is a total intermingling of spiritual life there. The Hindus and the Buddhists - it's a very spiritual place, the human community there. I think I probably had to go through an adjustment reaction to all of that. When I came down in this village there was actually a gompa there, a mountain monastery too, so there were a lot of student monks. I was aware of where I was in that I was amongst a human community that was living in the spirit not just being driven by their needs to achieve. It's a very powerful place.
So, I felt I had entered the ranks of being in life more spiritually. Almost
everything leading up to that, as I look in retrospect, would have indicated that
anyway and I just followed the impulse to go there.

I think it's more what issued out of that trip that makes it watershed. We did
come back down and returned to Kathmandu. The day I came back I must have
been putting out something because I made such strong connections with
everyone. It was a whole new group of people. I had interviewed some of
them. I ended up living with one of these women. I married another woman
from that group later. It was very intense. I was totally open. What I meant
about afterwards.

It wasn't the human connection, it was more - when I got back that woman I had
met was from Los Angeles and I was living in Boston. She came to visit me and
brought into my life the whole Tibetan Buddhist culture. I found myself all the
sudden being open and learning this nondeistic religious tradition and getting it.
Just experiencing it directly like a direct transmission through the teachers. Her
teacher was the karmapa who was the head of one of the Tibetan lineages. He
was like the Dali Lama is to the Galupas. I began to be involved with Tibetan
Buddhism in a way that I never even thought I would be.

I would say I had rejected the religion I had been trained in somewhat because I
found it stodgy and funny. Although, my father was a very religious man.
Basicly what I took from him was the charisma of religion, of faith, not the
content. And I found myself being drawn in to very profound transpersonal
sense of things.

You know the first that the Buddhists say to you when you take vows is they
take a little bit of your hair and they cut it and the lama says, "there's one
profound truth in this initiation that you have to understand, that everyone in
this room is going to die, that's where we begin". That was the initiation. So it
was really like a second birth, I would say.

And this was side-by-side my enthusiasm for doing the work. I was obviously
doing something that was working because I had a very busy practice, I was
teaching, I kinda of jumped into that with both feet.

I: It almost sounds like there was an element of surprise in there for you in that
these events were not necessarily something you anticipated or planned.
S: I feel like I went to Kathmandu, I went right up to the border of Tibet and
looked in, and the next thing I know I'm back in my life and the Tibetans are
coming to me. It was like that. I wouldn't even call it synchronicity. It was just that was what it was. All the sudden this whole dimension was open in my life.

54
And, I should say that the higher lamas in this tradition are very powerful human beings. They have what in the east are called siddhis, little powers that are quite profound. They look right through you. And, they do pretty remarkable things - they make it rain. They make taperecorders go haywire, they have these powers that you can't quite comprehend it feels superstitious but, being around them I was kind of in the sway, not in some kind of cult ecstasy but, I was aware of the profundity of the teaching that they had to dispense.

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I'm not a joiner. I didn't become a zealot. I didn't go and join the monastery. I learned how to meditate. I was doing various forms of yoga or meditation. This was an opening, like the third eye opening in some traditions. This was side-by-side with my going into the consulting room and listening and learning how to truly be helpful and watch that process unfold in other people. I was getting a lot of juice from what else was going on in my life.

56
I: In thinking about your work of helping other people as a psychotherapist, tell me about an experience you have had with a client that you would describe as transpersonal.
S: Yes, many. You mean from last week?
I: Whatever comes to mind as an example.
S: Lots of profound things happen when you really go deep with people. I tend to trust my intuition and primarily I like to work with people's dreams because it gives you uncensored access to a person's story. The ego of the dreamer and me don't get to interfere. So, I can think of many experiences there where there is a profundity in the awareness that gets generated.

57
I had a lot of early experiences in my work with people discovering sexual abuse from people's dreams. I would be in the dream with them and I would feel it and they wouldn't feel it. But, it would be kind of obvious, they would be locked in the bathroom and there was this monster pounding on the door trying to get in.

58
I can remember I worked with a lot of women early in my practice - I'm going back to that period. In the mid 70's, I must have worked with every woman in this collective of therapeutic masseuses who were really focused on massage as a therapeutic activity. What I discovered was that they were all kind of drawn to working with me. So, I tried to keep those relationships separate. But, I discovered that most of them were working through massage as a way to get close to people's bodies because there was some disturbance there for all of them.
As I unraveled things with them, each one of them really had different stories. A lot of them had to do - I really hate the witch hunt that's really going on right now around sexual abuse, but ways of getting to those kinds of deep and traumatic experiences where I would have these awarenesses as I'm working with people and bring them into the awareness themselves. That kind understanding, creating that understanding through the dream material and eventually bringing someone to that awareness and the very awareness being healing - releasing them from the traumatic fixation. To me there is something transpersonal there, a humility and paying homage to the pain the person has experienced. But, those are remote experiences. I could probably give you thousands of those.

But, just in the last week I had what I would consider transpersonal experiences with people. I'm open to that experience with people and I feel the healing factor comes through them.

I'll tell you about one experience with a woman who I have been working with for nine months or maybe a year. She read my book and called me up. She is a surgical nurse on a transplant team. Last week she was asked to come in - one of her colleagues, another nurse had a sister who had this awful situation happening and was asked to come and assist in this surgery. This woman was five months pregnant and they had discovered a very serious kind of breast cancer. Her survival is still in question, but they definitely needed to take the baby and one of her breasts. So my client agreed to do it because her friend really couldn't do it as a professional and be there with her sister. This woman was a Catholic and was very....

I: Your client?
S: Both, the patient and my client. ...and was very upset, probably more upset about loosing the child then her breast and I didn't know this was going on. My client came in the day after it happened and she started relating this story to me about this almost unbelievable tragic circumstance and she had to be a witness to it and find some way to get through it. Just sitting and being with her pain about it was hard. I was crying and she was crying out of empathy for this person. But, when they took the baby - now this is gruesome - they had to actually dismember the child to get it out. It was very hard for her. She is a mother and pretty into motherhood.

She promised to ask the patient whether she wanted her to baptize the baby. Actually the sister had asked her to do that but, she couldn't in good conscience baptize the women's baby without asking her and she went against her friend, who was angry with her, and she asked her and she said, "yes, would you?". So, she took these remains - the baby was truncated, it sounded pretty awful - brought them over to a part of the operating room and performed a baptism, said the words and used water in the way that she felt was appropriate.
We must have sat for ten minutes after she told me that story with each other and just experienced the ascent of that child's soul. It was an astounding experience. I was moved by her ability to share it with me because it moved our relationship to a new level of trust. She had this incredible experience.

Until then she's not a real trusting woman. She had a very bad marriage. She has a domineering, sadistic husband who still is controlling her so, she hasn't been real trusting of others, especially men. She's involved with a man right now. This was a real move in a way. It really deepened our relationship. Not because of what she said, but because we were both there with the reality of it. Life and death.

I: You said that the two of you sat there for ten minutes and experienced the ascension of the baby's soul.
S: That was my experience of it.
I: I'm wondering if you could tell me more about that? What was that like for you?
S: I felt very connected to her. We just looked into each other's eyes and experienced the gamut of emotions that were present. There was a bitter sweet feeling about it. Her pain about having been through it and my not being afraid to connect to it, that I think was very important. That I was able to bystand and empathically connect with her through that experience. It was just the day after it happened. I felt like when you're with someone and you just look at each other - maybe it was just my projection, maybe not - she didn't come back and say, "gee, did you see that happen?". It was just that silent pulse between us that for me was both a witness to the life and death process and the profound tragedy of the situation and of life itself and also to stay with it to affirm the aliveness in her. It was a very courageous thing that she had done, that a lot of people couldn't have. She was doing it in a professional capacity but, she was also a friend of this woman's sister. So, I would say that being in that silent space together - we were two souls witnessing the tragic aspect of life. To me that's transpersonal.

I: You were about to tell me about an experience you had with another client.
S: Yes. This is a recent experience. I would categorize it as transpersonal because it had the dimension of miraculous healing in it.

A woman came to see me in her late 50's. She had been referred because she was really depressed. She had been informed that she had a degenerative disease that would leave her blind in the next two years. She was despondent - didn't know what to do and was confused about what she was feeling. I took it on as a - I had actually worked with another younger woman who had gone blind and I had helped her figure out how to make an adaptation without losing her own purposefulness. So, I thought I could probably help her, but I wasn't
sure. It wasn't easy. She was really depressed. I wouldn't say she was suicidal, but she was feeling like she couldn't drive at night and was feeling the world close in

and with someone like this I really want to find out what's going on inside, not just what their affective response to the circumstance is. So, after our first meeting I said, "I need you to bring me your dreams" and she began bringing me little pads filled with dreams.

It was funny, some people really have the ability to have a dream and know somewhat what it is about and then I'll help them amplify it. This woman would just write them down and would have no idea. She would come in and I would begin to amplify them and she would have all kinds of connections. It would really be significant. I'm trying to remember the quality of those early dreams with her. A lot of confusion.

I was just getting to know her and taking a history. But during the course of that, I would obliquely refer to the problem and the need to look ahead and think about, if she is going to live, what kind of life would she have and what kinds of skills she would have to acquire. She's quite a highly functional person. She runs a unit in a hospital for Alzheimer's patients and had run a nursinghome and is a bright effective person. She was really very ingratiating with me and wanted to hear what I had to say and was actually encouraged by the fact that I was befriending her dilemma. In the course of it, I said, "I do think that I want to pursue reality with you. You will be blind in two years. Your going to still be alive and you're going to have to figure out how to have a life without sight. In order to do that, I would like you to get another opinion about what the course of the disease is going to be like". I happen to have a friend who is a very fine ophthalmological surgeon who actually used to work in the HMO that she was in, so I thought he would know the system. He is now working in another setting. We agreed that she would make an appointment with him to get his opinion. He is very thorough. We let that go and she made an appointment for like a month and a half away. We continued to work with the need to adapt to the reality of the illness.

Turns out that she has a daughter who also has some sort of degenerative condition that sounds like Lupas but, it isn't. The physicians don't have answers. She's a young woman -- 30 years old. I began taking her history and realizing how she had been the daughter of a severe alcoholic, a very troubled family. The sister had had MS, no CP and then was diagnosed as schizophrenic as an adult and had married and had children actually, but had shock therapy recently. Her whole family life was a mess.
During the course of the illness, she began to connect with her father. Her relationship with her father started all the sudden, he's like 88 years old, and he is relating like a human being. He stopped drinking 3 years ago. She is having this profound connection with this man who she hates - who's really able to stretch and be compassionate toward her at a very needy time. So, I think that's when it really started. She started having this connection with her father. He would call her up and express concern. I don't think they had ever really bonded, really. I was just monitoring all of that.

She continued every week to bring me stacks of dreams and I would just go through them with her and we would put them between us. It was pretty effective actually because she was getting a lot out of it. It was stirring her energy. Ah, what happened next? She was really angry underneath it all. We eventually got to some of the anger at both her early family life and her father, but angry at her situation, which was really appropriate. She didn't give anyone permission to turn the lights out on her.

It came around to her seeing my friend who is the physician and that week she came back and he told her after a very thorough 5 hour exam that she's not going blind. All the sudden whatever disease they had experienced there is not there.

We just looked at each other and she was literally in a state of grace. She looked different, she was a different person.
I: How did she look different?
S: She looked like she had youthed about 10 or 15 years. She had cut her hair, changed her appearance - this was all in the course of a week since I had last seen her.

At the same time, the person who had referred her to me, had had a diagnosis of having cancer on her private parts (this was simultaneous before she went and had this information) was going in for surgery the week that she was in for this appointment with the eye physician and her friend who had referred her, who I had worked with in the past, was going to end-up really being mutilated because of this cancer. She goes into the hospital and it turns out that they down graded everything and did hardly anything. It wasn't cancer. Monday she went to see the eye doctor and Tuesday her friend went to the hospital and she was going to house-sit this person's animals.

So she comes in Friday of that week to tell me that these two events synchronistically had occurred where they both had their situations turned around completely. The other woman had a gallows sense of humor, she said, "oh, maybe I'll die on the table". She's had a lot of physical ailments and I had
worked with her too. So, this woman comes into me and reports to me these
two incredible experiences.

78
I think what was transpersonal about my client's situation was that something
moved in the course of our work and I don't think it was the disease. I don't
know if it was a missed diagnosis or not. It almost doesn't matter. But,
something moved so profoundly in her. With this move, with the news that the
diagnosis was incorrect, let's just say that, all the sudden she was enlarged. It
was like she died and she was reborn.

79
That's been her experience the past - that was maybe 3 meetings ago. It blew me
out of my chair too. I did not expect that at all. I just was speechless. I sat there
the whole hour and just listened to her and she was just on one hand euphoric
and on the other hand I called it in amazing grace. That's where she was.

80
So, that was transpersonal because something happened that was bigger than
both of us and neither of us expected it. I was kind of diligently working with
what was at hand. I think it blew us both out of the water.

81
Subsequently, what our sessions have been like, she has come in with a great
deal of energy and very grateful to me. She considers that I healed her. That's
been her experience.
I: So, she attributes her experience to her work with you?
S: I humbly asked her to notice that it really wasn't that... well, it was connected
in that she wouldn't have gone to see him.

82
She said, "all the sudden I have these two men in my life who have taken my
skepticism and my negativity and I now have this profound experience of
trusting others". What's flowing out of it is what's remarkable. In other words,
being touched by what I consider a transpersonal event that no one could have
anticipated. There was all of these little parts: the physician, me, her friend, all
adding up to being touched by the grace of something, someone.

83
Now she comes in and now the challenge is that she had come to me with this
problem and all the sudden she doesn't have a problem. But in the process of
dealing with the problem, the issue now is living her life extremely purposefully
- really focusing on that and being able to canalize (?) the energy that's being
released into having.. I would say that the dimension of meaning is now alive
again in her life. Probably even before she had this diagnosis, she was just
dragging her carcass through.
I think that there is something about meaning that goes right along with the transpersonal. That's the dimension that it operates in.

I: You say, "something about meaning". What is that something?

S: Well, let me be more specific. I think meaning is the target dimension for the transpersonal. It's really about finding meaning in your life through the agency of something that transcends your ego consciousness. It opens up a dimension of meaning kind of like what I was saying about my experience in the Himalayas. I think meaning is a key. I think you can get caught-up in the religious function, or the transpersonal function, or the transcendent function and it all becomes claptrap. It's really got to do with all the sudden your life is endowed with meaning where it wasn't there before. Or at least the possibility of meaningful activity or purpose which is what I experienced in her.

You know, Jung said that every cure he ever experienced in his consulting room was accompanied by religious experience. Religion for him wasn't Catholic or denominational, it was an experience of some enlarged sense of the transcendent or the transpersonal. You could say that about most successful psychotherapeutic relationships. That might sound very grand, but I would say that something happens at the transpersonal level when the work is successful.

I: In continuing to focus on your work with clients, tell me about a time when your transpersonal orientation may have influenced your diagnosis of a client.

S: First of all, diagnosis to me is a fiction, it's a crutch when we are hunting around in the dark, when we need to guess at what's in the dark. I don't use the allopathic model or the DSM III. I try not to psychopathologize much with people because I find it is dysfunctional interaction.

Maybe I should just say how I do diagnose. I rely on dream material to tell me what's going on. First of all, it locates the person. Locates their major focus, where they are, where their inner life is. It tells me what the dominate concerns are. So, they don't easily fall into diagnostic categories.

I can't think of any situation where the transpersonal isn't present in my diagnostic skills. I work intuitively, so I don't really rely on any testing. I find that actually I don't want that energy in the room. It seems contaminating because I feel like what really happens that is effective between myself and other people is the quality of the relationship that I form with them.

The qualities of that are based on their reporting to me in their language what their experience is. Or better yet, in the language of their psyche, the symbolic language which I can hopefully render meaningful to them - reflect it back to them. So, I think my reliance on the dream, which is typically the Jungian approach, has to do with the transpersonal. In other words, what speaks
through the dream? The way I try to explain it in a kind of folksy way to people is that my view is that there is an intelligence greater than either of us sitting in this room that speaks through these symbolic imagistic messages and we need to train ourselves on listening to them because what will come up there is what you need to be talking to me about. And generally will be the focus of what your own personal timing is - what you’re ready to look at that needs to be incorporated into your awareness. Whether you look at it as complexes or the timing is all there as well.

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I have never had much kinship for being able to sit and listen to someone tell their story and then buttonhole it into diagnostic categories of thought disorders or character disorders. If someone is really pretty unrelated, I think it’s pretty useful to have some way of fumbling in the dark with them.
I: If someone is pretty what?
S: Unrelated. In other words, if someone displays the signs of a character disorder or a thought disorder, it might be useful. But even then... Borderline personalities, I think it’s useful to know the language and the nomenclature. The way I recognize a borderline personality is not be anything but typical behavior. What I learned early on is when you work with someone who fits into that diagnostic category, you spend 45 minutes trying to connect with them and then the last 15 minutes they connect. That’s about the only thing I could say about it that would be meaningful to the way that I would work with someone, because I really work with that idea of relatedness. Carl Rogers said that there are no curative systems, there are only curative relationships. I don’t know what else to say about that question.

91
I: You have mentioned working with dreams. I am wondering if after having been a psychotherapist for awhile, if your view of the unconscious has changed at all?
S: That’s a good question. Yes, it has. I think at first I was naive about what that process was at work and that methodology is important. You want to learn how to develop the skill to connect with the unconscious. To hear it. I think it takes quite a bit of experience before you have that confidence to hear a dream and actually have a sense that you know what it is before the dreamer. I like to work with the dreamer although I realize that I often know before the dreamer. You’re not supposed to tell them that, you know. But yes, it has expanded quite a bit. There is a profundity there that I didn’t anticipate. Especially in the humor, in the all encompassing nature of what the psychic artifacts that come up on shore are. It’s vast.

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Early on I maybe gave lip service to the idea that the great mystery is personality. But now I think I directly experience that when I work with people, that I truly am working at not knowing and being humble in the face of what someone presents. That’s the mysterium tremendum is personality and most of it is unconscious. I use that metaphor of the artifacts that wash up on shore. Generally the material that people bring is what is on their shore, what is in their
reality. But, I am never convinced that what I work with with people is all there is.

Occasionally someone will have a big dream, what Jung called a "big dream" - an archetypal dream, where there's a real numinousum - a presence in the dream and then you just stand agape and reverent. I see a lot of the work that I do with people as a form of religious experience. Often we are in the presence of something that needs to be sacralized, that what's at work in the symptoms is a god or a goddess. There is something powerful and dominate in their personality that needs to be honored or served or an altar constructed and offerings made. It's more like that. Sometimes that will be graphic in people's dreams too. There's a lot of literature on working this way, but until you know the experience that in, for instance, in a block, when someone is blocked and has an inability to accomplish a task or writer's block, that there's a force at work that needs obeisance and you wait for that experience where the person really connects with what it is.

I just had that experience with someone. It was clear that there was a crossroad and they were stopped. And there was some, I won't say deity and I won't say demon, but some personage that is demanding something of them and wouldn't let them continue until they paid attention to it. Like the Greeks thought it was a goddess. Hecata governed those crossroads. Then you would have to go the temple and bring offering and show your obeisance. I think in the modern personality that's still the case. The Greeks have always had this relationship with the irrational that I've always admired. It's somewhat romantical because we don't know really what it was like. Apparently the gods and goddesses walked amongst the mortals and had their foibles too.

I: You were using the example of working with someone who has writer's block. Can you describe how you might actually be working with that person? You were talking about some of the process that you were imagining them going through and the transpersonal aspect of that.

S: Well, writer's block is a little too simplistic. Generally in my work I try to help people make a distinction between the professional sphere and the personal sphere. I will use one woman as example who I have been working with for a few years who grew up very privileged. Her father is a very famous person. Very dominated and controlled by her parents. And she really never developed a professional life. She is very bright and talented. So first we had to work with reframing her right to have a professional identity and to work.

Her dreams began to suggest that she needed a kick in the ass from me. In fact there was one dream where I was kicking her in the ass, literally. She said, "that's what I want from you. I really understand this dream." So, I try to follow the individual. I don't have a formula. In this case, I'll tell you what I did. So, I've taken it on as her psyche speaking to me 'cause I was in the dream. Basicly,
I've helped her to formulate some goals to develop her writing career. She's a writer. I work with a lot of artists. There is another better example but, it's not coming as clearly to mind so, I'll work with this one. So we set-up some goals and objectives - what she wanted to do, what she thought she could do and then we waited and saw what got in the way.

When I say there is a god or goddess at work who has to be served, it often comes to... well for her, it was in the family complex. It had a lot to do with her mother being subservient to her father who is a famous movie actor and she never really developed her own career and was very threatened and actually very destructive to her daughter's ability to really develop herself. So, it had to do with this woman having support in her life to develop that side to kick in the ass.

To have goals and then as she began doing, she began having these experiences consciously of her mother not being interested in her reality and began to project that on to other important people in her life who she would show her written work to. Out of envy, one older woman rejected the work she had done all the while I'm positive about her work - maybe make some editorial comments, but get it out there, do it. I even went so far as to give her the name of a journal to publish a piece in. They accepted the piece. So, there was this kind of alliance I created with the writer in her.

It ultimately comes around for her to honoring that place where she gets stuck which has to do with this negative unforgiving mother. It's a very feminine thing, the mother... the mother hasn't worked out. I don't know if I want to put it in terms of god or goddess, but she really has to be with herself and the right that she has to have a life. That's what stops her. There's a voice there that says, "you have no right to have a separate life from me". And so, like I said, it could be a demon, doesn't have to be a goddess, but confronted it turns into a goddess. It can be a fairy - a good helpmate. That's not coalescing clearly. She has had some really important dreams about it. If I think for a minute, I do have a better example of that recently.

I: I do have a question about the case you are just talking about. When you work with her, do you image or talk about it using the symbols of goddess?
S: If it's appropriate. I don't like to impose that on people. I might think of it that way myself. And I make an analogy or an allusion that brings that language in. But, I never want to introduce something that is not in the person's own sphere. If someone talks to me about the I-Ching, I can talk to them about the I-Ching or about astrology or about the Tarot or about the goddess. I am talking about the archetypal dimension where the archetypes have embodiments as psyche dispositions that in other cultures were gods and goddesses. It's a rendering of the Ramayana or the Greek Pantheon or the Roman Pantheon as
these archetypes. I will introduce that if someone is open to it. Let me think about that.

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Sometimes I might make the analogy that we often encounter the religious in our symptoms. Religious isn't the word. Jung said that you know. Do you know that famous quote from Jung? "The gods no longer rule us from Olympus. They rule us from the solar plexus". That's proceeded by him saying that we think we've come a long way in our modern culture, but we're really pretty unaware. That the gods have become our diseases, he said. That's what I would call an archetypal way of approaching things. That's my frame of reference.

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As far as using that language with clients, in order to do that I may use some bibliotherapy first. Which I do quite a bit of. If I am listening to someone's story, I'm associating to someone else's thoughts or writing, I might recommend a book to them. I might give them a book. And the book will have the hidden message in it. And often that's the way that I find people can do what I call psychological thieving. They don't have to directly get from a transmission from you. They can read it somewhere. Often they won't give the book back. That's thieving too. It's all in the service of the work. And then, they might come in and have adopted that language. I think that I am not really proselytizing for this way of looking at things. It's a modality that I find is really closer to what's going on.

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I'm really stuck, Karen. I'm thinking of an experience that I had recently with a creative person who had one of these goddess-god dreams about what was blocking them and our working with that dream released it. I wanted to look and see who that might be 'cause I just can't quite get at it. Umm... okay maybe it's this woman. Do you have other questions? I: No, it's fine if you're ready to go with that.

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S: Well, there is one woman who I've been working with. She was a client of mine a number of years ago and we did a good piece of work. There was a very positive transference. I live in a small community, so sometimes it turns into a casual acquaintanceship - I got to know them a little bit in the community. Last fall her husband died suddenly - behind the wheel of the car, had a heart attack, drove off the road. He was gone when he hit the ground. It put her into a very profound depression. In fact, the newspaper editor out there called me and asked me if I would tell her the news because he knew that I had been her therapist and was a friend of the family. I had known him pretty well too. He was a respected member of the community. So, I agreed to do that. It was an unpleasant task. Somewhat ministerial. As a result she needed me real badly. So, we began our relationship again. That was a trauma I was pretty involved with for a couple of weeks. I gave a eulogy with other people.
I helped her plan how to get through it. She was pretty immobilized after that. She's an artist. One experience that I've had with other artists is that your medium can be a way to move through the loss. And, she was unable to go into her studio. This went on for months. This was October he died and I couldn't get her to do a thing. She was just functioning.

She actually dealt with the loss better than I expected. She began to put her life back together and is now engaged. They had built a house together and it was unfinished and she's finishing it.

And then a couple weeks ago something happened that has enabled her to go into her studio. I don't know if I have this story quite straight but, it has to do with she started going (she became very philosophical in the past couple months) started going to a women's meditation circle, reading, going out and reading esoteric literature. She had always been into Krishnamurti and a few others, and really began this avid search, which was a good sign to me that she was coming out the other end - trying to put it into some meaningful frame. And, through the course of that reading, I'm trying to remember that dream. There was a dream and the dream opened the door to her studio to her.

At the moment, it's been a long day so I'm not remembering but, I'm trying to make the connection between a process which eventually incubates a dream which then she sees and the next day after we worked on it she has this hired hand who's helping her and they went in and they cleaned and reorganized her studio and her twin sister came and helped her do that and she's been painting. So, I think the dream is really important to this anecdote but, I'm at a loss I'm sorry.

I: In your work with her, had you been working with her dreams all along? What was the nature of your work?
S: Pretty much. I mean I try to do that with everyone I work with. I see it as so central to the dialogue - to the dialectic process. And that's a very easy process to constellate. The psyche is very suggestible. She had worked with me in the past. She had been through four years of analysis with me so, she had a pretty good idea.

But, I apologize, it's just fuzzy. I'm trying to give you one of these beautiful stories and it's not coming out. I'm not sure why. Maybe we should try something else. How are we doing on time?
I: We probably have around ten more minutes.
S: I think maybe a way that I frame the encounter with anyone is as a dialectical process. In other words, what I'm really looking for is not something that comes through the dream or through me or through the other person but, there actually there is an entry of a third. There's the dialectic which produces the third party. In other words, out of the dialectic something occurs in the way of an understanding that's superordinant and that is an understanding that effects both of us. That's the third in psychology that I look for in the interaction. And I think that that is transpersonal. It's through the dialectic, it's not just thesis, synthesis, antithesis. It's actually the creation of a new understanding that effects both parties, and often catches me by surprize too. Like in the blind woman's story, it's just working dialectically.

Now part of that I would say, for me, is enhanced by the ability to engender content of the dialogue that isn't just problem oriented, symptom oriented, ego centered. So, I would say another way that I would suggest, if you want to stay with the language of transpersonal, I work more in a soul centered way. I'm not concerned with the strengthening of the ego - I'm concerned if it serves the soul's purposes with adaptation. But, I'm really more interested in the transformative path that the person needs to pursue. It is, what I would say, soul centered as opposed to ego centered - not with a reduction of symptoms or emotional pain or that happens anyway. I would say that's how I would characterize the transpersonal work that I do. It's soul centered, rather than ego centered. It would be just verbiage to tell you more about that.

Maybe I should just look at the dialogue with a person. My ritual involves obviously confession at the beginning. I basically look at doing the work where the therapist is a blind person to whom the client comes in and gives their images and tells their story. If you listen carefully, you begin to make a composite and empathize and understand through the detailed enunciation of what the person's experience has been through your own interviewing ability.

But, then the content has to move somewhere and that's where the dream becomes very important to me because as I said it's an unviated piece of information. So, early on I say to people, "your dreams will be valuable here because it will introduce your inner reality, your inner point of view and we could use that. It could be very useful to you. That's often a strong enough suggestion that someone would actually bring the dreams across the threshold and remember them and write them down. But, then the dialogue around the dream becomes part of the dialectical process too. I'm not using a specific example. I'm taking a typical though, an interaction might be that someone will then in the course of work bring a dream in to start with. Usually those early dreams are extremely diagnostic in the manner that we were speaking earlier. Sometimes with a specificity that's remarkable. The person will bring dreams. It's not just obeying the transference. It's part of that dialogue. And, I will start by very slowly helping a person understand how to decipher or understand the
symbolic language of their dreams by what I refer to as the "empirical method". That's basically Jung's work and what's been built on that which is to take the specific imagery of the dream and work with the dreamer's specific associations to each image so that you get a complete set of associations which then need to be woven into a meaningful story, meaningful whole.

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You can say that there is something transpersonal just in that process too because there is a moment when you hit on an association the way a person tells the dream, you mirror it back to them or the association where it hits an emotional charge. In other words, they have an emotional experience. There's an ah-ha. And from that emotional connection they make to the dream, the rest of the dream falls into some meaningful whole. It's not really a cognitive process. It's more a total being process. So, there is an element of the didactic in helping people understand how to work with the dream.

116
I think it's very difficult to work with your own dreams. You need the archimedian point of reference outside of yourself to really begin that understanding.

117
I don't really seek a definitive interpretation of a dream - this means that. At the very least, I want to have an emotional experience with the person - that they connect to something that they are disconnected from emotionally.

118
Some dreams have elements in them that are transpersonal themselves. What Jung called the numinosome - these archetypal qualities in the dream. You know, there will be a figure that is literally surrounded by light or so special that you're blown away by it. So that can be a direct transpersonal experience for both of us because I'm in the presence of that entity as well.

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I: Have you ever had an experience with a client where a transpersonal intervention was inappropriate?
S: Yes. First of all, by transpersonal intervention you mean working this way with people?
I: Yes.
S: Yes, plenty. I'm a pretty practical therapist in the sense that I want to make sure that what we're doing is pursuing what's real for that person. So, I'll give you an example.

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When I was just starting the work, I had this awareness. I was working with a pretty character disordered young man. He had a sense of humor, but he was just hanging on. I was the chief event in his life - coming to see me. He would really be focused on figuring it all out. He wanted the transpersonal experience. He was an orthodox Jew and he was lost. This guy was really lost.
And, I wanted to talk about what he does every day. He rented a room in a boarding house and he started to tell me that he hasn't cleaned it in three months. I said, "you know, what the hell are we busy trying to clean-up your psyche for? Go home and clean-up your room. And then come back and we can talk". In other words, he was completely ungrounded. I'm using him as an example. You don't want to overlook that dimension of being in the world at all.

I'm a Taurus. I'm very in the world myself. I know what it takes to make things happen - to manifest. I attend to that. And one way that I do attend to it is like I said earlier. I make a distinction between the professional and personal spheres in terms of assessing what's going on. I want to see how healthy that person's life adaptation is. To notice that. So I do problem solving. I don't avoid it or abhor it. I think you have to build on that foundation. If this client's room is a mess, we're not going to be able to get anywhere. In other words, there's got to be some groundedness in a person's life. So, I think it is a danger to just do transpersonal work.

With some people, that's all I do is problem solving. I love problems. If you do this work with people, you have to have some enthusiasm for solving problems. So I haven't wanted to seem grandiose and say I only work at this other level. And to deny that I'm working with adaptation... adaptation to me isn't solving problems. It's a whole belief system about what the end goal is. I don't work that way.
Subject 1

1 S remembers one of his first transpersonal experiences as being one of "growing awareness".

2 As a two year old, S had a moment of realization that he exists as an individual and that his existence also extends beyond his self. He now thinks of the transpersonal realm as being a blend of these two, "the separateness and the wholeness".

3 As an adult, S's inner struggle about how to respond to the war was an "epiphany experience".

4 S's struggle was influenced by a dream he had which focused on the moral aspect of his dilemma.

4a He realized that he wanted to act according to his moral convictions and that he needed to make "a larger statement" than just going to jail would make.

5 S wrote his "conscientious objection" based on his personal secular belief which he considered to be transpersonal rather than religious.

6 Once S had resolve to carry-through with his petition for C.O. status, the process seemed easy for him.

7 Acting on his inspiration from deep within him, during a time of personal "moral crisis", made this a transpersonal experience for him.

8 Even though S received a high draft lottery number, it remained meaningful to him that he had expressed his moral purpose through acting on his inspiration.

9 This experience involved a "transcendent intervention" in that an answer emerged from what he was doing in his life, "reading a philosophical novel and making a life decision", in the face of a situation which seemed depressing and insoluble.
As a result of this experience, S began to more consistently trust and listen to his own inner voice as a voice of integrity rather than discard his own thoughts as acts of rebellion.

This experience sparked S's interest in counseling as he began to counsel draft dodgers for the Friend Service Committee.

The transpersonal quality in his counseling with draft dodgers was that his clients struggled with a spiritual dilemma. They had strong spiritual beliefs which "they couldn't reconcile with what was happening in the glut of the culture".

S helped his clients to act congruently with their spiritual values in practical and effective ways.

This work was an example of dealing with spiritual concerns in a "very practical realm, the military".

Although the term "transpersonal psychotherapy" describes his work, S does not want to be limited by such a label in the way he does therapy. He is not "much of a joiner".

S felt he had a calling to do this work and he considered it transpersonal from the beginning.

S became more interested in doing this work as he began to increasingly trust that this was his calling.

S first began his counseling training when he participated in human potential encounter groups while in graduate school.

S realized his calling to work with people when he found he could help people who were having bad drug trips come back to a more ordinary state of consciousness.

The transpersonal aspect of his work with people having bad drug trips was his ability to connect or "tune-in" with someone who was in an altered state.
S's training in the human potential groups provided him with the sensitivity needed to help ground someone in such an altered state. He began to increasingly trust his sensitivity to do this.

S found it easy to establish a connection with people in these altered states by having them talk about what they were experiencing and bringing them into "relatedness" rather than drifting off into dark thoughts.

S realized that he was enjoying helping people in this way.

Along with other people, S started an alternative mental health agency to help people who were having difficult short-term episodes from drugs or suffering from disorientation to the rapid changes in the culture.

S's decision to become a counselor was spawned from this arising cultural need coupled with his felt attraction to working with people -"it felt right".

S considered his disappointment in previously chosen career tracks as a guidepost to begin training as a counselor.

During this time of his life he had many synchronicities occur which he trusted as transpersonal guide posts.

S felt impassioned working as a part of a group and was very involved and instrumental in the growth of the mental health center. He "aggressively" sought counselor training through peer supervision and from teachers and mentors in formal and informal settings.

The synchronous events of how he met his analyst was a transpersonal experience. He was studying Jung's work at the time this happened.

Jung used the concept of "transcendent function" in his work and was one of the first to use the word "transpersonal".

S felt he had a strong connection with his analyst when he first met him. S appreciated his analyst's sense of humor.
Their connection felt so strong, that it was as if they had a long history of being brothers.

Following and trusting the guidance of synchronous events and meaningful relationships is transpersonal.

S's analyst's role evolved across experiences with S from being an analyst, to being a mentor, friend and colleague.

S thinks of an experience as being transpersonal when outer life circumstances match inner life needs. For instance, S having a dream which he trusts to guide his choices and behaviors, and connecting with the right person at a time when he needs guidance or inspiration.

S's disciplined exploration of his dreams helped him to trust, "understand and value" that his inner life and external circumstances are correlated.

These experiences of synchronicity and faith helped S to recognize that he had been depressed ever since his father's death. Meeting his analyst was timely in that S was just coming out of the depression and he felt ready to do the work in analysis.

The fruits of his analysis were "quite remarkable". Trusting his dreams and acting on his "impulses" sparked his creativity and productivity in his work as a psychotherapist and organizer of the mental health center.

S had a dream which was related to his feelings of exhaustion from his work.

In his dream, S and a friend were traveling to Kathmandu.

The dream symbols were moving and meaningful guideposts.

This experience was transpersonal in that S trusted and followed his dream as meeting an inner need and the experience turned out to be transformative for him.

On his trip, S met a woman who opened him to Tibetan Buddhism.
While hiking in the Himalayas, S got deliriously sick and it felt like a death experience.

The sherpes (Tibetan guides) seemed suspicious that S's feverish delirium meant he was possessed by a spirit.

During his illness, S was in an altered state. He suspected it was caused by bacteria.

S felt spiritually renewed by this experience..

S realized, upon his return, that this trip was a "watershed" experience or quest. He appeared to be in an enlightened state in a photograph taken at the end of his trip.

S experienced a sense of community through spiritual connection in this foreign culture. His "sense of well-being" was a result of his experiencing the "intermingling" of spiritual life with everyday activity.

S felt as though he had entered through a spiritual threshold or initiation as he "entered the ranks of being in life more spiritually". He could now see how many of the things that took place led up to and were indicative of his spiritual awakening.

S's ability to make meaningful and intense connections with people upon his return led him to recognize this trip as being a profound experience. He felt "totally open" to forming intimate relationships with people he was meeting.

The most significant issuance from this trip was his unexpected learning and experiencing of Tibetan Buddhism.

S's religious experiences with his father fostered his appreciation of the "charisma of religion" and faith, rather than the content of his religion, which drew him to a "very profound transpersonal sense of things".

S had a sense of a second birth as he began to internalize the Buddhist initiation of accepting death.
It was significant that his spiritual opening was happening at the same time that he was becoming successful in his work.

As he opened to the possibilities of a spiritual tradition, a whole new dimension unfolded before him and permeated his life. He had a sense that this was just the way it was to be.

The powers of the lamas are incomprehensible. S felt caught in "the sway" of the profundity of the teachings.

S was learning to meditate and do yoga at the same time that he was learning how to help others through counseling.

When learning about new things, such as Buddhism, S tends not to become a "Zealot". Rather he applies what he can usefully integrate into his life.

When working transpersonally, S trusts his intuition and primarily works with clients' dreams. Working with dreams provides S with "uncensored access to a person's story" without interference from him or the client's ego.

There have been times when S was working with a client's dreams and he would sense the symbolic message of the dream even though the client would not.

Some of S's women clients seemed to be working as massage therapists as a way to heal from having their own bodies abused.

Clients gain awareness of repressed experiences through understanding their dreams, which releases them from the "traumatic fixation". The humility and "paying homage" to the client's pain is transpersonal.

S is open to the transpersonal experiences of others and he believes that the capacity to heal comes through them.

Recently S cried with a client who was feeling the pain of having assisted in an abortion because the mother had cancer.

S's client baptized the fetus at the mother's request.
S was moved by his client's sharing of her pain with him. He felt there was more trust in their relationship as a result.

They shared a transpersonal experience as they sat in silence and "experienced the ascent of the child's soul".

S felt their relationship deepened because they shared her reality of pain and struggle with life and death.

It was that "silent pulse" between them that witnessed the life and death process, the profound tragedy and affirmed the "aliveness in her".

S had another recent experience with a client which he considers to be transpersonal because it included a "miraculous healing".

S thought he could help this client who had a degenerative disease "to make an adaptation without losing her purposefulness". This was not easy to do as she was very depressed.

S asked his client to bring her dreams to therapy so he could explore her inner experience of her illness.

S detected a lot of confusion in her dreams. She was able to understand a lot of the symbolism in her dreams after S helped her to amplify them.

S also worked with this client in practical ways such as getting a second medical opinion and exploring how she can live her life without sight.

The client's family had many physical and mental health problems.

This client's relationship with her father began to improve after he stopped drinking. A "profound connection" grew between them as he began to express concern and compassion for her.

The client was energized by their work with her dreams. She also became aware of her anger about her early family life and her illness.
After being examined for a second medical opinion, "all the sudden whatever disease they had experienced was not there".

She looked like she was in a state of grace after receiving this information. She looked much younger and she had changed her appearance.

His client's friend, at this same time, went in for major surgery and turned out not to have cancer.

These two incredible recoveries seemed to be synchronous.

"Something moved profoundly in her" with the news of the changed diagnosis. Her sense of self was enlarged, as if "she died and was reborn".

S was incredibly surprised and "speechless" about the change in diagnosis. The client seemed euphoric and "in amazing grace".

The possibility of this event was not in their consciousness awareness, thus it confounded and exhilarated them and it felt "bigger" than both of them.

Subsequently, S's client became very energetic and was grateful to S.

S found it "remarkable" that there were many small events which when touched by grace, became a larger transpersonal event.

Now that S's client is no longer faced with this illness, she is searching for meaning and purpose in her life which had probably not been there before her illness.

"Meaning is the target dimension for the transpersonal. It's really about finding meaning in your life through the agency of something that transcends your ego consciousness". Through the transpersonal experience life becomes "endowed with meaning" or "at least the possibility of meaningful activity or purpose".

When psychotherapeutic relationship and work is successful, it is accompanied by "some enlarged sense of the transcendent".
S does not psychopathologize or diagnose his clients using the DSM III model because he finds it to be dysfunctional to the therapeutic relationship and an untrue representation of the client.

S relies on the client's dreams to help him assess where the major focus of the client's inner life is. Discovering the client's dominate concerns is an important assessment tool for S.

S diagnoses clients using the transpersonal realm of intuition.

The quality of the therapeutic relationship impacts the client's healing process which is negatively affected by the introduction of diagnostic testing.

The transpersonal assessment process is listening, through symbolic dream images, to an "intelligence" which is greater than the therapist and client in order to determine the focus of therapy.

The quality of the therapeutic relationship is a predominate part of the healing process. The only aspect of DSM III diagnostic categories that has been at all helpful is information about how someone with a particular character disorder may typically relate or connect to others.

As his skill and confidence in "hearing and sensing" a dream have developed, S's view has expanded to include the vast, humorous and profound all encompassing nature of the unconscious.

S's humble appreciation and reverence for the mystery of the unconscious has grown. He assumes that what he works on with a client is only a part of what there is.

When a client has a "big dream" or archetypal dream, S feels a great sense of awe. He views it as a religious experience. The "numinous" quality of the dream is a powerful and dominate presence in the client's personality which needs to be "sacralized, honored, or served" in order for the client to heal.

S works with the personification of psychological complexes for instance, a client could not solve a problem because something in the client's experience or "some personage" was demanding attention before the client could move on. Like the
Greeks brought offerings to their gods, S saw that his client needed to show obeisance to some aspect of his personality or experience.

95
In working with clients, S sometimes conceptualizes a client's life as having a "professional sphere" and a "personal sphere".

95a
With a particular client, S helped her to realize that she had a right to develop her professional life.

96
As a result of this client's dream, they agreed that his role as therapist would be to help her set-up some goals and objectives for developing her professional life and then they would see what got in the way of her accomplishing these goals.

97
The dominant block for this client which "needed to be served" was her family complex. What had happened in her family as well as what had been missing for her in her family needed to be tended to in order for the client to be able to develop more fully.

98
S built an alliance with that part of his client's personality that needed to be developed. She had not previously received this support from people who were important to her.

99
The work in therapy becomes honoring that place where the client gets psychologically stuck. Confronting that block or "demon" can transform it into a "goddess" or ally.

100
S uses archetypes as symbols of the client's "psyche dispositions". S prefers to use archetypes which are acceptable and understandable to the client.

101
Psyche dispositions, represented by archetypes, are unconsciously lived out through personality attributes and disease.

102
S sometimes recommends that a client read a book to help them become familiar with the concept and language of archetypal symbols.

102a
S finds that working in the symbolic realm is a fairly accurate way of assessment.

103
S is having difficulty recalling a specific client example he wanted to share.
S worked with a client who was profoundly depressed after a tragic event.

In reaction to her crisis, this client was immobilized with her art work; whereas, S believed that creating her art would help her to grieve.

Eventually the client dealt with her loss better than S had anticipated.

The client's new interest in meditation and "esoteric literature" was an indication that she was beginning to heal and find meaning in her life. She had a dream which helped her to move beyond her block to doing her art.

The client's inner process "incubated" a dream which helped her reflect and find enough understanding that she could move on emotionally and with her art work.

S often elects to work with his client's dreams as he finds the dream material to be central and germane to what is happening in therapy.

S is having difficulty remembering the client's dream.

The dialectic process is transpersonal and occurs as a result of the client and therapist reflecting on the client's dream. This dialogue produces a "superordinant" understanding which affects both people. This new understanding is "the third party" or "the other" and has a life of its own.

S makes the dialectic process more meaningful by engendering content which is soul centered rather than ego centered. S's therapeutic goals are not reduction of symptoms or emotional pain; rather, his goal is the client's transformation through the understanding that arises from the dialectic process.

S thinks of the dialectic process as a ritual which begins with "confession" and the client giving their images and story to the therapist. The therapist's interviewing skills then facilitate understanding and empathy in the therapeutic relationship.

S finds that the client's dream material offers direct access to the client's difficulty. The dialogue about the dream is an important part of the dialectic process.
Using Jung's "empirical method" S helps clients understand the symbolic language of their dreams by having the dreamer make associations to each dream image. The sum of these associations creates a "meaningful whole or story".

The process is an emotional experience rather than cognitive. The emotions that the client experiences in relation to the dream images or dream associations give rise to the meaning of the dream.

S finds it helpful to teach his clients this method of understanding dreams.

S has found that it is difficult for people to understand their own dreams without another's responses as a reference.

S's goal in working with a client's dreams is that the client reconnect to something emotionally, rather than deciphering a precise dream interpretation.

Some dreams are a direct transpersonal experience if they have numinous archetypal dream figures which can be awe inspiring and surrounded by light.

S has had "plenty" of experiences with clients in which a transpersonal intervention or approach would be inappropriate.

His approach is practical in that he intends to focus on whatever is most pertinent to the client's healing and growth.

S once counseled a man who was really struggling for direction in his life and he was wanting to have a transpersonal experience.

S determined that he was not grounded enough in his everyday practical life to be coming to therapy in order to achieve transpersonal experiences.

S finds it important to assess a client's ability to be effective in everyday life and adapt to change. S helps a client to learn to operate in effective practical ways in life as a foundation and necessary prerequisite for subsequent therapeutic work in the transpersonal realm.
S enjoys working with clients in problem solving and believes that working at this level is necessary for therapists.

He considers problem solving to be different than working with adaptation, the latter of which he does not do.
Subject 1

1
As an adult, S's inner struggle about how to respond to the war was an "epiphany experience". S's struggle was influenced by a dream he had which focused on the moral aspect of his dilemma. He realized that he wanted to act according to his moral convictions and that he needed to make "a larger statement" than just going to jail would make. S wrote his "conscientious objection" based on his personal, secular belief which he considered to be transpersonal rather religious. Acting on his inspiration from deep within him, during a time of personal "moral crisis", made this a transpersonal experience for him. This experience involved a "transcendent intervention" in that an answer emerged from what he was doing in his life, "reading a philosophical novel and making a life decision", in the face of a situation which seemed depressing and insoluble. As a result of this experience, S began to more consistently trust and listen to his own inner voice as a voice of integrity rather than discard his own thoughts as acts of rebellion. This experience sparked S's interest in counseling as he began to counsel draft dodgers for the Friend Service Committee. S felt he had a calling to do this work and he considered it transpersonal from the beginning. S became more interested in doing this work as he began to increasingly trust that this was his calling. S realized his calling to work with people when he found he could help people who were having bad drug trips come back to a more ordinary state of consciousness. Along with other people, S started an alternative mental health agency to help people who were having difficult short-term episodes from drugs or suffering from disorientation to the rapid changes in the culture. S's decision to become a counselor was spawned from this arising cultural need coupled with his felt attraction to working with people - "it felt right". S considered his disappointment in previously chosen career tracks as a guide-post to begin training as a counselor. During this time of his life he had many synchronicities occur which he trusted as transpersonal guide posts. Following and trusting the guidance of synchronous events and meaningful relationships is transpersonal. S thinks of an experience as being transpersonal when outer life circumstances match inner life needs. For instance, S having a dream which he trusts to guide his choices and behaviors, and connecting with the right person at a time when he needs guidance or inspiration. S's disciplined exploration of his dreams helped him to trust, "understand and value" that his inner life and external circumstances are correlated.

2
S first began his counseling training when he participated in human potential encounter groups while in graduate school. S's training in the human potential groups provided him with the sensitivity needed to help ground someone in such an altered state. He began to increasingly trust his sensitivity to do this. S felt impassioned working as a part of a group and was very involved and instrumental in the growth of the mental health center. He "aggressively" sought counselor training through peer supervision and from teachers and
mentors in formal and informal settings. As he opened to the possibilities of a spiritual tradition, a whole new dimension unfolded before him and permeated his life. He had a sense that this was just the way it was to be. S was learning to meditate and do yoga at the same time that he was learning how to help others through counseling.

3
The transpersonal quality in his counseling with draft dodgers was that his clients struggled with a spiritual dilemma. They had strong spiritual beliefs which "they couldn't reconcile with what was happening in the glut of the culture". S helped his clients to act congruently with their spiritual values in practical and effective ways.

4
The transpersonal aspect of his work with people having bad drug trips was his ability to connect or "tune-in" with someone who was in an altered state. S found it easy to establish a connection with people in these altered states by having them talk about what they were experiencing and bringing them into "relatedness" rather than drifting off into dark thoughts.

The quality of the therapeutic relationship is a predominant part of the healing process. The only aspect of DSM III diagnostic categories that has been at all helpful is information about how someone with a particular character disorder may typically relate or connect to others. S does not psychopathologize or diagnose his clients using the DSM III model because he finds it to be dysfunctional to the therapeutic relationship and an untrue representation of the client. The quality of the therapeutic relationship impacts the client's healing process which is negatively affected by the introduction of diagnostic testing.

5
S is open to the transpersonal experiences of others and he believes that the capacity to heal comes through them. When working transpersonally, S trusts his intuition and primarily works with clients' dreams. Working with dreams provides S with "uncensored access to a person's story" without interference from his or the client's ego. There have been times when S was working with a client's dreams and he would sense the symbolic message of the dream even though the client would not. Clients gain awareness of repressed experiences through understanding their dreams, which releases them from the "traumatic fixation". The humility and "paying homage" to the client's pain was transpersonal.

S works with the personification of psychological complexes for instance, a client could not solve a problem because something in the client's experience or "some personage" was demanding attention before the client could move on. Like the Greeks brought offerings to their gods, S saw that his client needed to show obeisance to some aspect of his personality or experience. The work in therapy becomes honoring that place where the client gets psychologically stuck. Confronting that block or "demon" can transform it into a "goddess" or ally. S uses archetypes as symbols of the client's "psyche dispositions". S prefers to use
archetypes which are acceptable and understandable to the client. Psyche dispositions, represented by archetypes, are unconsciously lived out through personality attributes and disease. S sometimes recommends that a client read a book to help them become familiar with the concept and language of archetypal symbols.

With a particular client, S helped her to realize that she had a right to develop her professional life. As a result of this client's dream, they agreed that his role as therapist would be to help her set-up some goals and objectives for developing her professional life and then they would see what got in the way of her accomplishing these goals. The dominant block for this client which "needed to be served" was her family complex. What had happened in her family as well as what had been missing for her in her family needed to be tended to in order for the client to be able to develop more fully. S built an alliance with that part of his client's personality that needed to be developed.

S worked with a client who was profoundly depressed after a tragic event. In reaction to her crisis, this client was immobilized with her art work; whereas, S believed that creating her art would help her to grieve. She had a dream which helped her to move beyond her block to doing her art. The client's inner process "incubated" a dream which helped her reflect and find enough understanding that she could move on emotionally and with her art work.

Now that S's client is no longer faced with this illness, she is searching for meaning and purpose in her life which probably had not been there before her illness. "Meaning is the target dimension for the transpersonal. It's really about finding meaning in your life through the agency of something that transcends your ego consciousness". Through the transpersonal experience life becomes "endowed with meaning" or "at least the possibility of meaningful activity or purpose". When psychotherapeutic relationship and work is successful, it is accompanied by "some enlarged sense of the transcendent".

Recently S cried with a client who was feeling the pain of having assisted in an abortion because the mother had cancer. They shared a transpersonal experience as they sat in silence and "experienced the ascent of the child's soul". S felt their relationship deepened because they shared her reality of pain and struggle with life and death. It was that "silent pulse" between them that witnessed the life and death process, the profound tragedy and affirmed the "aliveness in her".

The dialectic process is transpersonal and occurs as a result of the client and therapist reflecting on the client's dream. This dialogue produces a "superordinant" understanding which affects both people. This new understanding is "the third party" or "the other" and has a life of its own. S makes the dialectic process more meaningful by engendering content which is soul centered rather than ego centered. S's therapeutic goals are not reduction of
symptoms or emotional pain; rather, his goal is the client's transformation through the understanding that arises from the dialectic process. S thinks of the dialectic process as a ritual which begins with "confession" and the client giving their images and story to the therapist. The therapist's interviewing skills then facilitate understanding and empathy in the therapeutic relationship. The dialogue about the dream is an important part of the dialectic process. The emotions that the client experiences in relation to the dream images or dream associations give rise to the meaning of the dream. Some dreams are a direct transpersonal experience if they have numinous archetypal dream figures which can be awe inspiring and surrounded by light.

9
S has had "plenty" of experiences with clients in which a transpersonal intervention or approach would be inappropriate. S once counseled a man who was really struggling for direction in his life and he was wanting to have a transpersonal experience. S determined that he was not grounded enough in his everyday practical life to be coming to therapy in order to achieve transpersonal experiences. His approach is practical in that he intends to focus on whatever is most pertinent to the client's healing and growth. S finds it important to assess a client's ability to be effective in everyday life and adapt to change. S helps a client to learn to operate in effective practical ways in life as a foundation and necessary prerequisite for subsequent therapeutic work in the transpersonal realm. S enjoys working with clients in problem solving and believes that working at this level is necessary for therapists.

10
S had another recent experience with a client which he considers to be transpersonal because it included a "miraculous healing". S thought he could help this client who had a degenerative disease "to make an adaptation without losing her purposefulness". This was not easy to do as she was very depressed. S asked his client to bring her dreams to therapy so he could explore her inner experience of her illness. S detected a lot of confusion in her dreams. She was able to understand a lot of the symbolism in her dreams after S helped her to amplify them. S also worked with this client in practical ways such as getting a second medical opinion and exploring how she can live her life without sight. The client was energized by their work with her dreams. She also became aware of her anger about her early family life and her illness. After being examined for a second medical opinion, "all the sudden whatever disease they had experienced was not there". She looked like she was in a state of grace after receiving this information. She looked much younger and she had changed her appearance. "Something moved profoundly in her" with the news of the changed diagnosis. Her sense of self was enlarged, as if "she died and was reborn". S was incredibly surprised and "speechless" about the change in diagnosis. The client seemed euphoric and "in amazing grace". The possibility of this event was not in their consciousness awareness, thus it confounded and exhilarated them and it felt "bigger" than both of them. S found it "remarkable" that there were many small events which when touched by grace, became a larger transpersonal event.
As his skill and confidence in "hearing and sensing" a dream have developed, S's view has expanded to include the vast, humorous and profound all encompassing nature of the unconscious. S's humble appreciation and reverence for the mystery of the unconscious has grown. He assumes that what he works on with a client is only a part of what there is.

When a client has a "big dream" or archetypal dream, S feels a great sense of awe. He views it as a religious experience. The "numinous" quality of the dream is a powerful and dominate presence in the client's personality which needs to be "sacralized, honored, or served" in order for the client to heal.
Interviewer: What I would like you to describe is one of your first experiences of the transpersonal.

Subject: One of the first experiences?

I: Yes, that you can recall.

S: Do you want one or more than one?

I: Well, why don't you start with one.

S: A very early experience of the transpersonal - my parents would send me to camp as a youngster. And living in the inner city it was always fun to go to camp every summer. Part of going to camp meant that you were in the woods and in the middle of nature. Something would always awaken in me when I was in the woods because it was such a contrast to the cement and concrete and not having any nature around me at all. So, one particular incident that I recall, I was sitting on a huge boulder.

I can remember crawling up the rock and feeling the texture of the rock and something just kind of went off inside of me. I looked around me and all of the trees had this kind of numinous quality about them. There was a transparency to what I was seeing and experiencing. There felt like there was a quality of subjective aliveness coming from the natural world, from the natural order of things. It felt very mystical. Almost animistic, like the rocks felt alive and there was an energy I could feel coming from this huge boulder that I was sitting on top of. And even the people, the young boys and the counselor took on this kind of tribal quality. So, that's a very early experience of how I experience the transpersonal.

I: You said that it felt very mystical. Can you give me other adjectives of how you experienced it?

S: Other worldly. There felt something that had a paradoxical quality to it in that it was both personal and impersonal at the same time. That is what I was experiencing, the qualities that were coming through in this transparent way felt like they were of another dimension, they were other worldly, what I had always in my heart associated with spiritual life as a young boy, which was mostly related to institutionalized religion. But through all of that form there's this sense of the spiritual, sense of the mystical, the divine. It was more of a felt sense than anything else. It was a felt sense of something outside of the ordinary or the ordinary allowing for this other quality to shine through. It was a perceptual experience - there was a lot of perception involved, but it was mostly at that level of felt sense. And it felt like it was mostly within my heart.

I: So you experienced in your body as well?
S: Yes. And there was kind of a noetic quality about the knowing. There was a
knowing there was something that was being communicated directly. It was
direct experience. It wasn't something that was being interpreted through my
mind, but was being given over to me directly in a way.

And as I recall it now as it comes back more vividly, it was very sensuous
because I can remember feelings of the solidity and hardness of the rock and I
could see all of the different speckled colors and qualities of the other different
rocks that were embedded within this larger rock and the bark on the trees I was
seeing anew for the first time and everything looked much greener and the
smells were dramatic. So, my whole sensorium seemed like it was being
resurrected in some way. If you want other adjectives, there was a kind of
vitality in the true sense of the word. The French use the term "alon vital" this
kind of vital energy. That's what I was getting, really receiving that.

I: When we first started, you asked, "do you want me to tell you just one?'. Do
you have another instance that came to mind?
S: Early experiences, yes. One first experience, I consider a first experience
because it was so dramatic, was the experience of the transpersonal on a LSD trip
where this sense of transparency I eluded to in the first example became
magnified by about a hundred fold. So that everything that I described in the
first example was happening in the second example only at a much more intense
and quicker pace.

I: What do you mean by transparency? What is that like?
S: Well, I think there's a way in which we perceive things where we take objects
for granted. For example, that recorder. We could look at that as something
that we've seen before and it has a certain shape and color to it and we objectify
it in some way. When this experience of transparency takes place, there's a way
in which I would look at that instrument and see its essential nature. And what
does that mean? It means that its nature as a musical instrument that produces
sound and its order in the scheme of things would all be there at one time. And
the intelligence behind it would also be there as well. So that there would be this
great clarity about just what it is and not what I want it to be and there's
something heavenly about that when I experience seeing objects for what they
are there again seems to be some other aspect of reality that shines through and
allows for that object to be transparent it that way. So, it's transparent to a more
subtle or unseen reality, the one that we can't touch but is as much a part of the
object as any other attribute in the object, meaning its color or shape or its
purpose. The most significant part of the experience of transparency is
experiencing something divine.

I: Tell me about a time when you first realized you wanted to do transpersonal
psychotherapy.
S: During the first acid trip. What I opened to during that experience I would consider it a fact about my native endowment which is that there's a tendency for me to like to understand things and gain knowledge. And I thought at that moment, because I was 19 at the time, I thought well it would be nice to be a philosopher, then I can think about these things. Because I was on fire with this kind of perception of things that was happening to me and the transparency of that and feeling so alive and vital and really full of love. That was the most prominent feature of both of these experiences that I'm talking about - that my heart was just throbbing with this love. So, I thought maybe it would be nice to be a philosopher, therefore, I could make my way through this society as a teacher and at the same time be able to inquire about these kinds of experiences that I'm having and the implications of a lot of the experiences that I'm having.

Then I got very practical and I thought, "well, philosophers don't really make - it's very difficult to make a living, especially during the time when I had this experience philosophers were very much underemployed. So I thought, "well the next best thing would be to be a psychologist.

I began thinking about how powerful it would be to be able to employ some of the understanding that I have of what I'm seeing, that which lies beyond the ordinary and to apply it to conventional psychotherapeutic means. I got then that it would be a way in which you could up the power of what it was that you were doing and that you'd be very effective in healing.

Again, remember that I'm 19 at the time so, it wasn't a very sophisticated notion of that but, it was there. That was the first time that it really rang true for me. It's almost like I could see into the future. My mind felt like it was wide open. I felt like all the stops were out and I could see where I was going and again in the way of a felt sense. I didn't have images or anything like that but, I could very well see where I would be going and what I would be doing. Not in any specific form but, I certainly saw myself as moving in the direction of teaching and healing and utilizing these experiences as a guide in that direction.

I: So, that's when you first realized that you wanted to do transpersonal psychotherapy. In your experience as a psychotherapist can you describe a time when you really felt, "now I am doing transpersonal psychotherapy"?

S: Well that would begin in the practicum experiences that I had throughout graduate school. There was a way in which I would hold myself with clients. In the beginning I was a school psychologist and I can remember specifically working with children in adolescence and I would listen to them in a different way and respond not to where things were particularly problematic for them but, the places in which they were experiencing some sense of openness or freedom and to help them with that. To move that further in their lives.
The focus would always be on focusing attention and awareness on the transcendent, god, the divine.
I: Your focus would be on that?
S: Yes, my focus would be. I use the phrase, "holding the therapeutic hour in that way, the therapeutic relationship in that way". It was in contrast to the way in which a psychoanalyst would hold a client - looking for genetic dysfunctions and their development over time. I never worked that way.

As a matter of fact, I felt like I was very divorced from all of the major theoretical schools and what felt right to me would be to create an opening whereby I can hear where the client was free, where the client was wishing to be free, rather than to focus on the problem aspect of what they were presenting. And again, because it was very early on, I did that in general ways. But, that seems to be one of the first remembrances that I have of that.

It sounds like that was a long time ago but, can you recall a specific example so that I can understand what you mean by "free"?
S: Yes. Again, I'm trying to think as far back as I can because you were asking for early experiences. I remember as a neophyte psychologist working in a community mental health center and having a case load, there was one particular woman who was an inveterate alcoholic in her early 20's and she would see me on a weekly basis. She had gone through a detox program for 28 days and now was in weekly psychotherapy with me.

After developing rapport with her - developing the relationship, I noticed that she began to take an interest in my life. Having to work with that I decided that I would give myself permission to be more transparent with her as a sort of experiment because everything I had learned prior to that was that one is not supposed to divulge their own personal life and I didn't divulge specifics, but what I would do is give her a sense of my way of being in the world. By this time I'm in full gear of exploring transpersonal psychology and psychotherapy, spiritual life - I had a spiritual practice.

And so, what I began to do would be to listen to what she would present each week and it would be a mixture of a kind of dread and hopelessness about her inability to sustain her sobriety and at the same time just for brief moments there would be this light, metaphorically speaking, where there felt like there was this sense of "oh yeah, maybe my life isn't that bad". It would be very fleeting but, I would try to hold on to that with her and ask her the ways in which prior to her addiction she felt a sense of self, a sense of being free, a sense of having hope, a sense of enthusiasm. I use that word very specifically because I like the root of it. It being entheos, in god. So, "how are you living your life enthusiastically?" essentially was asking her, "how are you living your life with
god as being the context for that? As being awake and alive to everything that is
around you?".

18 Gradually, I can't say I was entirely successful with her because I had to
terminate the case at one point having left the job, but I did feel I made
significant progress with her getting her to move her awareness away from
what was going wrong to what was happening that was even in the smallest
way corresponded to the way in which she might have felt free in some previous
period in her life.

19 There's a belief there that's going on for me. That belief system is that we are
born into this world inherently free and whole and that it's through our
conditioning that we move away from that. And it's a matter of recollecting the
memories of that wholeness.

20 I would dare say that if I was able to work with her just a little bit longer, she
was very emotionally abused, if I had time to work with her, I think she would
have made some significant progress. I attribute it to not the fact that I was
dealing with her around oedipal issues or any negative cognitions or that she
was socially inept - choose whatever theory you want, it didn't feel like that was
happening. It felt like what was happening was that there was this movement
toward a sense of her being free which she could remember because she had
that being reawakened in her from a previous experience.
I: Do you mean from remembering a previous experience?
S: Yes, from remembering it. There are other rather dramatic examples of
where I experienced the transpersonal in doing psychotherapy, but that's
probably one of the earliest ones.

21 I: Why don't you describe one of the other experiences that is coming to mind
for you.
S: Well, I'll take one of the most recent because that's the most vivid in my mind.
I'm working now for about a year and a quarter with a middle aged woman
who was severely abused - sexual abuse, ritual abuse from a very early age,
probably from the age 4 through 7. For 4 years she was routinely and
consistently abused both sexually and through satanic ritual experiences.

22 Throughout the year and quarter of working with her and I worked with her
phenomenologically working a lot with her own subjective experience, not
utilizing interpretation in any way, just valuing what it is that she brings forth as
her material from session to session. Working a lot with image and felt sense.

23 It's been a very difficult path for her. Throughout I have noticed these parallel
lines of development taking place that weave in and out of each other.
Sometimes they are further apart and sometimes they come closer together and they are indistinguishable. But there's that realm of the personal where there's the biographical material where she brings in "on such and such a day I can recall my father doing such and such to me and I have selected perception about that both in terms of what I see as an image of him and how I experienced him and my feelings and emotions about that now". So that's the personal level. On the impersonal/transpersonal level, there have been throughout her experiences different dimensions of reality that we're not in ordinary consciousness privileged to have access to. Just in the way that we're not privileged to dream imagery in ordinary consciousness, she would have through various exercises that I would do to her in these altered states that she would enter, she would have access say to mythological realms where many of the archetypal mythological characters would arise into consciousness and become a part of the fabric of her experience as it relates to her personal biographical material. There would always be a connection there.

Part of the work that I do is a body work where I facilitate energetic flows through the body specifically through the emotional centers or what are traditionally called the chakras. And that has the capacity to alter consciousness drastically and allow for people to have access to nonordinary states of consciousness. And the content there being as dramatic and as radical as some of the mythological material that was coming up for her.

So in one of the sessions of late I had the experience of working with her using the method called EMDR (Eye Movement Desensitization Reprocessing) whereby she became directly in-touch with the vivid exact memory being abreacted in her consciousness of the abuse by her father. In all of it's gory details. The EMDR is a way of clearing out the neurological circuits, the memories of that. I don't mean to go into that now because it's sort of complicated.

But once we cleaned out that memory, what came shining through was the transpersonal. It was almost as if by acknowledging and accepting and holding the abuse as being true and being her experience and the key word is "accepting" without pushing it away without utilizing any of the defenses that she normally would use, that what was dawning was this great sense of the divine, of a kind of mystical consciousness of sorts. I was working with her recently doing some Shen work and I could feel in what the Hindu and yogic tradition refers to as the kundalini rising, I could feel from the root chakra to the crown chakra this energy arising and her going into this kind of orgasmic mystical rapture.

In the post therapy interview I asked her what she was experiencing during that time. She said she couldn't distinguish between her experience as being orgasmic, it felt like an orgasm and at the same time it felt like something that
she's never experienced before, but the only word she could use to describe it was "mystical".

28
In fact, while I was watching her face as she was going through this experience, it had the quality of being orgasmic, at least the facial expression was of that, but at the same time I noticed that it was highly reminiscent of some of the facial expressions that I've seen on some of the ecstatic saints. Specifically Saint Theresa and Saint Francis when they were in their moments of profound mystical vision.

I: And what did that look like?
S: It looks ecstatic. The eyes are closed. The back arches. The arms go out much like you would see in some of the pictures of Christ - holding his arms outward and his palms up toward the sky and the eyes sometimes rolled back. You can see it under the eyelids. The mouth opens and there is just a great sigh. A great sense that something is being released and being filled at the same time. Something is moving out and something is moving in at the same time.

29
I: What would you describe as the healing in that experience for her?
S: Well it's on many different levels. On the most concrete level there's a way in which there was almost a sense that there was something exorcised. There was an energetic presence that was in her body at one point and then was not there at another point. As a practitioner I could physically feel it leaving her body - going out of her body and filling and pervading the room. So in that way it corresponds to the literature that you read on exorcism. Some kind of entity leaves the body and I'm not sure exactly what that is. But it feels like a palpable presence - a reality of some kind that has a life of its own. So in that way that release affords her great sense of relief so far as she's dropping this burden that she's been carrying around.

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She said after the session that she had felt possessed by this energetic but didn't know it was in her body until she could actually feel it leaving and had left. She described that as her father's sexual dysfunction, that she had incorporated into her being, leaving - finally being cast-off.

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I think the greatest healing comes in the acceptance that it's something of a cognition and it's something of a felt sense of a sense of knowing that the universe is not comprised of just black and white but essentially it's comprised of relationships, of elements. For example, that she could love her father and hate him at the same time. That she could engage in these sexual acts at a very early age and actually feel pleasure from them and simultaneously experience a disdain and disgust for him at that age. So, the acceptance was not so much an acceptance of him as being a perpetrator of abuse, but an acceptance that the universe is not so clean and clear in what it is, its nature. That we do live paradoxical lives and by seeing that she got pushed out of the dichotomy that he
had to be either bad or good. And that he could be both bad and good to her in her heart.

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And there was tremendous acceptance around that which I have discerned before in her. It was always nothing said about him because it was too painful or most of what she felt as a result of her relationship with him either anger or fear or terror would be communicated in other ways - mostly which were dysfunctional either through psychosomatic illness or phobias or limitations in her social life.

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So I think that the greatest healing element was the acceptance and she describes that as grace. Grace meaning that that is an experience that she could not attain but, is something that was given to her. That she might have gone until she was 85 years old without having that experience and then perhaps maybe grace would have been bestowed on her. Or maybe not at all. Again the paradox there feels that there is something gratuitous about it and yet fully planned and intelligent. That it's capricious that it comes from nowhere and noone on the face of the earth could predict when one would have an opening of that sort and yet when it happens it feels like everything has fallen perfectly into order and it feels like grace. It's not anything that I have done or anything that she has done specifically but, it's a way in which we're conduits for some greater reality to manifest.

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I: Your description of yourself as being a conduit reminds me of something you said earlier about seeing part of what you do as holding the therapeutic relationship in a certain way. I'm wondering if you can tell me more about that - what that's like for you.
S: Well most simply the more you can stand out of the way of somebody's process, the better off you are. Psychotherapy for me is essentially bearing witness. It's not a doing. It's not about technique. It's akin to midwifery. There's nothing a physician can do to bring about the changes in the biology or the physiology of a woman's body to allow for birth to take place earlier, sooner than expected. There are drugs to induce labor, but essentially if things are left to their natural device, there are certain biological cues that go off at a certain time which allow for birth to proceed as it should. And essentially that's what I think happens in spiritual life as well. What we can do is watch mindfully and bear witness to what it is a person is experiencing and to demonstrate that we are there in an open and conscious way to their experience, but therapy is not a situation in which you could come in with some kind of premeditated task to give to a client to induce some change in a certain direction. That has to be called forth from what seems organically right because it's emanating from the client's experience. The Taoists would call it being in the flow or being in the way of things or knowing the Tao and that includes all things, all aspects of the natural world which includes feelings, thoughts, emotions, images, sensations. I'm not sure if I really remember the question. So it's a way of staying out of a client's way.
I: I was wondering if what you were saying relates to what you said earlier about holding.
S: Yes. Holding is sort of a metaphor for - imagine the arms outstretched. When I think of holding, I think of the arms outstretched, almost in that ecstatic pose that I described earlier when the palms are up in which you're receiving everything and anything that the client brings forth as opposed to one hand out with the palm out and the arm straight and defending what the client brings or the arms up like this trying to hold what may feel injurious to you as an individual and keeping that away or putting your hands over your ears to not want to hear. So it's sort of in this way of embrace, figuratively embracing whatever it is that the client is experiencing without judgment.

I: Tell me about a time when your transpersonal focus influenced your diagnosis of a client.
S: I can't answer the question in that way because I don't diagnose clients. I do it for insurance purposes but I never take it seriously.
I: In thinking about what you consider your more conventional training around diagnosis versus your orientation to that now, can you think of an example of a client that your transpersonal focus might have an influence on what might be considered a more conventional diagnosis?
S: I mean it quite literally that my mind doesn't even hold that language or even consider in the slightest way diagnostic considerations as they're written in the DSM or in any other capacity. I just don't utilize that paradigm. Essentially because it's not real. There isn't a diagnostic category that has any validity. They're empty terms, empty concepts.

If a part of being a transpersonal practitioner means to hold clients while working with them, holding them to be what they truly are which is their original nature which is beyond any particular element that comprises their personality or even their existence nor can any combination of elements in some produce who we really are as individuals then that would mean that any conceptualization of who we think we are is empty. It's part of the Buddhist cosmology and psychology of mind. So for me to be working with someone and thinking in terms of diagnosis, then I would have to give credibility to that system which says that someone is depressed or someone is... well I wouldn't go that far, I mean I can see someone as depressed, experiencing the affect of depressed affect, but I would not consider them as a depressed person. Nor would I see somebody as hysterical or obsessive-compulsive. They have no meaning. It's what's arising in consciousness - certain behaviors arising in consciousness, but so are an infinite number of other elements arising at any given time as well including what's going on in the entire context of the person's life. So, to focus on one specific configuration of behaviors which may include the affect and thought is both misleading in terms of what could be achieved therapeutically from the client's point of view and also it's a way of ignoring the nature of reality. So, in a way the whole diagnostic nomenclature is an illusion and I don't choose to participate in that illusion.
I'd much rather hold people in their divinity than hold them as a psychiatric classification. So, I can answer your question, but answer it in the reverse which is perceiving and holding a client in their true nature which is (again we can only speak aspectsively of it) openness, spaciousness, and love. By holding them in that way, then we're able to see, we have a much greater scope of perception and understanding about the other aspects of their life. It's the ultimate lens to look through because it has no boundaries.

The example that I gave of this middle-aged woman who was severely abused - I can imagine working with her in let's say in accordance with the contemporary 12-step programs: Adult Children of Abuse or Adult Children of Alcoholics, groups of co-dependency. She would fit into at least six of the infinite amount of groups that exist today. And if I were to hold her in that way, there would be much less of an allowing for that mystical experience to unfold.

And while that statement is not entirely consistent with the notions of grace, I think if we were to have a lot more time I could explain ways in which I think that grace and the way in which she was being held dove-tail to allow for another reality to manifest in her life other than the circumscribed reality that "I am a victim of abuse."

So now she's experiencing herself both in a context of experience that is profoundly different and greater in it's scope and capacity to heal. And there is the mystical mysterious aspects of that what William James calls the ineffable. They are experiences which are ineffable - they can't be described through language.

I: I'm wondering if in your experiences as a psychotherapist, you can describe any instance in which a transpersonal intervention was inappropriate?
S: I can use myself as an example. Would an intervention on myself of my own personal therapy be alright? I was in a transpersonal therapy.
I: Okay.
S: Every major spiritual discipline, every religious tradition has embedded within it a description of the ways that people can relieve themselves from suffering in one capacity or another. In Buddhism there is meditation, in Christian life there is prayer or contemplation, service. But, every tradition has a way in which the practitioner could undertake certain disciplines or certain ways of being in the world that would result in a significant reduction in their suffering, in their pain, if not resulting in freedom.

So, being very enthusiastic, I began to work phenomenologically with a lot of imagination. So, my therapist was primarily one who would work with dreams and imagination - waking dream methodologies and he believed that each
practice had its own energetic, a life of its own. So that by mixing different practices one was bringing the whole history and the energetic of that history to bear on that practice at any given moment. So when you practice Tibetan Buddhist chanting you are practicing all the wisdom of that tradition, of that lineage was coming into that mantra at that moment. If you are practicing Christian contemplation and prayer, you are bringing with you from Christ through the desert fathers through all of the contemporary Christian spiritual leadership, you bring that all to bear in the moment.

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So by mixing the traditions, it could produce profound, I don't know exactly what the dynamic is, but it can create illness. I found that by mixing in that way, mixing traditions and mixing techniques I became very ill from that. I could really see that by continuing in that way, I might have gone insane. I could say that much, going psychotic, losing a sense of time, place and person, losing a sense of self, not being able to function in the world, not having control over my emotional life. In the specific in which it was happening with me was that I was practicing a form of Zen meditation as well as doing Tibetan chanting as well as Hatha Yoga and they never mixed right for me.

I: These were suggestions from your therapist?
S: They weren't suggestions from my therapist. They were being done by myself as ways of intervening in my own spiritual life.

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Once my therapist caught wind that I was doing these practices, he asked me to stop. When I stopped, I was better able to hear what it is I really needed. Some kind of equilibrium was established.

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I wish I could think of an example where a transpersonal intervention was inappropriate. Oh, I have one. I can recall a client who I underestimated the degree of trauma that they experienced in their life. The importance of the biographical realm was far more significant at that time than I had estimated.

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I was introducing meditation as a way of dealing with some material and I found that there was an increasing sense of disassociation that was taking place. It felt like that they were becoming less grounded, less integrated, less capable of functioning independently in their lives, or making judgments about their lives that seemed to have integrity. By eliminating the practice, I noticed that there was a dramatic shift in the other direction. So there are ways in which meditation is inappropriate for people at certain places in their development.

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I: What do you imagine the impact was of the meditation practice that made it difficult for the client?
S: Well, it allowed them to be more transcendent rather than to contact feelings and emotions and images. This one particular person I'm thinking about would use the meditation to rise above those experiences.
And it's well documented in the literature on meditation that it's possible to go beyond the personality with meditation. There are many examples walking around where you see someone who is very skilled at meditation, very skilled at creating altered states of consciousness and sort of inhabiting those realms in which the personality doesn't hold sway. But, their personal lives are a mess. They are not aware of their feelings. They act in inappropriate ways. They are socially inept. Their personal/intimate relationships are quite dysfunctional. So, it renders that practice of transcendence of less value.

So, I was watching the disparity between those two and it's clear in a case like that that the practice of meditation is used in a defensive way in the sense of keeping things at bay.

I: What Welwood calls "spiritual by-passing".  
S: "Spiritual by-passing" or "flight into light".

I: Have you ever had a client who described his or her experience as being transpersonal?  
S: Yes, all of the time.  
I: Describe an example.  
S: Well, the middle-aged woman was one for example. Would you want a specific example or would you like me to abstract, because my practice tends to be biased in this direction. What I could do is just abstract out what are common to all of these clients or would you like a more specific example?

I: I think a more specific example. But, I'm wondering what your last statement meant, that your practice seems to biased in that direction.  
S: Well, it seems like that most of the clients that I see have an interest in the transpersonal. That's specifically what they wish to work towards bringing more of in their lives.

But, I'll give you a specific example. Again, a middle-aged woman who married at any early age and raised a family, was divorced, inherited children from a second marriage - experienced the householder life, raising the children and sending them off to school and finding herself wanting to bring some kind of richness to her life. So, she decided to pursue an education. In the process of doing so, she discovered certain spiritual practices one of which was meditation, other physical forms of exercise which she also experienced as being transpersonal in nature. For all intent and purposes to answer the question, her life as it was being recounted sounded like it was within the normal range of experience that is children, householder life, and even in our society divorce and remarriage and having a new life with someone else.
As she began to take on some of these practices, more of what she was discontent with in her own personality, where she felt her growing edge was, where she wanted to evolve as a person would come into relief in more detail. It was an urgency and a feeling impelled from within to make changes in her life. Those changes were around things that would seem rather ordinary like being stuck around certain emotions, being conditioned in certain ways, wanting to be more free and open in her relationships with people, to have a more loving relationship with her family, with her spouse. There were a lot of humanistic and self-actualizing themes that would go through - wanting to become fully who she could be.

So in working with her, it became apparent that right from the get go that meditation as a practice was very compatible. So, that became sort of a standard theme. She adapted that as a way of life, as a practice. And the kind of meditation that she was doing was Vipassana.

So this mindfulness practice, this in-sight meditation began to open her to other dimensions of her being. Not only to the fullest sense of her emotional life, but what her emotional life was being held within. That is she was beginning to see and experience what I was referring to earlier as her original nature that is what is it that divine intelligence that was fostering her evolution all throughout. So, through trial and error and through methods that seemed like they were methods of purification, that is taking older constellations of emotion that seem to be lingering and hindering her from moving forward in her evolution, those were dealt with and dealt with successfully and moved away and cleansed in a sense.

I: Do you mean they were dealt with in therapy?
S: Yes, in therapy through a variety of means: dream processing, working phenomenologically with specific bodily states and emotional complexes, negative thoughts, cognition. So, it was a very holistic approach. But, each step of the way seemed momentous in the sense that whatever was arising in the moment for her was what we dealt with. And then these other methods which are a part of a transpersonal psychotherapy, that is being able to utilize meditation, prayer, some of the body therapies were also a part of her practice in life at that point allowed for her to make some very significant progress in her evolution as a human being, as a spiritual being. I don't know if I answered your question, if it was an specific as you wanted it to be.

I: So, when she would describe her experiences as being transpersonal, what kinds of things would she say?
S: That she is becoming more peaceful. That she is much more aware of the full range of her being, meaning that more of her emotional constitution was available to her at every given moment of time. That she wasn't being run by
emotions that seemed outside of her awareness. That she could anticipate an emotion rising in awareness and be able to track that emotion in terms of it being felt sense. Track it and not act on it. So there was a sense of mastery around her emotions and thoughts which would produce a great sense of well-being. Within mastery there is a sense of well-being and a feeling of self-esteem arises out of that. So her esteem was gathering great strength and there was a peacefulness - a general sense of just well-being, physical well-being. Her body seemed like a well tuned machine, very well integrated with both her thoughts and her emotions.

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Her ability to communicate with people who in the past she may have felt victimized by or felt she had difficult communicating with, seemed to be clearing. That there was a greater ability to accept others for who they were. Not only that, but going beyond that and actually experiencing love and compassion for them. And that seemed to be generalizing not just to the inner circle of people who she would relate to as family and friends, but to people in general. So there was a very altruistic kind of response to her growth, emanating out of her growth.

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I also noticed that there was an increase in self-actualizing talk. She became more definitive about the kinds of things that she would like to see herself doing. Those always seemed to relate more to the transpersonal than they did to the more ordinary sense of being in the world. So, she wanted to go into a helping profession. And I also heard a lot more language around service, what she could do for others that would not necessarily give her anything in return. But I would say that the most important thing that I noticed about the result of the work that she was doing was that there was most definitely an increase in what she was experiencing as love and compassion for herself and for others.

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And that's what I use basically as a criterion for transpersonal development - is that the greater the love and compassion, the greater the return to one's original nature, the greater the dispersement of hindrances that keep us from that.

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So, hindrances mean destructive emotions, negative cognitions, conditionality and the like. Those seem to be dispelled at certain periods when she would do a certain amount of work, something would get loosened-up and released whether it was an emotion or a thought or a way of interacting with people or being with herself.

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I: How would you distinguish what you just described as love and compassion and going back to one's original nature from a humanistic perspective? What makes that transpersonal to you?
S: Well when I think of humanistic, I think of that which relates to the human organism. Particularly values, one's philosophy of life, one's way of being in the
world. So, the transpersonal seems to differ from that description because it goes beyond the personal. It goes beyond that which can be identified with the personality or in the literature referred to as the ego.

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I: So when you say she goes back to her original nature does that include the ego?
S: No, it would not include the ego. Original nature is devoid of... this is complicated. In one sense it's devoid of any notions of self that it's being in it's purist sense (Being with a capital "B") which no particular description or attribute can be ascribed to it. And she would describe it as such and I think that it's also in my experiences that as people evolve in this way that they're talking less and less about the me, the mine, and the I, and more about just what it is that they're experiencing which cannot be described in words.

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Values have a place. Humanistic concerns have a place within that experience. But they are not isomorphically with it. They are not identical with it. That any particular humanistic concern that you would want to extract out, could not be equated with the transpersonal completely. Wilber talks about this in terms of concentric circles of identification. You have the humanistic circle within the transpersonal. So, what seems to be a description of humanistic psychology can pertain to that and all of the circles that are contained within that, other disciplines and other dimensions of experience. But, it cannot talk to the larger dimension of the transpersonal because there isn't that possibly of description inherent within the paradigm, within the knowing of that.

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So there is this kind of selflessness that continues to come forward more and more accompanied by this great sense of well-being and openness and spaciousness and loving kindness in a way. But the individual sense of who one is both paradoxically becomes more acute because it's more transparent and you can see one's entire incarnation in all of it's subtleties and nuances and just why we are in this life that we are and who we are, but we're not bound by that description that who we really are in our original nature is much more than that and can never really be approached through language.

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I: In your work as a psychotherapist what are some of the primary ways that you approach the original nature if not through language?
S: Well that's a good question. It's sort of like looking up in the sky and seeing that the sun is shining. There's no mistaking when original nature is around. It's a presence. That presence is invariable. We have certain veils that keep us from observing that from moment to moment. When that presence is being felt, again what therapy is about is just acknowledging that, bearing witness to that.

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And I think that that requires that the therapist stay very open in this kind of holding and to just listen to what is there for the client. They'll describe what it is
and how they experience the divine or the ways in which their original nature is manifesting. It could be a very overt conspicuous way in which they are manifesting or it could be very subtle. For example, it could be a sense of having more access to forgiveness in their relationship to others, acceptance of their own lives. These are all attributes of love. And it doesn’t always have to be a kind of ecstatic embrace.

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There are ways in which, humanistic ways in which you can experience the divine embedded in our actions. It’s just a matter of staying open to those as they manifest and pointing those out to people. But ordinarily I find that the clients themselves are able to recognize that when it’s truly present within them, it’s truly right there.

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The other part of this that I didn’t mention is that I think that the more clear that I get with myself, the more of an opening. In the phenomenological literature they call it design. That’s more of the western philosophical description of what I’m talking about in terms of this opening. I used the term conduit before, but let’s talk about this in phenomenological terms as the more that’s available to my awareness and the more open I am, the more I can act as a context for other people to embody that same openness. There’s a wonderful quote by Einstein, he says that your theory determines what you see. So as a transpersonal psychologist, even if I’m an avid supporter of say Michael Washburn’s work, if I’m thinking only paradigmatically in the ways in which Michael Washburn thinks about things, there may be other things about the transcendent that I miss completely. So by not being indentified with any particular theory but just holding the relationship with the client as the client being there to do their work to once again return as a kind of homecoming, back to one’s original nature, and by not having a specific theoretical or having theoretical lens that one looks through, but they’re not dogmatic and they’re open to change and modification as you go along.

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I: I’m wondering if there is anything in your conventional training that you now consider to be transpersonal but originally did not.
S: Yes, I think that the attitude of non-judgement, of accepting the client for who they are. A lot of the non-directive kind of Rogerian methodologies which offer positive unconditional regard for the client are very much of that same nature.

72
Even behavior therapy in a way has its own core of the transpersonal in so far as theoretically one is supporting that which is reinforcing to the client, that which is good, that which is positive, that which is salutary and healthy and moves them toward greater integration.
1 S recalls a transpersonal experience he had as a youngster at camp. Being in nature was a stirring contrast to S's everyday urban lifestyle.

2 During this experience, S "felt like there was a quality of subjective aliveness coming from the natural world." It felt "mystical and transparent and animistic" as if all of nature around him felt alive and he could feel energy emanating from the boulder he sat on. Even the people around him "took on this kind of tribal quality".

3 It felt "other worldly" and numinous as if something non-ordinary was shining through all of the ordinary elements around him. There was a paradoxical quality of the experience being both "personal and impersonal" at the same time.

4 In addition to experiencing this directly in his body, S also had a "direct knowing" about the experience, "a noetic quality". He felt like the knowing of this experience was given to him directly rather than his needing to interpret and understand the experience through his mind.

5 There was a vitality and "dramatic" vividness to S's sensory experience of this.

6 As a young adult, S had a drug induced transpersonal experience in which this same sense of transparency and hypersensory awareness occurred only in a more intense way.

7 The "transparent" quality is a sense of being able to see the "essential nature" of something and the "creative intelligence" behind it without defining it through thought and expectation. It is experiencing the subtlety of the object's existence which is beyond the ordinary sensory and mental dimensions usually attributed to it.

7a What is most significant is that this experience of transparency feels divine.

8 It was during this transpersonal experience that S realized he wanted to be a psychotherapist.
He became aware of his "native endowment" to want to "understand things and gain knowledge" and he felt motivated by the vitality and intense feelings of love that he felt in this experience. He wanted to inquire and teach about these kinds of experiences as a philosopher.

He then recognized that philosophers are under-employed and he chose psychology as his career path.

He was motivated by the increased healing power and effectiveness that his understanding and experiences of these non-ordinary states could bring to "conventional psychotherapeutic means".

This was the first time S had a clear "felt sense" that he would be "teaching and healing and, utilizing these experiences as a guide in that direction". His "mind was wide open" and it was if he knew his future in a "felt" way.

S was first aware that he was doing transpersonal psychotherapy as a counselor in training. In working with adolescents he would help them to cultivate the ways in which they experienced a sense of "openness or freedom" rather than responding to the particular problems they presented.

S focused his awareness on the "transcendent and divine". This was his therapeutic stance or way in which he would "hold the therapeutic relationship" which is in contrast to the psychoanalytic way of focusing on clients' "genetic dysfunctions and development over time".

Because of his stance, he felt "very divorced" from the major theoretical schools in psychology.

A specific example of S working with a client in this way is when he counseled a woman who had recently stopped drinking alcohol.

After developing a relationship with this client, S responded to her interest in his life by "giving her a sense of his way of being in the world".

He had a spiritual practice and an avid interest in transpersonal psychology at that time.
She began to express "fleeting" moments of enthusiasm and hope in her life. S helped her to explore times when, prior to her addiction, she had felt this sense of freedom, hope and enthusiasm. He wanted to know about the times in which she felt "awake and alive" in her life. He focused on the positive experiential potentialities rather than the hopelessness.

S felt that this client progressed in being able to shift her focus away from the problems in her life and toward ways in which she felt free.

S's premise is that people are born into this world "inherently free and whole and it's through conditioning that we move away from that". The healing occurs when this "wholeness" is remembered by the client.

S attributes this client's progress to her "movement toward a sense of being free" which was being reawakened in her from remembering previous experiences of this freedom.

S is now counseling a woman who had been severely abused as a child.

He has been working with her phenomenologically; focusing on her subjective experience and not utilizing interpretation. He used image and "felt sense" in their work.

In their work, S noticed a "fabric being woven" with her personal, biographical material and the impersonal/transpersonal material which arose in sessions from her altered state experiences of the "archetypal, mythological realm". There was a connection between these two dimensions of her therapy.

S induced altered states in this client by facilitating energetic flows through her body's emotional centers or chakras. The results of this were as "dramatic and radical" as her mythological material.

He also used a method called EMDR (Eye Movement Desensitization Reprocessing) which allowed her to vividly recall abuse memories which she had repressed in her subconscious.

Once this memory was accessed and accepted as being her experience, she was opened to the transpersonal. When working with her body energy, S could feel
a "divine" energy flow in the client's body and a "mystical consciousness or rapture" happening for her.

27
The client described her experience as being "mystical" and "orgasmic".

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During this altered state experience, the client looked ecstatic like the saints in "moments of profound mystical vision". S had a "great sense that something was being released and being filled at the same time".

29
S sensed that she was "exorcised" from a burden which felt like an energetic or "palpable presence" which had left her body and pervaded the room leaving her with a "great sense of relief".

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The client felt that she had "cast-off" her father's sexual dysfunctionality which she had "incorporated into her being". She hadn't realized before this experience that she had been "possessed by this energetic".

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Her greatest healing was her acceptance of life as being paradoxical rather than always being "clean and clear" and thus she can have a simultaneous experiencing of dichotomous feelings. This simultaneity allowed for a more complex and fuller understanding of life.

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Her previous pattern was to repress one of the conflicting feelings. The repressed emotion would then be unconsciously expressed, usually in a dysfunctional way such as a phobia or psychosomatic illness.

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The client experienced this realization or acceptance as "grace". The experience of grace is paradoxical in that it's bestowance is unpredictable and gratuitous yet, when it occurs it seems fully planned and intelligent as if "everything has fallen perfectly into order".

33a
S's experience of this was that he and the client were "conduits for some greater reality to manifest" rather than grace being a direct result of something they had said or done.

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S's primary role as a therapist is to "bear witness" to clients' processes rather than using intrusive techniques or actively doing something. It is "akin to midwifery". He is "open and conscious" to clients' experiences as change "organically emanates" and is "called forth" from clients' experiences. He does not suggest tasks to clients to induce change in certain directions.
S imagistically envisions himself "holding" the client and the therapeutic relationship with his arms fully outstretched. His experience of this is to be fully present to whatever the client brings forth and "figuratively embracing whatever the client is experiencing without judgment".

S does not diagnose his clients using categorical systems such as the DSM III. These terms and categories are not useful to him in that they are not representative of what is happening for clients.

Diagnostic nomenclature is an "illusion" in that a diagnosis represents a limited aspect of who a client is. It suggests treatment of only an element of a person's life and ignores the larger, encompassing nature of reality.

Holding clients in their "divinity" and "true nature of openness, spaciousness and love" gives S a greater perspective from which to understand smaller aspects of their lives such as a "psychiatric classification" - "I'd much rather hold people in their divinity than hold them as a psychiatric classification". "It's the ultimate lens to look through because it has no boundaries".

Holding clients in terms of contemporary psychological theories and practices does not allow much for the unfolding of clients' mystical experiences.

His therapeutic stance or "holding" of this client and the phenomenon of "grace" together helped her to enlarge her knowing of who she is.

This client now perceives herself in a profoundly different way which has broadened her perspective and facilitated her healing. Her experience was "ineffable" - too "mystical and mysterious" to describe through language.

In thinking about a transpersonal intervention which was inappropriate, S recalled an instance of his own therapy as a client.

Every spiritual discipline or religion has a tradition or ways in which to reduce suffering with an ultimate goal of freedom from pain such as, prayer, meditation or service.

S's transpersonal therapist believed that in practicing a spiritual tradition one brings the "whole history of that tradition and the energetic of that history to bear on that practice at any given moment".
S chose to mix several disciplines in his spiritual practice which caused him to become physically ill and might have eventually caused him to lose sense of time, place and identity.

S's therapist asked him to stop this mixed tradition of spiritual practice. After stopping, S gained an equilibrium and he could discern his own needs.

As a therapist, S made an inappropriate transpersonal intervention as a result of underestimating the degree of trauma his client had experienced and not obtaining enough biographical information from the client.

After practicing meditation, at S's suggestion, this client became "less grounded", less functional in everyday life and more "disassociated". "By eliminating the practice, there was a dramatic shift in the other direction". S concluded that meditation may be "inappropriate for people at certain places in their development".

Through meditation this client avoided emotions and images by entering transcendent states of consciousness.

S has known people who "inhabit" the realms of altered states of consciousness through spiritual practice without the balance of living healthy personal lives which includes emotional awareness, intimate relationships and socially adept behaviors. This "renders that practice of transcendence of less value".

Meditation in some cases is used as a defense against the psychological, "spiritual by-passing or flight into light".

Many of S's clients describe their own experiences in therapy as being transpersonal.

Most of S's clients come to therapy with a goal of integrating the transpersonal into their lives.

For example, he had one client who had lived a typical "householder" lifestyle and at middle-age she went back to school and began a spiritual practice.
As she practiced her spiritual disciplines her awareness of her "discontent" and directions for personal growth began to surface for her. She felt "urgently impelled" to make changes in her life, to know herself more fully and to have more loving and meaningful relationships.

S considered this an indicator that her meditation practice was "compatible" and facilitative of her personal growth.

Through her in-sight meditation practice, she was able to more fully know herself in terms of her emotions and her "original nature" of "divine intelligence".

Through these processes, which seemed to be methods of purification, she was able to work through and "cleanse" away emotional patterns which had made it difficult for her to change.

Her healing was a holistic experience resulting from their therapy work with altered states, dreams, cognitions and her phenomenological experiencing of emotional and bodily states in addition to her own spiritual practices of meditation, prayer and body therapies.

As a result, the client felt "peaceful". "More of her emotional constitution was available to her at every given moment of time" and she gained a sense of "mastery around her emotions and thoughts" and an improved self-esteem as a result. Her physical well-being had also improved.

Her ability to communicate with others improved and she had a greater capacity to accept others and even feel love and compassion for them.

She began talking more about her life and career in a transpersonal sense of wanting to altruistically help and serve others. Most important to S was her increased love and compassion for herself and others.

This greater love and compassion is an indicator of transpersonal development and a furtherance of one's return to "original nature".

As her therapy progressed she began to "release" dysfunctional emotions, cognitions and interpersonal behaviors which had "hindered" her personal and transpersonal development.
Her growth is transpersonal in the sense that her return to her original nature extends beyond her personal identity.

Her original nature does not include her ego identity. She began talking less about herself as her experiencing of the ineffable increased.

Transpersonal concerns or development can have humanistic elements such as values and ways of being in the world as an organism and also extend beyond the individualistic realm of the human organism. Whereas the humanistic dimension is more limited as it does not contain the concerns of the transpersonal realm.

The paradox is that as one becomes more compassionate and selfless which is ineffable/beyond description, one also becomes more defined through a greater understanding of one's life and purpose.

The presence of original nature is "invariable and unmistakable" like "seeing the sun shining".

Although one's original nature is often "veiled", it is the therapist's role to acknowledge and witness its presence when revealed.

The therapist's role is to listen non-judgmentally to clients' experiences of "the ways in which their original nature is manifesting".

Original nature could manifest overtly such as in an "ecstatic embrace" or subtly as in having more "access to forgiveness and acceptance" as attributes of love.

S alerts clients to the divine nature in their actions. However, he finds that clients often recognize this for themselves.

S's transpersonal awareness and openness is evocative as it creates a "context for other people to embody that same openness". Underlying his transcendent attitude is the belief that clients are working toward a return to their original nature. To serve this goal, S attends to the relationship rather than theory, the latter of which would limit his perspective and understanding of the clients' experiences. It is the primacy of relationship over theory in the service of true nature.
S considers the Rogerian concept of unconditional positive regard to be of a transpersonal nature.

He also sees behavioral therapy as having a "transpersonal core" in that it supports "that which is reinforcing to clients, that which is good, positive, salutary, healthy and moves them toward greater integration".
As a young adult, S had a drug induced transpersonal experience in which a sense of transparency and hypersensory awareness occurred. The "transparent" quality is a sense of being able to see the "essential nature" of something and the "creative intelligence" behind it without defining it through thought and expectation. It is experiencing the subtlety of the object's existence which is beyond the ordinary sensory and mental dimensions usually attributed to it. What is most significant is that this experience of transparency feels divine. It was during this transpersonal experience that S realized he wanted to be a psychotherapist. He became aware of his "native endowment" to want to "understand things and gain knowledge" and he felt motivated by the vitality and intense feelings of love that he felt in this experience. He wanted to inquire and teach about these kinds of experiences as a philosopher. He then recognized that philosophers are under-employed and he chose psychology as his career path. He was motivated by the increased healing power and effectiveness that his understanding and experiences of these non-ordinary states could bring to "conventional psychotherapeutic means". This was the first time S had a clear "felt sense" that he would be "teaching and healing and, utilizing these experiences as a guide in that direction". His "mind was wide open" and it was if he knew his future in a "felt" way.

S was first aware that he was doing transpersonal psychotherapy as a counselor in training. In working with adolescents he would help them to cultivate the ways in which they experienced a sense of "openness or freedom" rather than responding to the particular problems they presented. S focused his awareness on the "transcendent and divine". This was his therapeutic stance or way in which he would "hold the therapeutic relationship" which is in contrast to the psychoanalytic way of focusing on clients' "genetic dysfunctions and development over time". Because of his stance, he felt "very divorced" from the major theoretical schools in psychology. A specific example of S working with a client in this way is when he counseled a woman who had recently stopped drinking alcohol. After developing a relationship with this client, S responded to her interest in his life by "giving her a sense of his way of being in the world". He had a spiritual practice and an avid interest in transpersonal psychology at that time. She began to express "fleeting" moments of enthusiasm and hope in her life. S helped her to explore times when, prior to her addiction, she had felt this sense of freedom, hope and enthusiasm. He wanted to know about the times in which she felt "awake and alive" in her life. He focused on the positive experiential potentialities rather than the hopelessness. S felt that this client progressed in being able to shift her focus away from the problems in her life and toward ways in which she felt free. S's premise is that people are born into this world "inherently free and whole and it's through conditioning that we move away from that". The healing occurs when this "wholeness" is remembered by the client. S attributes this client's progress to her "movement
toward a sense of being free" which was being reawakened in her from remembering previous experiences of this freedom.

S's primary role as a therapist is to "bear witness" to clients' processes rather than using intrusive techniques or actively doing something. It is "akin to midwifery". He is "open and conscious" to clients' experiences as change "organically emanates" and is "called forth" from clients' experiences. He does not suggest tasks to clients to induce change in certain directions. S imagistically envisions himself "holding" the client and the therapeutic relationship with his arms fully outstretched. His experience of this is to be fully present to whatever the client brings forth and "figuratively embracing whatever the client is experiencing without judgment". Although one's original nature is often "veiled", it is the therapist's role to acknowledge and witness its presence when revealed. The therapist's role is to listen non-judgmentally to clients' experiences of "the ways in which their original nature is manifesting". S alerts clients to the divine nature in their actions. However, he finds that clients often recognize this for themselves. S's transpersonal awareness and openness is evocative as it creates a "context for other people to embody that same openness". Underlying his transcendent attitude is the belief that clients are working toward a return to their original nature. To serve this goal, S attends to the relationship rather than theory, the latter of which would limit his perspective and understanding of the clients' experiences. It is the primacy of relationship over theory in the service of true nature.

S does not diagnose his clients using categorical systems such as the DSM III. These terms and categories are not useful to him in that they are not representative of what is happening for clients. Diagnostic nomenclature is an "illusion" in that a diagnosis represents a limited aspect of who a client is. It suggests treatment of only an element of a person's life and ignores the larger, encompassing nature of reality. Holding clients in their "divinity" and "true nature of openness, spaciousness and love" gives S a greater perspective from which to understand smaller aspects of their lives such as a "psychiatric classification" - "I'd much rather hold people in their divinity than hold them as a psychiatric classification". "It's the ultimate lens to look through because it has no boundaries". Holding clients in terms of contemporary psychological theories and practices does not allow much for the unfolding of clients' mystical experiences.

S is now counseling a woman who had been severely abused as a child. He has been working with her phenomenologically; focusing on her subjective experience and not utilizing interpretation. He used image and "felt sense" in their work. In their work, S noticed a "fabric being woven" with her personal, biographical material and the impersonal/transpersonal material which arose in sessions from her altered state experiences of the "archetypal, mythological realm". There was a connection between these two dimensions of her therapy.

3
S induced altered states in this client by facilitating energetic flows through her body's emotional centers or chakras. The results of this were as "dramatic and radical" as her mythological material. He also used a method called EMDR (Eye Movement Desensitization Reprocessing) which allowed her to vividly recall abuse memories which she had repressed in her subconscious. Once this memory was accessed and accepted as being her experience, she was opened to the transpersonal. When working with her body energy, S could feel a "divine" energy flow in the client's body and a "mystical consciousness or rapture" happening for her. The client described her experience as being "mystical" and "orgasmic". During this altered state experience, the client looked ecstatic like the saints in "moments of profound mystical vision". S had a "great sense that something was being released and being filled at the same time". S sensed that she was "exorcised" from a burden which felt like an energetic or "palpable presence" which had left her body and pervaded the room leaving her with a "great sense of relief". The client felt that she had "cast-off" her father's sexual dysfunctionality which she had "incorporated into her being". Her greatest healing was her acceptance of life as being paradoxical rather than always being "clean and clear" and thus she can have a simultaneous experiencing of dichotomous feelings. This simultaneity allowed for a more complex and fuller understanding of life.

5
The client experienced this realization or acceptance as "grace". The experience of grace is paradoxical in that it's bestowance is unpredictable and gratuitous yet, when it occurs it seems fully planned and intelligent as if "everything has fallen perfectly into order". S's experience of this was that he and the client were "conduits for some greater reality to manifest" rather than grace being a direct result of something they had said or done. His therapeutic stance or "holding" of this client and the phenomenon of "grace" together helped her to enlargen her knowing of who she is. This client now perceives herself in a profoundly different way which has broadened her perspective and facilitated her healing. Her experience was "ineffable" - too "mystical and mysterious" to describe through language.

6
In thinking about a transpersonal intervention which was inappropriate, S recalled an instance of his own therapy as a client. Every spiritual discipline or religion has a tradition or ways in which to reduce suffering with an ultimate goal of freedom from pain such as, prayer, meditation or service. S's transpersonal therapist believed that in practicing a spiritual tradition one brings the "whole history of that tradition and the energetic of that history to bear on that practice at any given moment". S chose to mix several disciplines in his spiritual practice which caused him to become physically ill and might have eventually caused him to lose sense of time, place and identity. S's therapist asked him to stop this mixed tradition of spiritual practice. After stopping, S gained an equilibrium and he could discern his own needs.
As a therapist, S made an inappropriate transpersonal intervention as a result of underestimating the degree of trauma his client had experienced and not obtaining enough biographical information from the client. After practicing meditation at S's suggestion, this client became "less grounded", less functional in everyday life and more "disassociated". "By eliminating the practice, there was a dramatic shift in the other direction". S concluded that meditation may be "inappropriate for people at certain places in their development". Through meditation this client avoided emotions and images by entering transcendent states of consciousness. S has known people who "inhabit" the realms of altered states of consciousness through spiritual practice without the balance of living healthy personal lives which includes emotional awareness, intimate relationships and socially adept behaviors. This "renders that practice of transcendence of less value". Meditation in some cases is used as a defense against the psychological, "spiritual by-passing or flight into light".

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Her growth is transpersonal in the sense that her return to her original nature extends beyond her personal identity. Her original nature does not include her ego identity. She began talking less about herself as her experiencing of the ineffable increased. The paradox is that as one becomes more compassionate and selfless which is ineffable/beyond description, one also becomes more defined through a greater understanding of one's life and purpose. The presence of original nature is "invariable and unmistakable" like "seeing the sun shining". Original nature could manifest overtly such as in an "ecstatic embrace" or subtly as in having more "access to forgiveness and acceptance" as attributes of love.
Interviewer: The first thing I would like you to describe to me is one of your first experiences with the transpersonal.

Subject: Do I go back into childhood?
I: That's certainly an option.
S: One way of sort of narrowing that down is whether you're asking about one of my first experiences of the transpersonal at a point at which I knew I could identify it as such versus an experience I had where I would have just had the experience but I wouldn't be able to identify it as spiritual or transpersonal or whatever.
I: It could be either. It could be a very early experience that you would now consider to be transpersonal. But if it is harder for you to recall those, it's okay.

S: I'll tell you what. Instead of trying to figure out what the first one was, I'll just give you one. I'll just pull one out of the hat. This happened about 21 years ago. I was with my two children who were very small at that point, less than two and less than five. I was staying in a very hot mobile home just for the summer. My husband was going to a special institute at Stanford. We were staying in this very miserable trailer. I had decided to become a vegetarian and it was making me sick. My system was having trouble adapting and I think I did it too abruptly. Anyway, so I was feeling really crummy and I remember I was just getting up from the toilet. Good time to have a transpersonal experience (laughter). And I remembered a technique that I had heard about at a workshop I had taken with Jim Fadaman which was to talk about yourself in the third person or think about yourself in the third person.

So I started doing that and I started saying, "Molly's feeling really crummy and it's really hard and it's hot". Just sort of started describing my feelings to myself but using the third person and I had this amazing experience of compassion for myself as if I had identified with my higher self and was able to look at my personality self with real compassion as I would with one of my children if they were not feeling well. It was a very powerful experience, very wonderful. It, of course, helped me to feel better because of getting back to my compassion.

I: How long did that particular experience last?
S: Well the hit, so to speak, was probably only a couple of minutes, but the after effects lasted for quite a long time. It felt like it changed my attitude towards myself in a fundamental way.

I: Can you tell me more about those changes?
S: Well maybe it was one of the first times I was ever able to step outside of my personality and look at myself from a non-judgemental place. Sometimes we step outside and look back at ourselves but, in a judgmental way. But, this was in a real compassionate way and I really felt like I was identified with my higher self, my spiritual self at that moment. So, I don't know if I had ever experienced that before.

I: Is that something you were able to maintain or integrate somehow?
S: Yes, and able to return to. Like I would obviously get out of it, forget about it, get caught-up again, but I could recall that experience and then recreate that feeling.

I: Was that before or after you were a therapist or during your training?
S: It was before. At that time I was working as a school teacher, although I think at that time I was not employed. That was my profession at that time.

I: Do you recall what your reaction was to that experience? Was it pleasant or scary or did you recognize it as something transpersonal?
S: Yes, I recognized it. I probably knew that term then, but I don't remember. Yes, I probably knew that term, but I recognized it as a spiritual experience and probably used that word rather than "transpersonal".

I: Can you tell me about a time when you first realized you wanted to do transpersonal psychotherapy?
S: Well I think it went this way. I think I wanted to (and I wanted to for a long, long time) bring the spiritual into whatever I was doing and it was a later development that I decided to become a therapist. So, it was like transpersonal first, therapist second, rather than deciding whole (?) transpersonal therapist. I was initially identified as a teacher and interested in how I could obviously not bring spirituality into my teaching in the sense of teaching kids any kind of dogma or anything like that, but more like having a transpersonal perspective in regarding the children I was working with and seeing them as souls in evolution and that kind of thing.

And then I wasn't able to get a teaching job because I had gotten out of the system and I couldn't get back in again. I was working as a substitute teacher and it was not satisfying to me. Then I got another job in a training department at a research and development laboratory and that was not satisfying to me either although I learned a lot and I'm really glad I did that. It was important to experience.

My husband was a therapist and at some point I realized that I wanted to become a counselor. I think I called myself a counselor as how I was conceiving...
of it. And then when I decided to do that, I decided well I have to go back and get a Masters degree, because I just had a Bachelor's. I had already gotten interested in psychosynthesis, at that point, and had gotten the basic training. I had gone through a basic training class. Jim and I together were teaching classes in psychosynthesis, but I decided I wanted to become a counselor in my own right. So, I researched Master's degree programs and found one I liked. What I did then was I got an extern degree program. So I was able to go to the Psychosynthesis Institute in San Francisco and train there and build my program around that training which I did. So that was the way it went. It was my interest in the transpersonal that led into becoming a therapist. It was a way of using that interest in a way that was helpful to people.

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I: In your experience as a psychotherapist when you were taking that step that you were just describing, can you describe a time when you really felt "now I am really doing transpersonal psychotherapy"? Can you describe an actual experience you had with a client very early?

S: During my training... the training I took part in kind of picked us up and threw us willy nilly into the middle of it. So that we started out doing mini-sessions with one another and it was kind of like just jumping in with very little preparation. I had the initial training experience which meant that I was familiar with the basic concepts. But, as far as therapeutic techniques, I really had little training. It had all been working on myself using those techniques to work on my own process. I hadn't really had any specific training in how to use those with other people. The way that we were trained was just to be sort of thrown into the middle of it.

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I think it was a really powerful way to train because what happened for me was that I found out what I had inside me which probably had always been there - my own wisdom, my own intuitive nature, my own ability to improvise was all there and I didn't know it. So, that was my experience of awakening as a therapist. Just being thrown into the situation - "okay here's someone sitting in front of me" and we had 20 minute sessions, they weren't very long and go for it.

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Then afterwards having a critique, having a discussion about what happened. It wasn't so much a critique as it was a processing of what was going on, what were you thinking of, why did you use this particular intervention and it wasn't like you should have used something else. It was just helping us become conscious of our own process. So we weren't just kind of flailing around but, acting with increasing consciousness in what we were doing.

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That was another life changing time because I felt like I came into that training as sort of an overgrown little girl. Like I was an adult but, I was still just a kid in the sense of feeling inadequate. Not in the positive sense of being a child, but in the sense of being inadequate. Like the big people knew what was happening and I
didn't. After that training period, I really was convinced that I had the stuff in me and that I could be of service to people in that way.

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I: Focusing in more specifically on the actual experience of when you were being trained in that way and having those interactions with your peers, can you describe what that was actually feeling like for you? What was your sense of the transpersonal in that experience?
S: That's a good question. Okay, when I said that I found the wisdom, intuition, and empathy in me, it was a sense of that not being personality stuff, of it not being ego stuff like "oh, look how talented I am" - that was not the experience of that kind of pride. It was more a sense of awe that this kind of power was available to me and that I could access it. So, that's the sense in that it was transpersonal. It wasn't mine. It was something that I could channel if you will. It was in me, but it wasn't mine. It was a universal force that was in me that I found out was in and I found out that I could surrender to, if you will, and make use of. Does that kind of get at what you're asking?

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I: Yes, I think so. I was just wanting a little bit more description of what it was actually like for you.
S: I was also feeling, and I think this had to do with being kind of thrown into the middle of it, but I realized for someone else it might not have worked, it worked for me, was that I couldn't rely on what I had been taught because I hadn't been taught anything, I couldn't use formulas, couldn't use "oh, now in this situation I'm supposed to do ....", I had to just really be almost in desperation, draw upon my own wisdom which wasn't mine (laughter). It's like when you're down and grab for whatever lifeline is available and then you find out what lifelines are there that you maybe didn't know were there before.

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I: In thinking about some of your early work that you were doing with clients, describe a specific instance in which you were aware that the work you were doing was transpersonal.
S: One of my early clients, in fact she was a client who was one of my training clients so to speak, she was an outside person, but it was during the internship process, was a woman who was involved with the Salvation Army. She was a worker. She had a lot of problems sorting out what were her spiritual/religious beliefs and energies and whatever, and what were the organization's. In other words, the organization because it is a church, it considers itself a church, would have certain rules and regulations and dogma and so on. And, if she rebelled against them she would feel like she was rebelling against God.

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To me that was clearly transpersonal work, to help her sort out what was her real relationship to the divine or to God or whatever and what was just the social organization, the political/social organization that she was part of. That felt like to me that that was clearly transpersonal work, it was working with a real transpersonal issue and it wasn't just her psychological hang-up or her
transference from her parental stuff. To me, it was more than that. It was real important that she get that clear for herself so that her relationship with God or the divine was not sabotaged by the stuff that belonged to the human organization.

I: Can you recall how it was that you worked with her?
S: Oh, yes. I did a lot of gestalt-like chair work. I remember one session where I suggested she put God in one chair and the Salvation Army in the other hair and talk to them and try and figure out when she was talking to one of them and when she was talking to the other. What did she want to say to each of them? It was a very powerful session. So, it was that kind of gestalt chair work and inner dialogue, imagery. Did a lot of imagery with her - guided imagery where she would present the images, I wouldn't. I would have her describe what was going on and maybe make suggestions. I think the setting was often described and it was like going into a cave, going to the ocean, or going up a hill, whatever I thought was appropriate. But, then what would happen was from her and then I would just support her in doing that.

I: What would you say the outcome of that was?
S: Oh, it was quite wonderful. I really think she was very empowered. She really claimed her own authority in relation to the Salvation Army. She went through a process of deciding whether she wanted to stay or leave and she decided to stay, but I felt like she stayed on a new footing. She was able to recognize, and I wasn't prompting her to this, this was what she came to was a realization that it was a sexist organization and that she as a woman was being given the short-end of the stick and a determination to try and change that, stand-up for herself.

I think there was some kind of, I don't remember because this was a long time ago, my memory is that there was some kind of choice point for her where she had to stand and confront somebody about something that was happening. I think she was being offered a different assignment that was not an advancement and was not really as good of an assignment as she deserved and I think she refused it and insisted on being given another assignment that was a little more of an advancement. As I said, I can't remember the particulars, but it was something like that. I got a letter from her a couple years later and she was very happy. So, it was good work.

I: That was one of your earlier experiences?
S: Yes, definitely. It was during my training that I was working with her. I had a handful of clients during that time, 3 to 5 people, but I think she is the one I remember most clearly.
I: What about in your most recent work with clients? Is there a particular transpersonal experience you had with a client you can recall?
S: Many times coming to a place of the ineffable, coming to a place of touching some kind of a quality or realization or an experience that is holy and where I feel really honored and in awe and the person does to. Well, they don't necessarily feel honored because if it's their experience then it's their experience. So they may not feel honored to have it, but I feel honored to share it. Where a person will come to a realization of the preciousness of life or a sense that the universe is somehow supporting the person or giving that they're not alone, that there's more to reality than they previously allowed themselves to think. That kind of thing.

I: Can you think of a particular example?
S: I have always had trouble thinking of particular examples. They all kind of run together. I think the reason I was able to remember about the Salvation Army woman I was telling you about was because it was early on, so it was kind of like it was real distinct at that time. Also another is that sometimes it's not a particular moment. It's something that happens over a period of time. It's a shift that happens and there's not maybe a moment in which the person says "ah ha", but rather, a gradual shift and there is often points at which they will become aware of the shift and look back and say "wow, I'm different, I feel how differently I relate to my life, to the universe, and to other people than I did before". It's often hard to know if there was any particular moment when that change happened, it was more of an organic thing.

I: Well that may be a way to select an example. Can you think of someone whom you worked with for awhile and talk about that case?
S: One of the things for me about the transpersonal is that it's not limited to clearly defined spiritual/religious type experiences. Now I gave the example before that was. But, that kind of language may never be used.

I'm thinking of one man I worked with for quite a period of time who was basically a very, well this is true for almost everybody I work with, most people I work with are what I'd call somewhat tongue-and-cheek healthy neurotics, they're highly functioning people, they're not people who are what you would in any way consider to be mentally ill. They are married, they have families, they have good jobs or professions and I work a lot with therapists. So, these are people who are wanting to move from a basic level of sound functioning to even more. They're not willing to settle for "okay". So, this was this guy's story and he came to me and what he wanted to work with was depression, but not severe depression, sort of chronic mild depression and a sense of not being connected to other people.
The way I worked with him was, I think more than any other client I had before, I used the therapeutic relationship explicitly so that we would work with how connected he felt to me and what was getting in the way of his feeling connected to me in the moment, rather than talking a lot about what was happening with his wife or kids or whatever.

We would often begin a session talking about something that had occurred in the last week or so, but I was really emphasizing feelings and his being in touch with how he felt and then just really being there with him while he was feeling whatever he was feeling or expressing. Sometimes that would mean he would not be in touch with his feelings much at all and he'd be agitated and get up and walk around a little and but, instead of talking a lot about it, we'd have long periods of silence and what seemed to happen is that my tenacious presence, it's like whatever was going on I was there and accepting and trusting him, was just deeply affirming to him and we did some childhood stuff as it would come up.

One day he broke a chair in my office (laughter) which he paid to fix. These are the kinds of extremes that sometimes we would go to. He had been wanting to break a chair for a long time and I kept intending to go to a second hand store and get an old chair that he could break and I never did get around to it. So finally he broke one of my good chairs (laughter). That seemed like a turning point for him somehow to do that and have that be okay.

To me that is very much at the heart of my work and what seems to me to be transpersonal is that willingness to simply be there with whatever is happening and not trying to fix it, not trying to make it better, not try to interfere, not try and um, the only word I would use would be contain. So, I do try to contain it and even the breaking of the chair was contained to the extent that I was very watchful that he wasn't going to hurt himself or do damage beyond what could readily be repaired and that was right on the edge for me, like I wasn't sure it was okay, but I was willing to be on that edge and also be really honest with him. If he'd asked me, I would have told him I wasn't sure and if he would have said, "is this okay?", I would have said I wasn't sure. And why is that transpersonal, I don't know. I don't know if that's a question you even need to ask.

I: As you are talking I'm trying to get a sense of what that was like for you. You talk about building a container, being there for him, and I find myself wondering what is it in your beingness that is the room. What kinds of qualities?
S: That experience that I told you about before of when I experienced compassion for myself, that quality is definitely there. In other words, I am regarding him in the same way that I regarded myself in that moment. Compassion is real different from pity or even sympathy. Compassion can be kind of dispassionate. Dispassionate-compassion. Not being caught.
It feels like I am there with my personality, but my personality is only a vehicle. I'm not there to get any of my personal needs met. Although I do get them met, that's not what I'm there for. It's really hard because the other side of the story is that the whole thing of being authentic, genuine, and being honest about what's happening for me. So if a person has frightened me or if I'm feeling angry or whatever. I don't blurt out every passing feeling but, if it's a strong feeling or if the person asks me about it, I will tell them.

I just remembered a specific incident. It could well have been a turning point. I remember it very vividly and so it may have been a turning point for the client. It was a time that I wasn't real present. I spaced out for a few minutes. He was telling me about something. I don't remember what it was. I made a statement that was kind of a bit of a platitude but, it was the sort of thing like if you were reading a transcript you would think it was a perfectly reasonable thing for a therapist to say but, it was an encouraging statement, like "I'm sure you'll do very well with that".

As soon as I said it, I saw this look go across his face. So, I knew that he had picked up on something and I couldn't tell you what the look was except that something had hurt him. It was subtle, but it was there. So, I said, "what's happening? I see this look, what's going on.". And he had internalized it. He said, "oh, I was feeling really stupid like what I said was really silly or something".

And I said no, what happened was I said something that wasn't on and as soon as I said the words, I knew it was not a good thing for me to have said. I spaced out for a minute. So, I was completely honest with him about what had happened.

He just got this look of relief on his face because it was a tremendous learning because he realized that he was taking the blame. He had picked-up that there was something a little bit off about the transaction and he had taken it into himself and blamed himself. As soon as I said "no, I was the one who was off", he could realize that he was taking blame and shouldn't have. It also somehow.... He didn't get mad at me. He was delighted that I was willing to own-up to my own insensitivity or my own mistake. So, that was a real powerful moment.

I don't know why that's transpersonal, but it isn't but, anyway that was a case where my personality had gotten into the act. I was spacing out and thinking about something else and it was just sort of an automatic thing coming out of my mouth instead of a real attentive response.
And this was with the same client that you have been talking about?
S: Yes.
I: In your continuing to work with him, you said earlier that he is an example of someone that you worked with over time, rather than using a lot of specific transpersonal interventions. Can you talk more about the nature of your work with him over time?
S: Well initially we did some work with childhood stuff and we had some cathartic type sessions where he would go back in imagery to some childhood experience and relive it and cry or whatever he needed to do. I would be urging him to verbalize what he needed to have said at the time and couldn't. There was a lot of relief from that but then after a little while it was like he was still there. He was still feeling depressed. He was still feeling disconnected. So, that wasn't going to fix it.

Then we did a fair number of sessions where it was more like working with the relationship itself that I described before and that really seemed to be another big piece and that also made a lot of changes but, then after awhile it wasn't enough.

Then he for awhile came with his wife and I worked with the two of them. That may have actually been what was the final piece but, I don't think that the second and third piece would have worked without the first or the third piece would have worked without the first and the second. Even though it seemed like that's when he changed, after I worked with both of them, it was building on what had gone before. So, I worked with the two of them interspersed with sessions with just him and somewhere along the line finally we got to the place where he wanted to have a ceremony, a ritual to say goodbye to his father.

His father had committed suicide when he was in his early teens and obviously it was a very traumatic thing for him. He had never really said goodbye to him. So, he wanted to have a ceremony to do that.

He invited me to come and a body worker he had been working with to come. We went up to this beautiful land on a Saturday afternoon but, it worked. We weren't sure what was going to happen. He just felt his way through it and really I was there as a witness more than anything else. Also his family was there, his wife and his kids. That was really the turning point - his going up there and saying goodbye to his father. He went to a place where his father's ashes had been scattered. That was the significance of the place so, he really felt like his father was there. He talked to his father publicly in front of his family and the two of us and cried.
He and his son really connected and it was very beautiful. And that seemed to be a real turning point for him. After that we had only one or two more sessions. It just seemed like he was done. He had gotten what he really wanted which was to feel connected. He really felt connected, especially to his wife which had been a problem. It’s like he was connected to her but, on some deep level he was holding back. It was like all of the barriers were down after that.

I: That sounds like a pretty significant experience he had towards the end.
S: But it felt like everything else had built up to it.
I: I’m wondering about your being a witness to that ritual. What was that like for you? What was your sense of what was happening? What are some of the adjectives that would describe the experience for you?
S: Simplicity was one word. By this time, I felt very much like this man is my friend. The fact that I was his therapist certainly defined the relationship in some ways but, I felt like I could have been there because I knew him from some other connection. So, I didn’t feel like I was there as his therapist. I felt like I was there as his friend. So I didn’t feel like I had to do anything special or that I was in any way responsible for what happened. I was there to support him and if anything came through me I would obviously share it and offer it up.

I: Did that experience of the ritual feel transpersonal to you?
S: Oh yes. It felt transpersonal in that he was opening himself to energies beyond the literal, historical, personal. He was really talking with his father. He wasn’t just going through the motions of talking to his father or talking to a chair saying I am going to do this therapeutically - I’m going to put my father in the chair and talk to him. There was a real sense that he really was talking to his father and that he believed that his father could hear him. Without going into the technicalities of what that might be, he was connecting with his father on a spiritual level or transpersonal level. In doing so he was also connecting with the other people who were present there, especially his son.

There was something about his relationship as a son to his father that affected his relationship as a father to his son. And there hadn’t been anything overtly wrong between them. They got along fine and didn’t have any conflicts that were obvious. But he obviously felt that there was a level at which he was holding back and that he could break through that on that occasion.

So I guess transpersonal has a lot to do with relationship but not just relationship in the sense of whether you get along with somebody but, having that sense of deep connection, deep soul connection. That was the level at which he was really feeling disconnected on a real deep level. He was perfectly capable of carrying on a warm and friendly conversation with somebody but, he would only go so far and then there would be a sense that he would wall himself off.
I: What was an indicator to you that he could connect more on a soul level?
S: Well I guess I saw it. There were interactions with it, especially with his son on that day. It was very moving. I trust that. I trust my own perceptions. I couldn't give you criteria. It is an intuitive thing. I trust my own response to something like that. And then on the more prosaic level is his own self-report - his own report afterwards that he felt finished, that what he had come to struggle with was no longer an issue for him. His sense of being disconnected and his depression were no longer a problem for him. Actually I've seen him socially one since. We went out and had lunch together with him and his wife and my husband. My husband and he had since become friends. It was palpable in his whole manner of ease. It was like he was relaxed and comfortable with himself - at ease with himself, real fluid in his interactions.

I: That's an example you've given of someone you have worked with over time and how you could see all of that work fitting together and created a whole for his healing experience. I'm wondering if there is a particular time when a transpersonal intervention really worked?
S: I don't know. I guess I have a little trouble with the term "transpersonal intervention" as if it were somehow different from any other kind of intervention or even that there could be such a thing as a transpersonal intervention which is more referring to a technique than a process. To me transpersonal has to do with a process rather than any particular moment in that process or any particular exchange in that process. Probably I'm having trouble thinking of instances because I can only think of the whole. Transpersonal to me has to do with an attitude rather than a technique or intervention. It has to do with an attitude of seeing the person, of my holding and regarding the person as being a spiritual being on a spiritual path.

And whatever they are dealing with in their life, whatever they are struggling with, whatever their issues are, that they are spiritual issues even if they appear to be prosaic personality level issues. That working out personality stuff is part of our spiritual journey.

Consequently if I ever have to, which I occasionally do, deal with another more traditionally trained and oriented therapist, this has happened to me a few times when I have to talk to a psychiatrist and he'll say, "what's your diagnosis?". I don't do diagnosis. To me a diagnosis is a pathological label which says very little about the dynamics of what is happening to the person. Obviously sometimes you have to do it for insurance purposes but, that to me is just a little game to play that has almost nothing to do with what's going on in therapy.

Now in one way there is a diagnosis but it's a more of a sense of "okay this is where this person is and these are the issues they're dealing with and this is
where they seem to be trying to go. So there's an assessment but, not a
diagnosis in the sense of a label or a category or whatever.

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This is real important to me. I feel like getting up on my soap box and just
articulating about this one because with diagnosis you separate. They tend to
separate the therapist from the client. "Well here's this client who has this
diagnosis and here's this almighty therapist who is going to cure them or treat
them". I don't even like to use the work treatment.

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And for me as a transpersonal therapist it's about relationship and it's about two
people encountering one another in a way that rarely people get to encounter
one another in our society with love and acceptance and openness and presence
and trust and following the process and seeing what's emerging and supporting
what's emerging and hanging in there through the tough times and all of that.
It's about love. So that's what's transpersonal.

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If you were to take a snapshot or a video tape of a segment of a session that I
was doing, a person might say there's nothing transpersonal here because at that
particular point in time the client may be talking about something that is very
prosaic like a client that I am seeing now who is working with her cocaine abuse.
Well, you might say there's nothing transpersonal about cocaine abuse. But
there is! Because what in her life, in her life's process, has led her to use cocaine?
Is there a spiritual impulse that's there where she is trying to seek some kind of
consciousness that she doesn't get in her daily life. Or is she using it to hide from
certain issues which are essentially spiritual that have to do with who you are in
the world and how you relate to the universe. So anyway, that's what's
transpersonal is this attitude of seeing the person and seeing the person's issues
in this sort of larger perspective.

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I: For instance this woman who you are just referring to with the cocaine
addiction, as her therapist holding this transpersonal attitude with her, what do
you think that does for her?
S: Well it is very affirming for one thing. It communicates to her in various
ways, mostly subtle, sometimes direct - "You are a beautiful being, you are a
spark of divinity and you are dealing with this problem. But, you are not your
cocaine addiction. And working through your cocaine addiction is your spiritual
challenge right now. That's your spiritual work. That as you work through that,
you are moving yourself closer to who you really are. And by going through
this process you're learning stuff that you probably couldn't learn any other
way.

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"So on some level, it's okay that you're addicted to cocaine. It's not okay that
you stay addicted to cocaine, but it's okay that you have been because you have
learned through that experience. It's something that you needed to learn that
you couldn't have learned otherwise. And now you are willing to move beyond that. I'll support you and help you in doing that.". So it's none blaming and non-judgmental.

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And even traditional diagnoses tend to be blaming, tend to make the person be somehow inferior or it's sort of blaming the victim rather than saying this is what your life circumstances have brought you to and here's your opportunity to learn and grow through this experience. I think that's why the 12-step programs work as well as they do is because they are spiritual and they bring in the spiritual dimension from the very beginning. That's why they work.

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I: Almost sounds like you are talking about the sense of them being freed-up from who they thought they were.
S: That's right, yes. It's like, "I'm this worthless person who doesn't have any willpower and can't seem to get my life together". Some kind of identification like to seeing themselves as being something much bigger than that, something much greater than that and just having to extract themselves from the circumstances that have cut them off from themselves. So then her decision to quit using is a positive decision for herself. It's like, "I don't want to be this person. This isn't who I want to be. I want to be who I really am." So it's a act of self-love rather than "I shouldn't use because it's bad and society doesn't approve".

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I: In this particular instance, did you talk to her just as you talked to me? Did you use those same words with her?
S: Not exactly in those same words. This is communicated not just directly but, indirectly as well by my response to her. She came in a few weeks ago and she said she came in loaded for bear. She said, "I haven't been honest with you and I need to be. I realized that I need to be more honest with you" and then she realized the extent of her abuse which she had not done before. And then she said she had been so afraid of my disapproval that she had been unwilling to do that before. Well that came after the previous session in which I had brought it up, I had said, "are you afraid that I judge you?". It wasn't that, it was about some other thing. It was something that she said she was going to do and then she hadn't done it. It didn't matter to me if she had done it or not but, it was something that we'd come to the previous week and she had said she was going to do this and then didn't. So I asked her if she was feeling ashamed to tell me or that I would disapprove of her and she said yes that she was. But it brought it out. And sometimes I wouldn't do this but, I did this time. I said, "well, I want you to know that that isn't how I feel and that I think that this is your decision and I don't know what's right for you and wrong for you. I'm just here to help you figure that out for yourself. I don't have any feelings of being disappointed or let down". Even though she knew that theoretically or intellectually she needed to hear the words and she said so. She said, "I need to hear those words even though I know that".
So then the following week is when she came in and obviously felt safe enough to share what was really going on. I remember saying to her as she was making the decision to quit, I said, "that's what you need to do". This was one of those times when I felt it was appropriate to make a fairly firm stand, not just "well, whatever you want to do". It's like this is not good and you need to quit and you need to quit all together. You can't just taper off. It won't work and you've got to quit all together. We talked a long time about how she could get support and whether she should go to an AA group or not. She had gone to one and didn't like it. And I said, "well go to another one. Go to one until you find one you like". She was also using alcohol. So, she really saw that she needed to quit altogether.

At some point, I framed it like that for her. I said, "let's be clear on why you're doing this. You are doing this for yourself. It's an act of self love". She really liked that and really got that. So, I probably didn't say to her, "I love you". I wouldn't say that, generally speaking, to a client because I think it would be too confusing. Saying, "I love you. In our society that really could evoke a lot of transference or something like that that wouldn't be appropriate, that I really wouldn't want. But, I express it in my demeanor, in my acceptance, and in my patience and my lack of criticism. In things like that it gets expressed.

I: Would you ever talk specifically about your views of seeing them as something much larger than they might think they are or that they are on a journey?

S: Yes, yes. I might say that. I would be very careful about my language because a lot of people are very reactive to any kind of spiritual language. So, I'm just real careful about how I phrase that. Usually what I'll do is look for clues from them as to what kinds of language they're comfortable with.

Now if somebody comes into me and says, "I'm Christian" and sometimes I've had that happen when a client comes in and says, "I'm a Christian and I need a Christian therapist" and I'll say, "well I'm not a Christian in the sense that that is my sole belief system but, I'm really supportive of anyone's spiritual path or spiritual beliefs and I'll work with you that way". Then with that person, for example, I would feel free to use any kind of language that was Christian based. I was raised as a Christian so I happen to have some knowledge of what that would be. For example, I might... this is the intuitive and if seemed appropriate... have the person have a dialogue with Christ, at some point, and of course that would take some assessment too because I'd have to see if they are a Christian, is their Christianity something that was really supportive to them or is it an authoritarian kind of oppressor which is not true Christianity but rather something left over from their childhood. So, I have to check that out because Jesus just might end up being kind of a negative figure if a person was a real fundamentalist type. So that's one reason why I wouldn't just say a lot of that
kind of thing to a person until I was sure what their language was and how open
they were to it.

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So occasionally I say something like, "this sounds like a spiritual issue to me."
And they will go, "oh yes? What do you mean?" And then I'll put it in general
terms, "it sounds like it's about your relationship to life as a whole or your
relationship if there is any kind of spirituality or divinity, I'll find kind of vague
words and let them respond and then build on whatever words are meaningful
to them.

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I: Has there ever been an experience you've had with a client where your
transpersonal intervention or perspective was inappropriate?
S: Yes. Although in this particular instance I'm not sure that it would have made
any difference. It one of those things that happened. I had a client that
committed suicide. Well, he did more than that. He killed somebody. He shot
his wife and then committed suicide. I think my transpersonal perspective got in
the way of seeing just how desperate he was, how sick he was. That was a very
hard, harsh learning because I just did not see that he was capable of that.

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So, transpersonal perspectives can let you look at the upper half and not the
lower half so to speak. So it's important to have bifocal vision and see. To me
that's really really being transpersonal - seeing that we are all capable of evil as
well as wonderful things. That our potential goes in both directions and being
more alert to that.

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I: Can you describe how your transpersonal perspective was blocking or
keeping you from looking at the lower half? What was it that you were focusing
on to the exclusion of...
S: Well I was focusing on his ability to heal himself, kind of encouraging him to
find a place in himself where he could come to terms with his life and situation.
Almost like a coach saying, "come on, you can do it, you can do it". And not
seeing just how terribly terribly confused and in pain he was.

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And there were some hints. A week or so.. I only worked with this guy for five
weeks. It was a very short, intense time. Maybe a week or so before he did the
deed (he and his wife were separated, but they were not divorced) he had gone
to his wife's house and taken some pots, some Indian pots that were very
precious to her and broke them in front of her - gone in and smashed them on
the floor. This is a man who was a scientist, a very quiet mild-mannered man.
He was not someone who came from a culture where physical violence was a
norm at all. He was German, I think.
72
He spoke English as a second language which was probably part of the problem. There were levels at which it was probably difficult to connect because we were speaking English in therapy sessions.

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At the time, I was focusing on his anger and feelings of frustration and I didn’t see the metaphor that was there. In hindsight I could see it. That he had broken something that had belonged to his wife. He wanted to break her and I didn’t get that. I was looking at it as, "well I can understand why you would be that angry and upset. What are your feelings around that?" Going at it from that point of view rather than saying "this behavior is dangerous. It sounds like you are loosing control. What do we need to do to help you get back into control?" Something like that which I would do now.

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I: So dropping into doing the ego work.
S: Yes, yes. It would be working with the ego because it was like his ego had lost control of his aggression and his anger and his more primal kinds of forces. That was a place where he needed some ego to say "need some limits".

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I was looking at it with rose colored glasses. I wasn’t seeing the danger. He taught me a lot and subsequent to that I have been extremely alert to anything that gives a hint of problems, of violence or drug abuse, alcohol abuse, child abuse. As soon as I hear anything like that I ask direct questions. I try to get as much information as I can and I challenge the people about it.

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One case where there was a lot of violence in the home and that person was from a culture where there is a certain amount of male violence encouraged, I said to him "do you have a gun in your house? Get rid of it." And he said, "well, why?" I said, "your level of anger is such that you could lose control. That was at a point at which he obviously wasn’t thinking in those terms. And that was like cold water in his face. It was like an awakening to just how powerful his feelings were and indeed they could get out of hand. He did get the gun out of the house. At least he told me he did and I believed him. It was all I could do. I couldn’t send a cop. It also made him stop and look at what he was doing emotionally to himself that he could be risking loosing control.

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But like I’ve said, I don’t really think that’s not transpersonal. To me transpersonal includes the ego work as well. It’s not ego work and then transpersonal work. It’s just that it’s a larger perspective and someone who only does ego work doesn’t have access to that other realm. But, a person who does transpersonal work should also have access to the ego work or else it’s really never really transpersonal then it’s airy fairy sweetness in life and it’s not the real guts of life which are not always pretty.
I: Have you ever had clients describe their experiences as being transpersonal?
S: Yes. I’ve also had clients come in and describe that they thought they were going crazy or something and I would be able to offer the alternative that this might be a genuine spiritual experience and help them look at it to decide what it was. I really do think that, well obviously there are cases of people that have hallucinations and here voices that are real destructive but, I really think that there are cases where people have spiritual experiences that are labeled pathological because they don’t have the context to understand what’s going on for them. But again, I couldn’t give you a specific example. Nothing comes to mind right now. I just know that that’s happened.

Then there was a woman that came who was hearing voices and was certain she was being controlled by some kind of metal machinery that was getting into her mind and they were controlling her thoughts. My memory is that she came to see me and by some circumstance my husband was in the office at the same time and I asked her if I could bring him in and she agreed. I just felt like this lady is way out of my league and I’m really not trained to work with schizophrenics and people who are having psychotic breaks and it seemed to me that that’s what was happening. He isn’t either but, at least he is more trained than I am and besides two is better than one. We referred her to a psychiatrist and she ended up being hospitalized. So that was a case where it was clear that it was not, well, maybe it was a spiritual experience but, if it was, it was out of hand. She needed to be in a safe environment to go through it and we couldn’t provide that in our little counseling office. She was willing to be hospitalized because she was so scared. It was like we’ll put you in a safe place where they can’t get to you.

I: Have you had a client acknowledge your transpersonal perspective?
S: Oh yes. I think almost all of them. A lot of people come to me because they know I have it. It may not be that they have a specific spiritual issue that they want to work on or transpersonal issue but, they want to work with somebody who holds that perspective who brings that larger picture.

I: Can you think of some things that they’ve said about why that would be important to them?
S: I guess I’ve never questioned as to why.
I: When someone would come to you because they know you have that perspective would they offer why that was important to them?
S: Like I said I don’t think it occurs to me to ask why. It’s like, "oh yes, I understand that. I understand why you would want to have the transpersonal perspective. So, I can’t think of any specifics of what people have said as to why it’s important.

I: Why would you think it would be important to them?
S: Because they don't want to get limited or boxed. I personally believe that all therapists should have a transpersonal perspective. Now that doesn't mean that they would work in the way that I do or work with the kinds of issues that I tend to work with. I think even somebody who is working with people having psychotic breaks should have a transpersonal perspective. Otherwise they are simply not seeing the whole spectrum of human possibility and if you don't have that maybe 50-70% of the time you're therapy is appropriate anyway because the issues being dealt with don't really have that much of a transpersonal dimension but, in the percentage of people it does, if you don't have that then you're going to do more damage than good because you're going to tend to interpret things in terms of ego dynamics when there is really something much larger going on. That can be damaging to people.

I can give you an example of a woman who came to me. She had been trying to find a therapist for a long time. This is one of my big success stories. She was an artist and she had a lot of imagery all of the time much of which she would draw from, also she was a writer in the sense that she made up stories or had stories. She had done this from childhood. She told herself stories and she had this whole people that she created she called Lucille people or something like that. She populated her whole world with all of these stories. She was a real lonely child. She was real awkward. She had actually a fairly healthy family. There were some problems but, it seemed like most of her problems were that she was different, that she was different from the other kids and so she took refuge in her imaginary life.

She had kind of a breakdown in college and I think she went to one of these ??? and think the values there were so different from hers that she couldn't handle it. Anyway she had a breakdown, nervous breakdown whatever they called it. It wasn't like a psychotic break where she was hearing voices or anything, she just got real depressed and agitated and she just couldn't handle it. So, she went home and her parents sent her to a psychiatrist.

They sent her to a fairly traditional Freudian shrink, male who interpreted her imagery as being penis envy. He interpreted all of her imagery in these kind of reductionistic classical Freudian... you know it was all sex. So she had penis envy and I've forgotten what else. She finally realized that he was bad news for her and quit going. She'd been left with this legacy of guilt and that she really shouldn't have all of this imagery.

Well, she came to me because she understood that I did guided imagery. Now as far as I'm concerned she is a woman who is extremely talented. She had had a muse. She had a creative spirit in her that was screaming for expression but, she had had all of this stuff put on her by society and this psychiatrist's attitude of suppression, that's not okay, that's sick, that's weird, that's bad. She had
doggedly continued to do drawings but, it was kind of secretive. She did it almost like masturbation.

So, she was somebody who really needed somebody with a transpersonal perspective who could see. And we did a lot of personal work. She had a lot of personal problems. She had an eating disorder, she had all kinds of things but, a lot of it came from the suppression of her creativity that had gone on all her life. The more she let it out, the more she accepted it, the more she owned it, the healthier she felt. She is now a successful author and artist. She has published several children's books and two young adult novels.

So there was a person who needed the transpersonal perspective in order to be who she was and to have that be brought out and supported and energized so that she could start putting it to use in the world. Not only that she is now successful in that regard but also, that her wonderful imagination is available to other people and to children because her stuff is wonderful teaching.

It's not like a moral of the story is but, the perspective that she brings to her stories is very... well, one of her books is about cleaning your room, how to clean your bedroom or something like that and it's this little girl and her little brother, they've been told to go and straighten up the room. She goes through the whole room and everything she finds in the room she finds something to do with it that's creative and imaginative. So, of course, she's not getting the room cleaned. Finally at the end of the story her mother comes along, and obviously she's got a cool mother because her mother somehow gets what's been going on and she said, "well, there's yet another way to clean your room and that's to close the door". So, just go out and close the door (laughter). To me this a book that a child reading it or a parent and child reading it together could be very consciousness raising.

I: Sounds almost like a metaphor for your work with her. She had been told by someone else that she needed to clean her room to get rid of these images because they were inappropriate; whereas, she affirmed her imagination and creativity as an important part of who she is.

S: Yes, I had never thought about that before but, it's really true, it's really true. It's also like saying to someone else, "if you don't like my imagination, you can just look the other way (laughter). That was actually her first published book. She has published several others since. I can't even keep up with them all.

I: I just have one last question. I'm wondering if there is anything about your conventional counseling training that you now consider to be transpersonal but you originally did not?

S: I didn't have any conventional training. I was basically trained with psychosynthesis which is a transpersonal psychology from the get go.
Obviously I learned some conventional techniques as part of that like gestalt chair work, for example, and some cathartic techniques that are used also by conventional people. But because I learned it in that context it all works.

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It's not a matter of transpersonal versus conventional, ego or whatever but rather, an expansion of that. When personal work needs to be done, it needs to be done and you do it just like anybody else but, it's still in that larger context. "I'm doing this so that I can express my spiritual self. I'm getting my personal stuff taken care of so that I can express my spiritual self, rather than "I'm doing it because I want to be well adjusted or I want to fit in or I want to be an okay member of society".

93
There is this larger purpose for any kind of personal dealing that needs to happen. But, it's also looking at the working in that transpersonal perspective. That even that has a purpose. It's not to say that it's okay that it happened, like child abuse. You don't say, "oh it's a good thing that you were abused as a child because look what you've learned. It's not that. But, it is saying that because I was abused I can make use of this in a positive way. I can transform my tragic experience into something positive for myself.
Subject 3

1. S had transpersonal experiences early life which she now identifies as being spiritual experiences.

2. S had an experience as a young adult in which she used a transpersonal technique of talking about herself in third person in order to bring herself relief from an illness.

3. S began having an "amazing experience of compassion" for herself which helped her to feel better. She had identified with her "higher self" and was able to disidentify from and feel compassion for her "personality self", just as she would feel for her children if they were sick.

4. Although S's actual experience lasted only a few minutes, her relationship to herself felt changed in a "fundamental way".

5. This experience was different for her in that her identification shifted to her "spiritual self" and she was able to be compassionate and "non-judgmental" rather than critical of herself.

6. S fluctuates in and out of feeling self-compassion. Because she has integrated this experience, S is able to recreate these feelings whenever she finds herself being too self-critical.

7. At the time of this experience, S was not yet a psychotherapist.

8. She recognized the experience as being "spiritual".

9. It was S's goal for a long time to bring spirituality into whatever she was doing. Although S did not always verbally convey her spirituality, her perspective of others would be in recognition of their soul nature.

9a. Her interest in the transpersonal realm preceded her aspirations to be a psychotherapist.
After having been a school teacher for awhile, S had difficulty finding fulfilling work.

S chose to become a psychotherapist as a way of using her interest in the transpersonal to help people.

She selected a Master's degree counseling program that allowed for her transpersonal training in psychosynthesis.

As a student, S first began counseling clients without having had much training in therapeutic techniques.

This was a powerful way for S to learn in that without techniques to rely upon, she was left to discover her own natural abilities to do counseling such as wisdom, intuition and creativity.

S received training which helped her to become increasingly conscious of her own "process" as a counselor, i.e. what she was doing and why.

Discovering her own abilities and talents significantly increased S's self confidence in being able to help others as a counselor.

Her training was transpersonal in that her newly discovered abilities did not come from her ego or personality. These healing forces were coming through her not from her. Her response to this was "awe" rather than "pride". She did not have a sense of ownership of her abilities rather, it was more of a "surrendering to" or use of a "universal force" that was larger than she was.

By not having techniques or knowledge to guide her, she was left to draw upon a deeper wisdom which she had not previously known was available to her.

During her training, S worked with a client who was exploring her "spiritual/religious" beliefs and how they compared and contrasted to the religious orientation and dogma of the organization she worked for.

S considered this client to be grappling with a "real transpersonal issue" in that she was seeking clarity in her relationship to the "divine".
20 S worked with this client using Gestalt chair work and the client's inner dialogue and imagery.

21 S's client felt "empowered" in that through knowing her own beliefs and sense of spirituality, she was able to make decisions and take actions based on what was best for her.

22 S considered the counseling to have been successful in that the client became able to effectively assert her choices and rights in her work environment and was happier as a result.

23 From her time as a counselor in training, S remembers her work with this client the most clearly.

24 S feels "honored and awed" when clients share their realizations or experiences which are "ineffable" and "holy" such as the realization that the universe is supportive and expansive and they have an increased sense of belonging and being in the world with others.

25 It is difficult for S to recall specific examples because these realizations do not usually happen in particular moments rather, they are gradual shifts in clients' perspectives and relationships.

26 This process of change or broadening in perspective seems to be a gradual and natural or "organic" shift which is sometimes easier to notice and reflect upon in retrospect.

27 S's transpersonal therapy is not limited to clients who have spiritual issues. In fact, she may never use spiritual or religious language with some clients.

28 Most of S's clients are highly functioning people with self-potentiating goals.

28a One client she worked with for a long time was chronically mildly depressed and sensed that he was not able to connect well with other people.

29 Primarily she worked with this client by focusing on how he was able to connect or not to her in their therapeutic relationship.
S's "tenacious presence" in staying with the client as he began to feel and express his emotions was "deeply affirming" to him. She trusted and accepted him.

His being able to strongly express emotion and have that be okay for both of them, seemed to be a turning point for him.

S provided an honest and safe "container" for the client in which he could experience his emotions without S trying to "fix" him or make it better. Even though she sometimes felt a little on the edge of comfort when he was emotionally expressive, she was willing to trust his process to the extent that she could contain it.

S experienced compassion for her client. Her compassion felt like a caring without attachment, without "being caught". It is almost a paradoxical feeling of "dispassionate compassion" which she sees as being different from pity or sympathy.

Although S may feel satisfaction from the therapeutic relationship, she is clear that getting her personal needs met is not her goal as a therapist.

S uses her personality as a vehicle through which her client can experience her authenticity and genuiness. S's understanding of being authentic with clients is to be honest and self-disclosing if a feeling is strong or if clients inquire.

For instance, once S's attention wandered from her focus on this client and thus her response to him was not genuine, it was a "bit of a platitude".

Focusing on their relationship, S asked him about the subsequent look on his face and discovered that he had internalized the interaction and was feeling like he had said something stupid.

S responded honestly to him by admitting her lack of attention in that moment.

It was a powerful moment in that he was able to realize and release, at least for the moment, his pattern of taking on blame. He was also touched by S's honesty and willingness to take responsibility for her part in the interaction.
S sees this as an instance in which her personality interfered with her ability to be attentive and genuine.

This client felt some relief from the initial therapy they did in which he emotionally relived childhood experiences through imagery and catharsis. Though he still felt depressed and disconnected from others.

The next piece of work they did together, which was working directly with their relationship, helped him to change and then it too wasn't enough.

The client seemed to change the most through the couples counseling he next did with his wife. However, change was more likely then because each piece of work he did in therapy seemed to prepare him for or open him up to the next.

The client then felt ready to ceremoniously say goodbye to his father who had committed suicide.

S witnessed, along with his family, the client's ritual of communing with his deceased father at the site where his father's ashes had been scattered.

This was a turning point for him as he was able to feel more deeply connected to his son and wife.

It seemed like he was completed in his therapy and they terminated after a couple more sessions.

The ritual had a simplicity to it for S. Although she still had a therapeutic relationship with him, she also felt a friendship connection. She was there to "support" him as a friend.

During this ritual, S believed her client was opening himself to "energies beyond the literal, historical and personal" and connecting with his father on a spiritual level. This transpersonal opening allowed him to also connect more deeply with the people who were present at the ritual.

The ritual seemed powerful because the client had faith that he was truly communicating with his father rather than conversing with him in his imagination as he might have done in therapy.
The client felt that on that occasion he was able to more deeply connect with his son once he had connected with his father.

The transpersonal aspect of a relationship has to do with accessing a "deep soul connection" which is what this client had felt disconnected from. He had always felt capable of being warm and friendly with others, yet he felt distant at a deeper level. The fruit of the therapy was his regained access to being able to connect deeply with others.

S was "moved" by her client's deepened connections and interactions during the ceremony. S trust's her own perceptions and intuitive knowing which led her to conclude that he was feeling a deeper connection with his family.

The client seemed more "at ease" with himself and "fluid in his interactions" after the ritual and he felt he was no longer depressed and disconnected from others.

S is a transpersonal therapist in that she regards her clients as being "spiritual beings on a spiritual path". The transpersonal element is a "process" rather than a particular moment, technique or intervention.

The working through of personality issues is a part of the "spiritual journey".

S finds that traditional diagnostic categories are not adequate descriptors of what is happening in clients' lives and in therapy.

S finds it valuable to "assess" clients' issues, circumstances and therapeutic goals, though she does not find it helpful to categorize them.

S finds that diagnostic labeling creates distance or "separateness" between the therapist and client by rigidifying the roles of therapist as "almighty" healer and client as sick person.

S values the relationship between therapist and client as being defined by the presence of love which includes: acceptance, openness, presence, patience and support of the client's process as it unfolds.
S views clients from a perspective which is larger than the personal realm and may not be discernible to an observer. She looks for clients' hidden spiritual "impulses" toward being and relating more consciously in the world.

S's transpersonal stance helps clients to disidentify from their presenting problems and view them as "challenges" and learning experiences which will help them to know more fully who they are.

S subtly and sometimes directly affirms the existence of the "larger" or "divine" nature of her clients.

S helps clients to non-judgmentally view their issues as a way for them to learn and to know themselves better. She supports them in learning how to be freed from their issues and limited definitions of self.

S finds that categorical diagnosis tends to pathologize or blame clients rather than help clients to see their circumstances as an opportunity to learn and grow.

S believes that it is the spiritual dimension of 12-step programs that makes them effective for clients.

This is a freeing or empowering process for clients rather than a shaming or limiting one. Clients gain a broader understanding of who they are and thus become less identified with the aspect of self or circumstances which were troublesome and limiting, and their capacity to make choices is expanded. With a greater sense of one's own potential, change becomes an "act of self-love", a move toward self-actualization, rather than a reaction to feeling shamed. The choice to be more authentic is made, "I want to be who I really am".

S had a client who was more able to be honest and disclosing in therapy once S reassured the client that she was there to support her rather than judge her.

Once this client made a choice to make a change in her life, S directly affirmed her choice as a healthy change and then helped the client explore sources of support.

S conveys her love for clients through her "demeanor" of acceptance, patience and non-judgmentalness.
S sometimes verbally conveys her transpersonal perspective to clients using language which is comfortable and familiar to the client.

S takes time to become aware of clients' religious and spiritual orientations and how open or positive they are toward their spirituality in order to inform her choices of acceptable and meaningful language and images.

S may frame a client issue in "general or vague" spiritual terms and then take her cues based on the client's response.

S had a client who had shot his wife and then himself and she now sees that her transpersonal perspective diminished her capacity to see his desperateness.

Facing one's limits with such severe consequences is a "harsh learning" experience.

A transpersonal perspective can allow for the possibility of focusing on positive potentialities such as, a client's potential for growth and goodness rather than negative potentialities such as, a client's capacity to do harm.

She now sees the transpersonal perspective as necessarily including a focus on the dual nature of clients, i.e. the potential for health and the potential for harm.

Her faith in his ability to "heal himself" precluded her assessment of how confused and in pain he was. S discovered the limitations of supportive therapy and affirmative interventions.

S had not been alert enough to her client's aggressive behaviors as being indicators of his lack of self control.

Since English was not this client's native language, she felt some hindrance in "connecting" with him.

S had chosen to help the client understand his feelings behind his aggressive acts rather than viewing the acts as a sign that he needed help to contain himself.
She needed to help him strengthen his ego, since his ego was not able to control his aggressive behaviors.

S was not alert to the dangerous possibilities of her client's emotional state.

She is now careful to assess for dangerous potential in clients' behaviors.

In one case, S found that her direct confrontation with a client about his aggressive tendencies motivated him to examine his emotional control.

Transpersonal therapy includes work with the ego within the "larger" transpersonal perspective. Without a focus on the ego and that which is beyond ego, the full spectrum of life is not acknowledged and the potential for healing is limited. Therapists who focus only on the ego have limited access to a fuller perspective from which to help clients.

Some clients have had spiritual experiences which were pathologized because of a lack of a contextual understanding of the transpersonal realm. S has been able to assist clients in determining if their experiences were genuine spiritual experiences.

S has also had the experience of a client who was hallucinating and it was evident that she was having a psychotic break rather than a spiritual experience. S referred the client to a hospital psychiatric unit.

Most of S's clients are aware of S's transpersonal orientation to psychotherapy. Many choose to come to her because she can consider or "hold" their issues from a "larger" perspective.

Clients have not specifically said why this is important to them. Some of them have just acknowledged that it is.

Some of S's clients find it important that S has a transpersonal approach to therapy. They would not want their therapy to be limited by a therapist who has a less comprehensive approach.

Regardless of a therapist's primary orientation to therapy or the client issues presented, a transpersonal perspective is more comprehensive in that it accounts
for the "whole spectrum of human possibility" in assessment and treatment. An incorrect assessment due to a less comprehensive perspective can be "damaging".

83
S had a client who since childhood had had a vivid imagination and as an adult was an artist and writer. As a child she was lonely and she "took refuge in her imaginary life". In her imagination she created stories about a fictitious race of people.

84
As a college student this client had become very depressed and her parents sent her to see a psychiatrist.

85
The psychiatrist was a Freudian analyst who interpreted her imagery in "reductionistic classical Freudian" ways such as, "penis envy". As a result she felt ashamed of her imaginative stories.

86
This client chose S as a therapist because she uses guided imagery. S recognized that this client's depression was a symptom of her suppressed creative talent rather than her imagery being a symptom of a disorder. S trusted and honored the client's process.

87
They worked on a personal level within a transpersonal perspective. As the client became more accepting and affirming of her own creativity, she also began to feel healthier. The client is now a published author.

88
A transpersonal perspective was vital to help this client come to know more fully who she is and to feel encouraged, supported and "energized" with her creative talent.

89
This client writes children's books which can be very enlightening for parents and children.

90
One particular book seems to reflect the client's own experience of having suppressed her creativity and then finally asserting her self acceptance.

91
S did have some training in using "conventional" therapeutic techniques though, she learned them in the context of a transpersonal approach.

92
Personal or ego level work can be advanced in conventional and transpersonal psychotherapy. The transpersonal context of ego work maintains the goal as
being the actualization of the spiritual self rather than actualization of the personal self. The personal issues are worked through to make it possible for the expression of the spiritual self. "When personal work needs to be done, it needs to be done and you do it just like anybody else but, it's still in that larger context of I'm doing this so that I can express my spiritual self. I'm getting my personal stuff taken care of so that I can express my spiritual self, rather than I'm doing it because I want to be well adjusted or I want to fit in or I want to be an okay member of society."

Transpersonal psychotherapy has a transformative perspective in that clients' personal experiences are used as ways for clients to learn about themselves and their true nature. In this way, a "tragic experience" is transformed into something positive.
It was S's goal for a long time to bring spirituality into whatever she was doing. Although S did not always verbally convey her spirituality, her perspective of others would be in recognition of their soul nature. Her interest in the transpersonal realm preceded her aspirations to be a psychotherapist. After having been a school teacher for awhile, S had difficulty finding fulfilling work. S chose to become a psychotherapist as a way of using her interest in the transpersonal to help people. She selected a Master's degree counseling program that allowed for her transpersonal training in psychosynthesis.

As a student, S first began counseling clients without having had much training in therapeutic techniques. This was a powerful way for S to learn in that without techniques to rely upon, she was left to discover her own natural abilities to do counseling such as wisdom, intuition and creativity. S received training which helped her to become increasingly conscious of her own "process" as a counselor, i.e. what she was doing and why. Discovering her own abilities and talents significantly increased S's self confidence in being able to help others as a counselor. Her training was transpersonal in that her newly discovered abilities did not come from her ego or personality. These healing forces were coming through her not from her. Her response to this was "awe" rather than "pride". She did not have a sense of ownership of her abilities rather, it was more of a "surrendering to" or use of a "universal force" that was larger than she was. By not having techniques or knowledge to guide her, she was left to draw upon a deeper wisdom which she had not previously known was available to her. S did have some training in using "conventional" therapeutic techniques though, she learned them in the context of a transpersonal approach.

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5

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shamed. The choice to be more authentic is made, "I want to be who I really am".

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S conveys her love for clients through her "demeanor" of acceptance, patience and non-judgmentalness. S sometimes verbally conveys her transpersonal perspective to clients using language which is comfortable and familiar to the client. S takes time to become aware of clients' religious and spiritual orientations and how open or positive they are toward their spirituality in order to inform her choices of acceptable and meaningful language and images. S may frame a client issue in "general or vague" spiritual terms and then take her cues based on the client's response.

S uses her personality as a vehicle through which her client can experience her authenticity and genuineness. S's understanding of being authentic with clients is to be honest and self-disclosing if a feeling is strong or if clients inquire. For instance, once S's attention wandered from her focus on this client and thus her response to him was not genuine, it was a "bit of a platitude". Focusing on their relationship, S asked him about the subsequent look on his face and discovered that he had internalized the interaction and was feeling like he had said something stupid. S responded honestly to him by admitting her lack of attention in that moment. It was a powerful moment in that he was able to realize and release, at least for the moment, his pattern of taking on blame. He was also touched by S's honesty and willingness to take responsibility for her part in the interaction. S sees this as an instance in which her personality interfered with her ability to be attentive and genuine.

6 This client felt some relief from the initial therapy they did in which he emotionally relived childhood experiences through imagery and catharsis. Though he still felt depressed and disconnected from others. The next piece of work they did together, which was working directly with their relationship, helped him to change and then it too wasn't enough. The client seemed to change the most through the couples counseling he next did with his wife. However, change was more likely then because each piece of work he did in therapy seemed to prepare him for or open him up to the next. The client then felt ready to ceremoniously say goodbye to his father who had committed suicide. S witnessed, along with his family, the client's ritual of communing with his deceased father at the site where his father's ashes had been scattered. This was a turning point for him as he was able to feel more deeply connected to his son and wife. It seemed like he was completed in his therapy and they terminated after a couple more sessions.
The ritual had a simplicity to it for S. Although she still had a therapeutic relationship with him, she also felt a friendship connection. She was there to "support" him as a friend. During this ritual, S believed her client was opening himself to "energies beyond the literal, historical and personal" and connecting with his father on a spiritual level. This transpersonal opening allowed him to also connect more deeply with the people who were present at the ritual. The ritual seemed powerful because the client had faith that he was truly communicating with his father rather than conversing with him in his imagination as he might have done in therapy. The client felt that on that occasion he was able to more deeply connect with his son once he had connected with his father. The transpersonal aspect of a relationship has to do with accessing a "deep soul connection" which is what this client had felt disconnected from. He had always felt capable of being warm and friendly with others, yet he felt distant at a deeper level. The fruit of the therapy was his regained access to being able to connect deeply with others. S was "moved" by her client's deepened connections and interactions during the ceremony. S trusts her own perceptions and intuitive knowing which led her to conclude that he was feeling a deeper connection with his family. The client seemed more "at ease" with himself and "fluid in his interactions" after the ritual and he felt he was no longer depressed and disconnected from others.

S finds that traditional diagnostic categories are not adequate descriptors of what is happening in clients' lives and in therapy. S finds it valuable to "assess" clients' issues, circumstances and therapeutic goals, though she does not find it helpful to categorize them. S finds that diagnostic labeling creates distance or "separateness" between the therapist and client by rigidifying the roles of therapist as "almighty" healer and client as sick person. S finds that categorical diagnosis tends to pathologize or blame clients rather than help clients to see their circumstances as an opportunity to learn and grow.

S had a client who had shot his wife and then himself and she now sees that her transpersonal perspective diminished her capacity to see his desperateness. A transpersonal perspective can allow for the possibility of focusing on positive potentialities such as, a client's potential for growth and goodness rather than negative potentialities such as, a client's capacity to do harm. She now sees the transpersonal perspective as necessarily including a focus on the dual nature of clients, i.e. the potential for health and the potential for harm. Her faith in his ability to "heal himself" precluded her assessment of how confused and in pain he was. S discovered the limitations of supportive therapy and affirmative interventions. S had not been alert enough to her client's aggressive behaviors as being indicators of his lack of self control. S had chosen to help the client understand his feelings behind his aggressive acts rather than viewing the acts as a sign that he needed help to contain himself. She needed to help him strengthen his ego, since his ego was not able to control his aggressive behaviors.
Transpersonal therapy includes work with the ego within the "larger" transpersonal perspective. Without a focus on the ego and that which is beyond ego, the full spectrum of life is not acknowledged and the potential for healing is limited. Therapists who focus only on the ego have limited access to a fuller perspective from which to help clients.

Some clients have had spiritual experiences which were pathologized because of a lack of a contextual understanding of the transpersonal realm. S has been able to assist clients in determining if their experiences were genuine spiritual experiences. S has also had the experience of a client who was hallucinating and it was evident that she was having a psychotic break rather than a spiritual experience.

Most of S's clients are aware of S's transpersonal orientation to psychotherapy. Many choose to come to her because she can consider or "hold" their issues from a "larger" perspective. They would not want their therapy to be limited by a therapist who has a less comprehensive approach. Regardless of a therapist's primary orientation to therapy or the client issues presented, a transpersonal perspective is more comprehensive in that it accounts for the "whole spectrum of human possibility" in assessment and treatment. An incorrect assessment due to a less comprehensive perspective can be "damaging".

S had a client who since childhood had had a vivid imagination and as an adult was an artist and writer. As a child she was lonely and she "took refuge in her imaginary life". In her imagination she created stories about a fictitious race of people. As a college student this client had become very depressed and her parents sent her to see a psychiatrist. The psychiatrist was a Freudian analyst who interpreted her imagery in "reductionistic classical Freudian" ways such as, "penis envy". As a result she felt ashamed of her imaginative stories. This client chose S as a therapist because she uses guided imagery. S recognized that this client's depression was a symptom of her suppressed creative talent rather than her imagery being a symptom of a disorder. S trusted and honored the client's process. They worked on a personal level within a transpersonal perspective. As the client became more accepting and affirming of her own creativity, she also began to feel healthier. The client is now a published author. A transpersonal perspective was vital to help this client come to know more fully who she is and to feel encouraged, supported and "energized" with her creative talent.

Personal or ego level work can be advanced in conventional and transpersonal psychotherapy. The transpersonal context of ego work maintains the goal as being the actualization of the spiritual self rather than actualization of the personal self. The personal issues are worked through to make it possible for the expression of the spiritual self. "When personal work needs to be done, it needs to be done and you do it just like anybody else but, it's still in that larger context of I'm doing this so that I can express my spiritual self. I'm getting my
personal stuff taken care of so that I can express my spiritual self, rather than I'm doing it because I want to be well adjusted or I want to fit in or I want to be an okay member of society." Transpersonal psychotherapy has a transformative perspective in that clients' personal experiences are used as ways for clients to learn about themselves and their true nature. In this way, a "tragic experience" is transformed into something positive.
Interviewer: What I would like for you to describe for me first is one of your first experiences of the transpersonal.

Subject: Oh, okay. Well, one of my first experiences was when I was about 19. I was living in Sonoma county. I was going to Sonoma State and I was living halfway between Cotady and Sebastopol. At that time, this was like 20 some years ago or more than that, 25 years ago, Sonoma State was in the middle of nowhere. The area between Cotady and Sebastopol, well there was nothing around basically and I didn't have a car. So, I was living by myself in a very small cabin without phone and without television or any of the modern conveniences and I spent the... it was the winter before my 21st birthday and I was living a very... I also didn't have much money, and I was very very alone.

The experience of being alone was to me very aching and I was at that same time studying, a friend of mine had given me a pack of Tarot and I had been studying the Tarot images and I also had been studying Jung. So, I was reading Jung, his autobiography, and I was also studying Assagioli, psychosynthesis, and I was looking at these Tarot keys and I would get up and spend hours walking in the woods or walking in the fields, then I would come home and I would sit and I would read. I also was reading Blavatsky's, The Secret Doctrine, which I didn't understand at all and some of Alice Bailey's books and I was looking at these Tarot images.

These Tarot images, I had to paint my own deck, and they became very vivid and very real for me. To this day, I think that I've learned more about the transpersonal from the study of the 22 archetypes of the major arcane than I have from anything else.

I was seeing a woman at that particular time who was kind of a mentor or teacher to me. She was living in Marin and I would hitch-hike down to her house on Saturday mornings and we would spend Saturday mornings talking about metaphysics, occultism, spirituality, the secret of the golden flower and various things.

One day I was very intense, I was just so bereft and so lonely, there was a great deal of tension within me and as she looked at me across her kitchen table and I don't know what happened exactly but it was as if some message was transmitted to me from a dimension beyond her through her eyes and I can't even tell you what the message was but, it was as though she told me something very secretive in that moment.
all of the sudden was transported to a dimension... I mean I never left the room and I was always vividly aware of my surroundings, but I was transported to a depth within myself. It was as though the top of my head was peeled back like a tin can or sardine can and all the sudden I felt this descent of a very joyous, very powerful, very vivid superconscious-type energy, power. It came into my body and it swirled around with my atoms and molecules, at this point I was experiencing the molecular breakdown of my physical body and I was sensing the energy flows and the currents that were going on through the ethereal body, and this superpersonal energy or this power that was descending from above swirled throughout my body and went out into the ground and became part of the surroundings — the paintings on the walls, the kitchen table and all that kind of stuff —

and then all the sudden what appeared before me as vividly as you are sitting in front of me, was myself in the robes of the Tarot's Magidan with his right hand up in the air pulling down from above this power, this energy which swirls through his body and then with his left hand he directs it into a garden in front of him. I was seeing it as though it were a mirror image. I was watching, in other words, what I was experiencing within me at that moment. I was weeping for joy. I was in rapture. I was in absolute ecstasy for a period of about half an hour.

It didn't last long but it was the most profound experience I had ever had up to that particular point and it radically changed the course of my life. I have sense felt myself to have an identification with the archetype of the magician not in any kind of ritualistic, well, I don't play with robes or any of that stuff but, the quality of energy and the archetypal meaning of that key has been very very significant to me throughout my life ever since. It was kind of like being on a vision quest. I had a vision after a year of living by myself and being in a very hopeless, depressed sort of state. So that was certainly one, maybe the first experience.

I: What are some of the qualities of that particular archetype that you feel you embody?
S: Well the archetype represents effortless concentration. It has to do with a state of presence. The capacity to be very attentive to what is going on in the moment and certainly the capacity to bring all of your energies to bear on a particular issue, a particular problem, or a particular philosophical or esoteric or spiritual issue, concern.

I'm very concentrated in terms of my spiritual life. I keenly feel it if I don't practice. I go through phases in my life in which I don't meditate. But, I am keenly aware of it and I keenly feel the need to get back to it. So, I've been very concentrated ever since.
The issue that I continue to struggle with in that has to do with the capacity to bring the mind to a one-pointed focus. All the spiritual teachers and teachings say that you've got to bring the permutations of the mind stuff to a quiet focus, one-pointed state. I would say that my "monkey-mind" is my nemesis but, I am persistent in my efforts to bring my mind to a concentration, to a point of focus.

Similarly, I've learned that in order to experience altered states or transcendent states that it's possible to use a symbolic motif and to bring all of your attention upon that symbol and then enter into the higher state by way of that symbol in much the same way that a Buddhist would do by concentrating on a tonka painting. To meditate upon the Buddha or the deity, the guru. That takes an enormous amount of concentration to bring all of your attention upon that image and then when you are able to focus on that image so much, what happens is that you and the image become one. You kind of go through the image into the state of consciousness that the symbol represents.

I've gotten a bit of expertise in doing that. By no means, not what some master would have but, I have a bit of expertise in being able to use a symbol in that way.

So, it was a kind of a hallmark. It told me that this was the way - my way.

I: This experience that you were just telling me about, was that before you decided you wanted to be a psychotherapist?

S: Yes. I didn't become a psychotherapist until 1976. I went into graduate school in 1976. And even then while I was in graduate school, it was not really to become a psychotherapist. It wasn't until later in my master's career, during my master's work that I decided to become a therapist.

What it was was that I was making my living from 1970 through 1975 as an astrologer and I was very much involved with leading meditation groups and teaching astrology. I went back to school because I wanted to learn some counseling skills to expand my expertise but, gradually what happened is that I found myself less and less interested in astrology and more and more interested only in the spiritual traditions but in the western psychological traditions which I found I was floored to learn what I did in the western traditions.

I: When did you first realize that you wanted to do transpersonal psychotherapy?

S: There was no other question for me. There was never any question. The first Journal of Transpersonal Psychology came out in 1969 and I was immediate subscriber to the journal. It was the place where I felt at home. Particularly with
Jung and Assagioli, I was very much at home there in the transpersonal world. So, there was never any question that that would be my center point, but it didn’t always remain so.

18
What has happened over the years is that as I become more and more appreciative of other traditions, I’ve kind of come in. You know I’ve been kind of out there in the transpersonal and the metaphysical realm and I’ve just kind of come in for landing by studying - I’ve studied for years with Jim Bugental coming into the Existential realm and then I began to study in-depth the object relations theorists and the psychoanalysts and the self-psychologists. So, I came in even more.

19
So, my idea of the transpersonal is that it has to be very eminent, very applicable to one’s life. It can’t be just floating out to these higher states. It has to be in the world.

20
I have a difficult time using the word "transpersonal" anymore because it is so associated now with so many strange kinds of things.

21
I: In your early work with clients, when you were first starting, was there a particular experience you had with a client in which you thought, "awe, now I am doing transpersonal psychotherapy"?
S: Yes, but the client didn’t stay.

22
My feeling of transpersonal psychotherapy is that it is a lot of naivete in that in those days I didn’t know. I was very naive. I didn’t know really the importance of the relationship, the importance of a transference and countertransference. I didn’t know enough about the nature of the resistance and the nature of the free-associative process nor the body. I didn’t know any of that. I was coming in from the symbolic Jungian psychosynthesis and esoteric world.

23
It was with one of the first clients I sat down with and I did this practice, brief kind of a thing the I had been taught which was to radiate out a beam of white light into the other person and then receive back a beam of white light or some symbol or some image that would reveal something about what they’re saying.

24
Well, I did that and a symbol came back to me, the image came back to me and I told this person what the symbol was and she never came back. So, there is great power in the intuition but, I also saw that it was not a good thing necessarily to present. I mean the image that I got was probably true but, it was not an appropriate thing to say at that particular point. I didn’t have the alliance. I didn’t have the relationship with her. I hadn’t really listened enough. I hadn’t
become empathically attuned. So, I say what I said and I think that the image that came back was a sly fox. That she was a sly fox and I said it to her, 'I have this image of a sly fox as you talk to me and she was insulted and left.

25
I: Did you share with her what you were doing in terms of the beam of light?
S: No.

26
I: Can you give me some adjectives that come to mind that led you to experience this as a transpersonal moment?
S: Only in that it was a transpersonal technique. A technique for the... oh I don't know, later on I guess people called them psychic technique. It certainly was not a moment of transpersonal awareness in the client by any means. It was simply a moment in which I tuned, I think, intuitively to some aspect of this particular client. So, it was the being tuned to some aspect of this client in a kind of intuitive or psychic way that might have had some transpersonal qualities to it.

27
I certainly have learned though, since that experience, that transpersonal experiences seem to emerge in the course of therapy when there is, at least in my practice, quite a remarkable degree of attunement going on between the therapist and the client, when there is real intimacy that is going on. I don't really have transpersonal experiences going on in my therapy practice now days unless there is a real deep relationship that has unfolded over time with me and a client.

28
And by transpersonal experience, at this point, I don't mean something symbolic or imagistic. I mean a state in which it seems that the two of us have really entered into a quality of consciousness that transcends the individual egos. It seems to me that something very mediumistic even can take place but, it depends upon the, as my friend and mentor Jim Bugental constantly says, it depends upon alliance and context.

29
I: What do you mean by mediumistic?
S: I mean that I think that the individual consciousness of my client and I can become the vehicle for something that is far deeper than our individual egos to emerge and to unfold in the room.

30
The way that I believe in the word transpersonal is that the transpersonal represents a state of being mind, consciousness, energy that is universal. It can be received by the individuals much in the same way that television programs are floating through the air and it requires an instrument in order to be able to receive the signals from the television or radio station. So, if the relationship between the client and I can become that instrument, then we can become mediums for this transcendent region, an archetypal region that Jung described,
the superconscious region that Assagioli described, the transpersonal self, qualities of the transpersonal self can descend into us like grace and they can unfold. So, that's what I mean by mediumistic.

31 I don't think these things come from our personal ego, but descend and come through us which is what the word transpersonal means. The word trans has to do with not just going beyond but, it's something that is beyond coming through the personal. So, the personal is never really lost it becomes the vehicle for the vaster.

32 I: Can you describe a specific example in your work with clients that would demonstrate what you are talking about?
S: Yes. There is a patient that I have seen for many years. A woman who was very abused, sexually abused by an alcoholic father and had learned to demean her own feminine side. What was standard in her family was... she came from a family of four older brothers and then she was born. What was standard in her family was to be very athletic, to be schooled in the best schools, to go to the best dances, to be absolutely top gun.

33 So, she was taught to really live in the archetypal masculine world and had a terrible time with interpersonal relationships and had some of the features of what we could call borderline. Her affective states were very fluid. She would get very very depressed, withdrawn. She carried an enormous rage for men.

34 She was certainly the victim of a highly patriarchal family but, there was not place in her family where the holding mother, the archetypal feminine really exists. Her own mother was also caught-up in these masculine standards of achievement and perfection and looking right and looking good and so on and, was also put down a lot by her sons and by her husband. So, this woman's self image was terrible. She had such a terrible perfectionistic streak but at the same time a highly demeaning imago, parental imago. There was no deep feminine maternal figure, full of compassion, full of love, full of nurturing care who could encourage her in her own endeavors when she was being true to herself.

35 In her work with me, she came twice a week sometimes three and she was using the couch during this period. The quality of energy between us, I found myself very moved and very touched by her... she would sometimes bring her guitar in and she would play songs for me that were her own songs. It was always deeply deeply moving to me to listen to her poetry in her songs.

36 Anyway, as I was sitting here one day with her and she was lying on the couch, we were talking and she had a dream. In the dream she is trying to make her way up a mountain following her brothers. The brothers are saying, "come on
Tracy hurry up, hurry up" and Tracy, which is not her real name and I have disguised a lot of what I have been saying, but Tracy got to the point on the mountain where she was exhausted trying to keep up with her brothers. There on the mountain is a halfway house, this is by the way twenty four thousand feet so this is totally beyond the realm of where human beings can live. Human beings don't go up much beyond 18,000 feet so beyond the human realm here in some way.

37 She goes into this halfway house and it's a combination of a hospital and a general store and there in the center of it she finds a wised old woman who says to her, "you can't keep going up the mountain now. You've got to stay here with me for a while". My patient really goes into a conflict because she wants to stay there with this old woman but, she wants to keep going up this mountain as well. At the end of the dream she feels in a lot of conflict and she talks about this as she is lying there on the couch.

38 She then entered into the dream as an on-going active imagination and says, "the woman's not right for me. She's too wised. She's too old. She's not soft enough. She's not comforting enough and so on. She kind of kvetches for awhile but, then she said, "she wants me to follow her into the back room. You can't go with us but, I'll be back". She went into the back room with the old woman in her active imagination.

39 At that moment, it seemed to both of us that what descended upon us was that the two of us were held within the fluffy soft billowy arms of the finest most magnificent mother figure that we could ever possibly imagine and it was an earthy mother figure yet heavenly at the same time. It was a feeling. The images that I am using of the mother figure come after the feeling. It was a quality of being utterly held and utterly in good hands. You know you're in good hands with Allstate and all is right with the world.

40 We were both but, she was particularly speaking this, "I am fine just the way I am. I don't need to impress anybody or change anything. That just as I am, I am utterly okay". There was a state of total self acceptance and a sense of valuing herself in that moment being held within this vast almost boundless feeling of an utterly good mother. That mood lasted for two or three sessions. We would speak together and I was sitting here like this (Subject bent head down close to the end of the couch) and we were whispering to each other. There was a hush in the room. There was something very sacred that was happening. That's the experience basically. Now you'd think that, this is what transpersonal psychology thinks is that transpersonal experience is the end all and the be all. Well I say the transpersonal experience can be the end point of a number of months of really struggling but, it can also be the beginning point of a new struggle. And that's what it was for my client. What happened is that as a result of this experience and in relationship with me, what began to surface then
is the enormity of the abuse. Up to this particular point the sexual abuse and the 
physical beating of her mother and her may have surfaced somewhat, but now 
they came in full tilt. She was just in an awful state of feeling so terribly deprived 
of mothering as a child. The deep deprivation just emerged totally. The oral 
frustration was profound. So, it opened the door for a very deep and very 
profound exploration and suffering through the years of neglect and years of 
abuse and deep deprivation - the inner weakness that she's felt from not having 
been nourished.
I: So, was it that through that experience she felt the contrast and began to 
realize her loss as she experienced the wholeness?
S: Exactly. Exactly.

41
I: Have you ever had a client describe his or her experience as transpersonal?
S: Have they used the word?
I: Yes, or talked about their experience in that way.
S: Well, many of the people who come to see me for therapy are people who 
have some sort of background in the transpersonal or they have had some sort 
of initiation let's say. So, the work that I do... Most people I think or the 
majority of people know that I'm open to that kind of material so they don't 
really... they're primed so to speak. They want to have that kind of openness.

42
In terms of people who do not. I find that people who have transpersonal 
experiences with me in therapy are not just in therapy but, they are also doing 
some sort of spiritual practice like one of my patients is a very devout Buddhist 
and he's very deeply immersed in the Buddhist path and so he meditates every 
day and does his prostrations very day and does his practices and so. That 
provides a kind of an extra added umph for at least a reference for and a 
discussion of transpersonal experiences.

43
It may not happen. We might not have holy moments like what I've described 
earlier with Tracy with this person. Yet, the transpersonal quality holds the 
whole therapy in some way. There is a certain reverence for the spiritual 
dimension that is certainly playing out in the therapy. We can talk about that a 
great deal. He'll often talk about his spiritual practice. He'll often deeply ask me 
about mine. There are times when I really shed a lot of light on some of the 
things he's experiencing that's coming up for him in his spiritual practice because 
I've studied spiritual practice for a lot of years.

44
I don't really have too many people who... Now, many people who come to see 
me also, I have a lot of patients who are in... It seems like there's two kind of 
people, at least, who come. One is a male or female, primarily male these days, 
who is maybe between 35 and 50 and who is experiencing the throws of mid-life. 
They've got the two cars and garage, they've got a lot of the American dream 
and the wife and the kids or something like that and it still doesn't work. And 
so, there is a real hunger for something more. That kind of person who is in a
real existential crisis and it doesn't have to be only in mid-life, it can happen a lot earlier than mid-life. That kind of person comes fairly regularly. And the other kind of person who comes is someone who has been very immersed in the transpersonal for awhile and either it's gotten out of control or it's gone away and they wonder what happened. So, that's the majority of my practice - people who have some inkling. I also do therapy with therapists a lot of the time too.

45
I: In working with the client who is a devout Buddhist you were talking about "the holding", that the counseling holds the relationship some how. The transpersonal or sense of spirituality, how might that be different or would it not be different with a client who does not have a spiritual practice?
S: Well I'm only really saying there that because he is so involved in spiritual practice that the conversation... it is such a central thing in his life that he talks about that practice on a regular basis and the things that he is experiencing. A person who is not involved in spiritual practice as much will not necessarily be talking about it but, that doesn't mean that there is not a certain stance that I hold as a therapist.

46
My feeling about what constitutes transpersonal therapy is not what experiences the client has nor is it what techniques are used but more it comes out of the state of mind of the therapist. If I'm holding out of my direct experience the very relative truth of the clients rigidified calcified way of seeing themselves and way of the world and can frame my interventions as a way to help them to disidentify somewhat from that well intrenched cognitive system, then I'm helping to unfold a kind of state of being that is beyond the, freer I want to say, then the imprisonment that someone is usually experiencing. Imprisonment by their own self and object representational system within their unconscious that is giving rise to the difficulties in relationships and work or whatever it might be.

47
So, my job is to shake free the consciousness from its immersion in these very rigid unquestioned beliefs about themselves and about life. As we do that, sometimes people will have... this one fellow I was telling you about calls it a "nova" experience. When the structure is freed up a bit, when the consciousness is freed from the structure a bit, he is experiencing a kind of nova going off inside of him. It's like a star bursts and the atoms of the star go off through-out the universe and he has a direct experience in his body of breaking apart. Well, that's what happens when a structure is loosened up. When a structure is loosened up or broken apart, a person has the experience of breaking up inside themselves. What is left then is a much freer much more fluid state of being, at least for a period of time.

48
I: In that experience what to you qualifies it has being transpersonal?
S: The experience post-nova?
I: Right.
S: Well, I go to this and that's when the nova's happened and the person is disidentified from the structure of identity that they've been so attached to, then you have to ask, "what's left?". Very often what you have here is something that is a state of great freedom, a state of great choice, an emancipated feeling, a feeling of being open and spacious, a feeling of having choice that they didn't have before. I think the states of openness and spaciousness are very common and I consider the states of openness and spaciousness are qualities of the soul not of the ego. The ego qualities are more rigid qualities. There's not much choice there. Beyond the ego is the soul and the qualities of the soul are things like spaciousness and openness and choicefulness and basic trust and love and compassion and strength. These are qualities that are there, quite inherent in the person when the nova experience happens. So those for me are transpersonal qualities.

49
I: How continuous is this experience, for instance, for this particular client?
S: The post-nova?
I: Yes.
S: It comes and goes. It's not stabilized. I think as time goes by and he continues to do his practice, he'll have more ego experiences rather than transcendent experiences.

50
One of the ways to say it is, the states of openness and freedom are experiences of beingness, whereas the state of contraction and being held in and being caught-up in your self and world structures is a state of ego. You can think of it as being an ego and having transpersonal experiences or being experiences or you can hang-out in being and have ego experiences. Maybe over time that's what will happen. I don't know. Maybe that's where we are all going in some ways. For him it happens in the hour and then the next hour comes in and the structure's a little weaker.

51
I don't believe in the notion of having the transpersonal experience and then everything is solved. I've never seen that. I've never ever seen that. I've seen that the transpersonal experience enables some healing to occur and you can keep going, but it has to be worked through.

52
I: Tell me about a time when your transpersonal focus influenced your diagnosis of a client.
S: Gosh. See to me it's not clear cut like that any more. At one time I would have thought that but, it's not clear cut. It's very gray to me. Well, let me put it this way. There's an old saying, I found it in Alice Bailey and the saying is, "the light of perfection brings imperfection to the surface". And I interpret that to mean that if someone is having some sort of spiritual awakening, that the very fact of the increased awareness and the expanded, heightened consciousness that that entails is going to bring to light unconscious material. It will uncover. So, consequently in my work I usually see both things going on.
As I sit and think about it, now I haven't really thought this through very much, but if someone is... like for example, this woman I was telling you about earlier, Tracy. Tracy came to me when she was about 28 or 29. She had begun a graduate program in East/West psychology and she had also spent some time doing some sitting practices that had been taught to her through a mail order house school - occult school, metaphysical kind of school. She was very supped up on these ideas and had found deep meaning and deep relevance for her life in these things. She reported to me some experiences that she had had in using the practices that she had been given. But, at the same time she had quite a bit of material in the lower unconscious as Assagioli would put it that really needed to be healed, that needed to be worked through. Fundamentally the fact that she never had a holding maternal figure and the deprivation that caused was a part of it.

I couldn't just say that she's an oral dependant personality even though she has a lot of oral dependant features and she had a lot of borderline features as well. I wouldn't diagnose along those lines. I would say that there's a kind of a meeting of the ways that's going on here that she has been dedicated to a spiritual path and the spiritual path is working because it's bringing up the material that's getting in the way of her being able to have a deeper experience of her own self which is the ultimate aim of spirituality anyway, in my mind.

Is this answering your question? Give me your question again.

I: What I'm trying to get at is diagnosis which is something that is often used in more conventional psychotherapy. I'm wondering about someone such as yourself who holds a transpersonal perspective in psychotherapy, what...

S: Okay, good good. The old psychoanalysts had a convention, a concept that they used which I think is very applicable for us transpersonalists. They talked about the analytic ideal and the analytic ideal is supposed to be a measure of health that a client should be achieving if the analysis is working well. And Freud's basic analytic ideal was the capacity to love and the capacity to work. The capacity to love had to do with giving and receiving love. It had to do with being able to have a family or have a close genital kind of phenomena where you can have a happy fulfilling sexual relationship with one other person over time and then to work at something fulfilling and so on. The early analysts never really did pigeon hole people the way that we are doing now days with the DSM III R where you've got all of these classifications. Instead classification was always according to where is the personal longest continuum of health with disorder and disease at one end and health at the other. Well I think that's a useful model for us transpersonalists if we would think instead of the idea of to love and to work, we would expand that extensively, like for example, my feeling is that we should ask ourselves things like, "does the person feel strong?".

Okay, you're the head of a counseling center. You undoubtedly will see students who are feeling like they just are not up to the kind of intensive training that you
want to provide for them and so you might find yourself sliding all over the place wanting to hold the standard but at the same time feeling like "well I should be kind and all that kind of goodness". Really what's going on is that they're missing a feeling of strength that is not ego strength but, it's a quality of the soul, a quality of being. Jung called it the "Self" with a capital "S", Assagioli called it "the transpersonal self", the qualities of the transpersonal self. Whereas if a person felt this strength, if they felt this inner strength and courage let's say, okay so, I am blowing it with my clients but, it's not the end of the world. I can take the criticism in, I can hear the constructive criticism because I'm okay even though my behavior might have been off in relationship to that client. So we could say that the analytic ideal from a transpersonal perspective would be one of the qualities of the soul like strength. A person would feel that kind of inner strength or an experience of worth or value. The feeling that one is okay and precious and valuable just by the fact that they are existing. My worth is not dependant upon whether I did a good job of that therapy session or not. So, there's another one. So, we could frame a whole way of assessment by looking at the relationship of where a person is inside him or herself in relationship to these qualities of the soul and we could then support the unfolding of the qualities of the soul that a person needs in order to live happily and fulfilled and creatively in the world.

Let's say that a person is constantly having a problem holding a job. Well, I want to know why. One of the things that I find in one patient of mine is that he treats people with contempt and so what happens is that people don't want to hire him up, they don't want to give him promotions. This is a person who really doesn't know much about love and I want to contrast for that person the quality of treating people with contempt versus the quality of treating people with love. That doesn't mean you bypass working with the contempt. In order to get to the quality of love, you have to work through what's hindering it. You have to work through the personal unconscious material that might be hindering the quality of love from being there. How come he can't love, how come he's treating everybody with contempt?

We begin to explore the lower unconscious, we begin to explore the childhood pattern or whatever it might be and we begin to see that he himself was treated with a great contempt. He doesn't know what love looks like. He thinks that loving somebody else means you criticize them and you judge them and try to get them into shape. That's what love looks like to him because that's what happened to him.

There's a number of these things like creative intelligence. So we could look at people not so much from these categories of like well "you're a narcissist or a borderline or you're this or you're that", but more from the standpoint of this old idea of the analytic ideal and just open it up and think of it from a transpersonal perspective. So that's how I would look at it, how I try at any rate. I find myself as a product of this culture and as a product of my own profession, I too find my
mind going into things like "I'm really dealing with someone who is really narcissist right now. I find myself falling into that as well. Well okay, I want to also ask, "what do I mean by narcissist here? What are the qualities that are missing, that are arrested in this person?"

I believe a lot in the idea of developmental arrest, by the way. But, to me what's arrested is the soul.

61
I: So that I can understand that a little bit better, can you think of an example?
S: Let's talk about Tracy again. The qualities of the soul that Tracy is missing are a couple. First of all, basic trust which is something that Erikson talked a lot about. Well, I think that it's a quality of the soul, a quality of the transpersonal self. That when the transpersonal self is really flowing and the heart is opening, you experience a basic trust. It doesn't mean that you won't get a divorce or that you are going to live for ever but, it means that none the less you still feel this basic life's okay and I'm going to be able to deal with it. She doesn't have that. She feels that she has Bambi legs. That she is wobbly. She continues to doubt herself inside. She has enormous talent but she also has a very primitive superego which says, "You're nothing. You're not going to do anything with your music. This is disgusting. "Why don't you do something useful with yourself". So, she's got that going on within her. What I keep seeing is the missing strength. I keep seeing the missing basic trust. The missing feeling of inner worth. I see why that's there is because of the early deficits in her parenting.

62
So I as the therapist want to sit and support the unfolding of those qualities within herself. To me it doesn't do any bit of good to label someone borderline or narcissistic or schizoid or whatever it might be.

63
We all have those layers in ourselves, I think. I really do. And I don't see anybody in my practice who's unusual in that sense. When I worked at Kennedy, these are people becoming therapists, supposedly these are people who are on the path in some way. To me there was an enormous amount of narcissistic phenomena going on there. And I look at myself as I was the Dean there, I can see all kinds of narcissistic phenomena in myself.

64
So, I don't think that's very unusual but, I could really look to see, now what would make her life different? What are the qualities that would really help her to be different? And so I look and see she really does not have a feeling of strength within herself, nor a feeling of her own worth. She doesn't have that basic quality of value. Now why not? How come? What has arrested that kind of ideal from unfolding in her? This is a culture as a whole that does not meet the analytic ideal.
This is a culture of hatred and a culture of suffering. A culture of treating each other miserably. Well that's how we all were raised. We were raised within that climate.

Am I answering your question?
I: Yes but, I do have a follow-up question. As I hear you talk about qualities of the soul and the healing process making those qualities accessible again, you talk about building strength. How might that be different, in your understanding, to ego strength?
S: Strength of the ego is not the same as strength of the soul. The strength of the ego, a personality strength is a strength that is based upon an image in your mind of past successes having done something or it could become rigidified. Ego strength is kind of a contracted state in which I'm holding on to an image of myself as strong and that I can do it and I can make it but, there's a certain rigidity in it. There is a certain compulsiveness in it.

Soul strength is very fluid. "I'm strong yet, I'm also vulnerable", "I'm strong and courageous but I can also tolerate my fear", "I can also tolerate those places where I am really wounded and I can't do certain things". Soul strength has a great fluidity to it, it's not locked anywhere.

Some of what the analysts call ego strength, I would think of as soul strength. So part of it has to do with definition. The other tricky thing is that some of what the object relations theorists like, Winnecott and Guntrip, for example, when they use the word "ego" if you study deeply what they're talking about they're not talking about the Freudian ego. They're talking about something that is far deeper than the Freudian ego. Guntrip for example talks about the libidinal ego as the very heart and soul of the personality. So, they're talking about something that really... they're quite remarkable in that sense because they were, I think, bordering on the transpersonal and yet keeping their feet in the analytic world.

I: Can you think of a particular example of a particular client who had ego strength but lacked soul strength?
S: Oh sure. I had a man who is a lawyer. He has an enormous capacity to wheel and deal and control things. He is very successful in his work. He is 50 some years old. He is a multi-millionaire and a self-made man. He had a tremendous business that he had built. He did not have good relationships though. He was fulfilling a kind of vision of success in himself but, it was kind of a compensation for feeling deep down within himself a kind of deep vulnerability, fragility, a capacity to be extinguished - that he could be annihilated. He was very frightened at heart but, the fright at heart, the fear of death, of being at the mercy of forces that are far bigger than he is, was put into the background and he compensated by developing a way of being the world which for all intent and
purposes we would see as being, culturewise anyway, as being healthy. Not only was he able to build a good profession for himself but, he was on committees, he is politically aware and active, he is liberal in his views, he has an appreciation for music and art but, his strength is not real strength. It’s compensated, defended strength, it’s ego strength in that sense. It’s not the strength of the soul.

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In order for the strength of the soul to come forward, he’d have to go back into himself and discover and face the deep fragility that he feels - the fear of being annihilated, the fear of being overwhelmed. Those are things that he would have to encounter.

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I: And how have you helped him to do that?
S: I don’t remember what I said earlier. Did I say that he’s no longer with me or did I say he’s with me? Cause I’m noticing that I’m changing things a bit as I speak here. This is a man who is with me still and we’ve really just begun our work. He came in as a result of a marital problem. That was how his therapy began, which by the way, a lot of my therapies begin as a couple therapy. Something is going on in the relationship and as I sit with couple, I discover that there is really something going on with the individual that needs to be tended to.

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So, we began as a couple and the wife was basically saying to him, "You’re not feeling me. You are misinterpreting me an awful lot. I’m feeling unfulfilled here. Now she’s got her own set of problems and I don’t mean to imply that she doesn’t but, nonetheless he was too yang. He had developed too yang of a way of being in the world and he couldn’t really relate in a deeply personal way. So for him, it’s not only strength that’s missing but, empathy and love and tenderness, although it comes out with his child. So, we have a long way to go yet.

73
I: You started out by talking about one of your very early experiences when you were working with a client with a beam of light and she didn’t come back to therapy. Since then, have you ever had a client with whom you had been working and a transpersonal intervention or a way of working with the client seemed inappropriate?
S: I don’t know what you mean by transpersonal intervention. Let me get some clarity from you on what you mean by that.
I: For these purposes it would be more important for me to know how you might interpret that.
S: Alright. Well, maybe a way for me to answer it would be something like this. I see myself as being very much aligned to the analytic tradition so that when people work with me, we will begin once a week, usually but, it will over time pick-up speed if the person wants to go deeper and then they may come twice a week. I have a few that have come three. I also use the couch. When people pick-up speed, I’ll often times have then lay down. I work in a kind of analytic
mode and I attempt, as much as I can, to just go along for the ride in many ways, to evoke the subjective experiences. I try to help them to tell me about whatever matters and concerns them in the moment.

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From time to time I will suggest that we do a little imagery like for example, I have found Assagioli’s techniques from the psychosynthesis people, I find them tremendous and Jung’s active imagination. I never found in psychosynthesis much of a psychology that I could grab on to but, I find that some of the techniques are really useful when used in little drops. So, once in a while if someone is struggling and they’re talking about something, I’ll say, “now just close your eyes for a minute and be quite and listen inside yourself and be with your body. See if some kind of image arises that speaks to what you’re trying so hard to tell me about right now”. Well, that’s about the extent to my using a transpersonal technique or maybe using a dream kind of a thing. Sometimes a little breathing. Sometimes just some gently breathing practice to help a person open-up a bit. I don’t do any kind of techniques anymore that are cathartic and transpersonal. Like I don’t do Grof’s Holotropic Breathwork. That may be very valuable but not in the therapy room. That’s great for a weekend maybe but, in therapy I think we need something that’s much more comprehensive and interpersonal.

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My working way right now is more taking time, building a relationship, building the alliance, and praying a lot that the holy spirit holds us. You know, praying for guidance. The days that I don’t do a sitting practice before I see my patients, I can really feel the difference at this point. So that’s really more about what for me is a transpersonal approach or technique now.

76
So, your question now was has anybody left?
I: Have you found it to be inappropriate for any of your clients?
S: Not what I’m doing now. I have had from time to time someone leave because they didn’t feel I was doing enough. I’ve had someone leave who said, "no, I really want you to do these very active techniques with me, like Grof’s techniques”. While I know that material and could draw upon it, I find that if I do that, that it really gets in the way and so, I usually say, "no, that’s not my job, that’s not what I’m here for, that’s not what my work is about".

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And I’ve had one or two people leave because I wouldn’t punch it up. But, I’ve often found that those people are looking for... they are kind of addicted to highs so that I’m not glamorous enough or sparky enough for them. Maybe they need to go to someone who’s a bit more sparky and more dramatic maybe.

78
I: What adjectives would you use to describe you? What are the qualities in the room when experiencing psychotherapy with you?
S: That's a really nice question. Well, I hope that I am for some people a "male mother". I hope that they find in me a great safety but, yet just a little nervousness. Just a little bit of an on-the-edge quality like there's an excitement or intensity. Not too much that it's overwhelming but enough that we're moving, we're going somewhere within a context within a holding of great nurturance and care. That's what I hope.

And I hope that others see me as appropriately and benignly educative when necessary. Calmly, respectfully expressing a kind of fatherly quality at times that suggests if you bite your brother's arm, he probably will hold off and hit you. So that kind of instructive quality. And as I say these things I'm also very aware of the times when my own countertransference material my own unresolved narcissist stuff comes up which often times when it does come up comes in the way of wanting something to happen too quickly. Being afraid that if something's not happening right away that I'm not a very good therapist and thus losing touch with the psyche's natural unfolding and kind of getting in there with my own agenda of how it's supposed to look and where we should be by now in a course of a year or whatever it might be.

When that happens I notice that that's when I'm in my own rigidified ego pattern rather than being within the essence of the soul which is allowing me to be flowing. I would like to be there as much as possible for the client's agenda rather than for mine and I often times, less so now, but still from time to time feel that impatience coming up in me. And I have, I think, re wounded people when that's come up.

Thankfully many of them now are when they feel that, I'm able to catch it and they're able to catch it and work with it. Jung said that if the therapy is going to work that the analyst has to change too. I really feel that, that if I'm not really moved and affected by what the patient is saying to me and by who the patient is and stretched, if I'm not stretched by what the patient requires for his or her healing, then in some way I feel that I'm not growing myself.

I: I want to switch to some of your training. I'm wondering if there is anything about your conventional training in counseling that you now consider to be transpersonal but, originally you did not?
S: I never really had conventional training. I started in the transpersonal and then I trained for years with Jim Bugental but, you can't exactly call that conventional. And then from Jim I went and studied and mostly have been involved in case consultation with a self-psychologist for awhile and more recently I've been in case consultation for the last three years with Garith Hill who's a Jungian analyst but, a very integrated one and Barbara Stevens Sullivan's work. She wrote a book called *Psychotherapy and the Feminine Principle* which is something that I deeply resonate to. But she's also very much involved
with Guntrip and Kohut, those folks. I can’t really answer the question very well because I never really had conventional training.

83
I: You talked about an analytic orientation that you have. Have you always approached that from a more non-conventional understanding?
S: Yes. I have deep respect for the analysts. Great respect for the technique of psychoanalytic psychotherapy. Tremendous respect for what these men and women have done and I’m particularly touched with the British object relations people with Guntrip and a woman named Marian Milner. I like Kohut very much and self-psychology. So, my feeling is that while they may not be exactly transpersonal, I really don’t think that matters. They have a contribution to make that I think is very profound for any full understanding of human nature. They’ve done what most transpersonalists don’t do.

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I: What I’m getting at with this question is if you see any bridging, which you are addressing, between the more conventional or orientations which are not in the tradition of transpersonal with the transpersonal?
S: Well the way that I can best answer that is to say that in my opinion many of the qualities that some of these analysts are talking about are not qualities of the ego, they’re qualities of the Self or the soul. Masterson is a good example because Masterson says that the real self he calls the sum total of all self and object representations and he says that the sum total of all self and object representation leads to a feeling of strength, vitality, creativity. Self and object representations are structures. I don’t know how you get vitality out of a structure. I don’t know how you get creativity out of a mental structure. So, I think that he’s wrong. I think that the ego personality is the sum total of all self and object representations but, creativity comes from the Self. The real vitality comes from the soul. True pleasure is an experience of the soul. It’s the soul that longs and suffers. It’s the soul that pines away for what’s lost. It’s the soul that’s yearning for something more. That to me is all soul stuff. I don’t see that as being ego stuff. So I think that I use a lot of their ideas but, for me I think that some of their theories are off because they don’t include the transpersonal dimension.

85
But on the other hand, I think that some of the transpersonalists are naive and full of shadow because they don’t deal enough with the transference, countertransference material, the nature of resistance, the early childhood patterning. It may be different now. I don’t know what it’s like now.

86
I: Now that you’ve been a psychotherapist for a while, has your view of the unconscious changed?
S: It’s much vaster. It’s very vast. That’s about all I can say. I think that Jung and Grof have done an enormous amount to help us with our understanding of the unconscious. There’s an awful lot in there.
TRANSFORMED MEANING UNITS

Subject 4

1. S remembers one of his first experiences of the transpersonal as happening when he was in college and living a very isolated life. He was feeling "very very alone".

2. The experience of being alone, to S, was "very aching". During this time he was studying Tarot card images, reading transpersonal and metaphysical literature and spending many hours walking in nature.

3. As S was working very intently with these Tarot images and they became "vivid and very real" for him. Studying the Tarot has taught S the most about the transpersonal realm.

4. At the time, S was learning from a "mentor or teacher" about such things as "metaphysics, occultism, and spirituality".

5. One day S was feeling very "bereft and lonely" and a "great deal of tension" within him when he had this transpersonal experience.

5a. Although S does not have an exact understanding of what happened, it seemed to him that a non-verbal message was transmitted to him "from a dimension beyond" through the eyes of his mentor. S does not recall the content of the message though his felt sense was that she had told him something "very secretive".

6. Although S never physically left the room during this experience and he remained vividly aware of his surroundings, his consciousness seemed to be "transported" to an awareness which was deep inside of his psyche. He suddenly felt imbued through the top of his head with very joyous and powerful feelings and a "very vivid superconscious-type of energy". S experienced his body and surroundings being transformed into vibrational, energetic movement.

7. A vivid physical image of an archetypal figure appeared in front of S. This Tarot archetype of the Magician was imagistically directing energy in a way which reflected to S what was happening within himself. During this experience, S was "weeping for joy" and feeling a sense of "rapture and ecstasy".
S felt that this was such a profound experience in that it radically changed the course of his life. Ever since then, the archetypal meaning of this image and its corresponding energetic have been significant in his life.

Going through a difficult time in his life and then having this transpersonal vision felt like a "vision quest" or spiritual journey.

This archetypal figure represents a state of effortless concentration.

S is particularly concentrated in his spiritual practice. When he is not practicing regularly, he is very aware of his "need" to get back to it.

S is persistent in his struggle to focus his attention of one thing which he calls bringing the mind to a "one-pointed focus".

Through this experience, S discovered that he can enter a transcendent state of consciousness through one-pointedly concentrating on a symbolic image. As S's consciousness merges with the image, his experience takes on the qualities represented by the symbol.

S is now experienced in being able to use a symbol in this way.

The profundity of this experience was a guidepost to S that this was the right practice for him to use in his spiritual pursuits.

This experience was prior to S's decision to become a psychotherapist.

S wanted to learn counseling skills which would help him to be a more effective teacher of astrology. He was surprised that his interest shifted from astrology to spiritual and western psychological traditions.

It was always evident to S that his "center point" or orientation to psychology would be transpersonal. He felt 'very much at home in the transpersonal world".
Over the years S became interested in the existential tradition, object relations and psychoanalysis. This shift felt like he was "coming in" from the outer realms of the transpersonal.

Transpersonal experience in what happens in everyday life and has meaning one's world.

S does not like to use the word "transpersonal" anymore because people often associate it with "strange kinds of things" which are not rooted in the everyday experience.

S's first client with whom he practiced transpersonal psychotherapy did not continue in therapy with him.

S now sees how he was naive in the way he worked with this client in that his practice of transpersonal psychotherapy was not rooted in an understanding of the psychological dynamics of a therapeutic relationship.

The technique that he used with this client involved his imaging of a white light connecting him and his client out of which a symbol was revealed to him that had significance to the therapeutic process.

Through this experience S realized the power of the intuitive process in that an image "came to him"; however, his intervention failed because he shared his intuitive image without being "empathically attuned" to the needs of his client and the nature of their relationship.

S did not tell the client about the intuitive process he was using.

The transpersonal quality of this experience was the intuitive or "psychic" connection which S experienced with this client. S was not aware of his client having had a "transpersonal awareness" in this moment.

S has noticed that transpersonal experiences emerge in therapy out of a "deep relationship" he has with a client in which there is an intimate connection and "attunement".
In this type of transpersonal experience, S and his client have entered a state of consciousness that "transcends the individual egos". S finds that the type of transpersonal experience that occurs may vary with the "alliance and context" of therapy.

His understanding of this was validated by one of S's mentors.

When the individual consciousness of S and his client shift to a consciousness which is "far deeper" than their individual egos, it is as if S and his client become a "vehicle or medium" for the transpersonal to manifest.

S thinks of the transpersonal realm as being a "universal consciousness or energy" and the relationship between the client and himself as the "instrument" or "medium" for manifesting these transcendent qualities into ordinary consciousness. S feels that these qualities descend into them "like grace".

The personal consciousness is a vital link through which the "vaster" consciousness comes into awareness.

S recalls a specific client with whom this transpersonal process occurred.

This client had learned from her father and four older brothers to live in the "archetypal masculine world". She was very depressed and had difficulty with interpersonal relationships.

This client's family structure was patriarchal and she did not have a "holding" maternal figure who embodied the archetypal feminine qualities of nurturance and compassion to encourage the client to be true to herself.

S and his client established an alliance and she shared her songs and poetry with him. S felt "very touched and moved" by this.

This client shared a dream with him in a therapy session.

The client felt internal conflict because in her dream she is asked to choose between her old ways of being which were familiar yet caused her suffering and a new path which held unknown promise for healing.
S had his client continue with her dream using her "on-going active imagination" during their therapy session. She was having difficulty accepting the "wise old women" figure in her dream, yet she agreed to follow her in her imagination.

S and his client, at that moment, had a sense that they were being very caringly held. S then had an image that they were being held by a "most magnificent mother figure who was earthy yet, heavenly". He was left with a sense that "all is right with the world".

S's client continued to feel this sense of being held by this "boundless good mother" for 2 or 3 more counseling sessions during which she felt "total self-acceptance and a sense of valuing herself". During their sessions S noticed they were both talking more softly than usual as if there was a "hush in the room". S felt as though there was "something sacred happening".

S found that with this client her transpersonal experience was "the beginning point of a new struggle". Through this experience she was able to feel the contrast between how it felt to be nurtured and accepted versus the abuse she felt as a child. She was opened to the exploration of her suffering.

Many of S's clients are open to the transpersonal and they come to him for therapy because they know of his interest.

S finds that his clients who have transpersonal experiences in therapy also have a spiritual practice which provides S and his clients with a foundation of understanding from which to talk about transpersonal experiences.

Regardless of whether transpersonal or "holy moments" occur in therapy, the "reverence for the spiritual dimension" is integral to the therapy.

S finds that his own years of spiritual practice allows him to be helpful to a particular client who sometimes has concerns arise in his spiritual practice.

The majority of S's clients have some idea or "inkling" of the spiritual dimension. Typically clients desire some understanding about their relationship to the transpersonal dimension or are dissatisfied with their lives and are seeking "something more" that will bring meaning to their lives.
Even if a client is not involved in a spiritual practice or talking about spiritually, S still maintains a spiritual "stance" as a therapist.

S's transpersonal stance allows him to view clients' ways of thinking as being "relative truths" and frame his interventions in ways which help clients broaden their understanding of who they are. He helps them to expand their consciousness beyond their fixed ways of viewing self and world which had created difficulties in relationships and work.

S's therapeutic goal is to "shake free" clients' "consciousness from its immersion in these very rigid unquestioned beliefs about themselves and about life". He finds that when clients disidentify from their usual cognitive structure, then they are in a "freer, more fluid state of being" for at least a period of time.

One of S's clients feels this breaking-up of his cognitive structure as a direct physical experience, as if his body were breaking apart, like the pulsation of energy released in a "nova" experience of a star bursting.

The transpersonal elements of this kind of experience are feelings of openness and spaciousness which he considers to be qualities of the soul as they allow for a greater inner sense of freedom and choice. These inherent soul qualities as well as basic trust, love, compassion and strength are accessible to clients during such "nova" experiences. S considers the rigid qualities of cognitive structure to be aspects of the ego.

These more fluid states or "nova experiences" may come and go, but eventually this client will probably experience the transcendent consciousness as his more usual state of being.

The goal is for the client who is usually in a "contracted" ego state ("caught-up in rigid self and world structures") with occasional experiences of the transpersonal to become to be primarily in an open freer state of the soul with occasional ego experiences.

S has never witnessed a transpersonal experience as being a cure. Rather he has found that such experiences can facilitate healing of issues which need to be worked through psychologically.
(diagnosis) S usually witnesses the emergence of an increased awareness of unconscious material when his clients are having a "spiritual awakening". Expanded, heightened consciousness brings "light" to unconscious material.

For example, S's client, mentioned earlier, was learning a spiritual practice when she had the dream experience which brought to her awareness the depth of her emotional deprivation.

Rather than assessing his client in terms of having a personality disorder, S prefers to assess whether her spiritual practice is successfully bringing up her psychological blocks which keep her from having a deeper understanding of who she is.

To have a deeper experience of self is "the ultimate aim of spirituality".

S finds the concept of the "analytic ideal" used by psychoanalysts to be a more useful model of assessment rather than the DSM III. The analytic ideal uses a continuum of health in terms of capacity to love and work, instead of discrete classifications of pathology.

S assesses his clients' level of development of "soul qualities" and then supports clients to more fully manifest these qualities in their inner and outer lives.

S diagnosed one of his client's who has had difficulty keeping jobs as not knowing much about the soul quality of love. This client treats people with contempt thus having interpersonal conflicts in his work place.

He helps the client to understand how his behaviors toward others does not reflect this soul quality and he helps him to work through unconscious material which keeps him from experiencing this soul quality.

S's treatment plan is to help the client become aware of what keeps him from knowing what love is. In other words to explore the unconscious patterns which keep him from interacting with himself and others in loving ways.

As a result of his professional training, S sometimes does think of his clients in terms of diagnostic categories. His transpersonal perspective is to think about what soul qualities are arrested in a person with such a personality disorder.
S also views developmental arrest in clients as hindrance of the soul.

S has one client who feels a lot of self doubt rather than basic trust in her own worth and ability to take care of herself. S predicts that when his client is more identified with her "transpersonal self", her heart will be more open and she will experience the soul quality of trust.

S sees her missing the soul qualities of trust and strength because of early childhood deficits.

Thinking about a client's soul qualities that need to be developed brings meaning to how S wants to work with that person. The DSM III labels are not helpful to S in this way.

S is aware of aspects of personality disorders within himself and in most other people.

But it is the model of the analytic ideal and the process of actualizing the arrested soul qualities that guide S's interventions and intrigues his curiosity about a client.

S finds that this culture, as a whole, does not meet the analytic ideal of having a healthy capacity to love.

"Ego strength" is a quality of the personality which is developed as a result of having had successful experiences and has the characteristics of being a compulsively rigid image of the self as being strong.

In contrast, "soul strength" is characteristically fluid in that the person is able to feel strong and yet tolerate contrasting feelings such as, vulnerability, powerlessness and fear.

What some objection relations theorists refer to as "ego", S would consider to be "soul qualities", thus they are theoretically "bordering on the transpersonal".

S has a particular client who has good ego strength in that he is successful and effective in his professional work and personal interests. Yet, his ego strength is a defense and compensation for the fear he has of being "annihilated, of being at
the mercy of forces that are far bigger than he is. This fragility which he feels in his heart is a lack of "soul strength" and negatively impacts his relationships with people.

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Exploring the fear and fragility helps the client to build soul strength.

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S's client began therapy with him as couples counseling until S recommended he begin working on his individual issues.

72
The client's underdevelopment of the soul qualities of "strength, empathy, love and tenderness" hindered his ability to relate in a deeply personal way.

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When clients are working deeply with their unconscious experiences, S often has them lie down on the couch. He works in "a kind of analytic mode" as he attempts to "evoke the subjective experiences" of the clients and help them to voice whatever concerns them in the moment.

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S only occasionally uses "transpersonal techniques" or activities with clients such as, active imagination, psychosynthesis imagery and gentle breathing practice. More often he finds it valuable to approach therapy in a more "comprehensive and interpersonal" way rather than using "cathartic transpersonal techniques".

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S's transpersonal approach involves taking time to build a relationship and alliance with the client and praying to "the holy spirit" for guidance. S notices that he is better able to do this with clients when he has meditated that day.

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Very occasionally S has had a client terminate therapy with him because he does not use very active transpersonal techniques such as, Stanislav Grof's holotropic breathing. Active techniques such as this seem to hinder the therapeutic way in which he likes to work with clients.

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S considers that some of these people who have left therapy for this reason are "addicted" to feeling the altered states which are evoked by these active transpersonal techniques.

77a
S believes that the client's disappointment or lack of fulfillment in this regard, is projected into the client's conclusion that S is not "sparky or dramatic" enough as a therapist.
S intends to interact with clients in ways which create "safety and nurturance" balanced with encouragement to make changes. In this capacity, S thinks of himself as a "male mother" creating for the client a feeling of "intensity and excitement" and being on the growth edge within a nurturing context.

When S is intending to express more "fatherly qualities" with clients, his approach is "appropriately and benignly educative".

S is also aware that sometimes his countertransference with clients causes him to impose his own agenda in the therapy session as he wants changes to happen more quickly than they are. S realizes that this happens when he loses faith in his abilities as a therapist to stay in "touch with" the client's own natural timing for healing and change.

S identifies this countertransference as being a rigid pattern of his own ego and has found it to be "rewounding" to clients. Having faith in his clients' healing processes and in his own ability to allow for that is a quality of the soul.

S considers his own growth and change, which results from his work with clients, as necessary for the therapy to be successful. He sees therapy as a dynamic process of growth and change for both the client and therapist resulting in healing for the client.

S did not have "conventional" training as a psychotherapist. He continues to train and consult with psychotherapists in the Jungian, object relations, humanistic/existential and self-psychology traditions.

S finds the psychoanalytic orientation to psychotherapy to be a contributor to the "full understanding of human nature" even though he does not consider it to be a transpersonal theory.

S disagrees with analysts who attribute soul qualities to being aspects of the ego. S thinks of ego as being a mental structure which can not produce soul qualities such as "strength, vitality and creativity". Pleasure is an experience of the soul. "It's the soul that longs and suffers. It's the soul that pines away for what's lost. It's the soul that's yearning for something more".

Although S has use for psychoanalytic ideas, he finds the theories lacking in that they do not recognize the transpersonal dimension.
He also disagrees with transpersonal psychotherapists who do not deal enough with more conventional therapeutic constructs such as transference, countertransference, resistance and childhood patterning.

Now that S has been a practicing psychotherapist for awhile he has a growing recognition of the vastness of the unconscious.
Subject 4

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client had learned from her father and four older brothers to live in the
"archetypal masculine world". She was very depressed and had difficulty with
interpersonal relationships. This client's family structure was patriarchal and she
did not have a "holding" maternal figure who embodied the archetypal feminine
qualities of nurturance and compassion to encourage the client to be true to
herself. S and his client established an alliance and she shared her songs and
poetry with him. S felt "very touched and moved" by this. This client shared a
dream with him in a therapy session. The client felt internal conflict because in
her dream she is asked to choose between her old ways of being which were
familiar yet caused her suffering and a new path which held unknown promise
for healing. S had his client continue with her dream using her "on-going active
imagination" during their therapy session. She was having difficulty accepting
the "wise old women" figure in her dream, yet she agreed to follow her in her
imagination. S and his client, at that moment, had a sense that they were being
very caringly held. S then had an image that they were being held by a "most
magnificent mother figure who was earthy yet, heavenly". He was left with a
sense that "all is right with the world". S's client continued to feel this sense of
being held by this "boundless good mother" for 2 or 3 more counseling sessions
during which she felt "total self-acceptance and a sense of valuing herself".
During their sessions S noticed they were both talking more softly than usual as
if there was a "hush in the room". S felt as though there was "something sacred
happening". S found that with this client her transpersonal experience was "the
beginning point of a new struggle". Through this experience she was able to feel
the contrast between how it felt to be nurtured and accepted versus the abuse
she felt as a child. She was opened to the exploration of her suffering.

4
Many of S's clients are open to the transpersonal and they come to him for
therapy because they know of his interest. The majority of S's clients have
some idea or "inkling" of the spiritual dimension. Typically clients desire some
understanding about their relationship to the transpersonal dimension or are
dissatisfied with their lives and are seeking "something more" that will bring
meaning to their lives. S finds that his clients who have transpersonal
experiences in therapy also have a spiritual practice which provides S and his
clients with a foundation of understanding from which to talk about
transpersonal experiences.
Regardless of whether transpersonal or "holy moments" occur in therapy, the "reverence for the spiritual dimension" is integral to the therapy. S finds that his own years of spiritual practice allows him to be helpful to a particular client who sometimes has concerns arise in his spiritual practice. Even if a client is not involved in a spiritual practice or talking about spiritually, S still maintains a spiritual "stance" as a therapist. S's transpersonal stance allows him to view clients' ways of thinking as being "relative truths" and frame his interventions in ways which help clients broaden their understanding of who they are. He helps them to expand their consciousness beyond their fixed ways of viewing self and world which had created difficulties in relationships and work.

S's therapeutic goal is to "shake free" clients' "consciousness from its immersion in these very rigid unquestioned beliefs about themselves and about life". He finds that when clients disidentify from their usual cognitive structure, then they are in a "freer, more fluid state of being" for at least a period of time.

One of S's clients feels this breaking-up of his cognitive structure as a direct physical experience, as if his body were breaking apart, like the pulsation of energy released in a "nova" experience of a star bursting. The transpersonal elements of this kind of experience are feelings of openness and spaciousness which he considers to be qualities of the soul as they allow for a greater inner sense of freedom and choice. These inherent soul qualities as well as basic trust, love, compassion and strength are accessible to clients during such "nova" experiences. S considers the rigid qualities of cognitive structure to be aspects of the ego. These more fluid states or "nova experiences" may come and go, but eventually this client will probably experience the transcendent consciousness as his more usual state of being.

The goal is for the client who is usually in a "contracted" ego state ("caught-up in rigid self and world structures") with occasional experiences of the transpersonal to become to be primarily in an open freer state of the soul with occasional ego experiences.

S has never witnessed a transpersonal experience as being a cure. Rather he has found that such experiences can facilitate healing of issues which need to be worked through psychologically. S usually witnesses the emergence an increased awareness of unconscious material when his clients are having a "spiritual awakening". Expanded, heightened consciousness brings "light" to unconscious material. Rather than assessing his client in terms of having a personality disorder, S prefers to assess whether her spiritual practice is successfully bringing-up her psychological blocks which keep her from having a deeper understanding of who she is.

S finds the concept of the "analytic ideal" used by psychoanalysts to be a more useful model of assessment rather than the DSM III. The analytic ideal uses a
continuum of health in terms of capacity to love and work, instead of discrete classifications of pathology. S assesses his clients' level of development of "soul qualities" and then supports clients to more fully manifest these qualities in their inner and outer lives. As a result of his professional training, S sometimes does think of his clients in terms of diagnostic categories. His transpersonal perspective is to think about what soul qualities are arrested in a person with such a personality disorder. S also views developmental arrest in clients as hindrance of the soul. Thinking about a client's soul qualities that need to be developed brings meaning to how S wants to work with that person. The DSM III labels are not helpful to S in this way. It is the model of the analytic ideal and the process of actualizing the arrested soul qualities that guide S's interventions and intrigues his curiosity about a client.

S diagnosed one of his client's who has had difficulty keeping jobs as not knowing much about the soul quality of love. This client treats people with contempt thus having interpersonal conflicts in his work place. He helps the client to understand how his behaviors toward others does not reflect this soul quality and he helps him to work through unconscious material which keeps him from experiencing this soul quality. S's treatment plan is to help the client become aware of what keeps him from knowing what love is. In other words to explore the unconscious patterns which keep him from interacting with himself and others in loving ways.

S has one client who feels a lot of self doubt rather than basic trust in her own worth and ability to take care of herself. S predicts that when his client is more identified with her "transpersonal self", her heart will be more open and she will experience the soul quality of trust. S sees her missing the soul qualities of trust and strength because of early childhood deficits.

"Ego strength" is a quality of the personality which is developed as a result of having had successful experiences and has the characteristics of being a compulsively rigid image of the self as being strong. In contrast, "soul strength" is characteristically fluid in that the person is able to feel strong and yet tolerate contrasting feelings such as, vulnerability, powerlessness and fear.

S has a particular client who has good ego strength in that he is successful and effective in his professional work and personal interests. Yet, his ego strength is a defense and compensation for the fear he has of being "annihilated, of being at the mercy of forces that are far bigger than he is". This fragility which he feels in his heart is a lack of "soul strength" and negatively impacts his relationships with people. Exploring the fear and fragility helps the client to build soul strength. The client's underdevelopment of the soul qualities of "strength, empathy, love and tenderness" hindered his ability to relate in a deeply personal way.

S disagrees with analysts who attribute soul qualities to being aspects of the ego. S thinks of ego as being a mental structure which can not produce soul qualities such as "strength, vitality and creativity". Pleasure is an experience of the soul. "It's the soul that longs and suffers. It's the soul that pines away for what's lost. It's the soul that's yearning for something more".
When clients are working deeply with their unconscious experiences, S often has them lie down on the couch. He works in "a kind of analytic mode" as he attempts to "evoke the subjective experiences" of the clients and help them to voice whatever concerns them in the moment. S's transpersonal approach involves taking time to build a relationship and alliance with the client and praying to "the holy spirit" for guidance. S notices that he is better able to do this with clients when he has meditated that day.

S only occasionally uses "transpersonal techniques" or activities with clients such as, active imagination, psychosynthesis imagery and gentle breathing practice. More often he finds it valuable to approach therapy in a more "comprehensive and interpersonal" way rather than using "cathartic transpersonal techniques". Very occasionally S has had a client terminate therapy with him because he does not use very active transpersonal techniques such as, Stanislav Grof's holotropic breathing. Active techniques such as this seem to hinder the therapeutic way in which he likes to work with clients. S considers that some of these people who have left therapy for this reason are "addicted" to feeling the altered states which are evoked by these active transpersonal techniques.

S intends to interact with clients in ways which create "safety and nurturance" balanced with encouragement to make changes. In this capacity, S thinks of himself as a "male mother" creating for the client a feeling of "intensity and excitement" and being on the growth edge within a nurturing context. When S is intending to express more "fatherly qualities" with clients, his approach is "appropriately and benignly educative".

S is also aware that sometimes his countertransference with clients causes him to impose his own agenda in the therapy session as he wants changes to happen more quickly than they are. S realizes that this happens when he loses faith in his abilities as a therapist to stay in "touch with" the client's own natural timing for healing and change. S identifies this countertransference as being a rigid pattern of his own ego and has found it to be "rewounding" to clients. Having faith in his clients' healing processes and in his own ability to allow for that is a quality of the soul.

S considers his own growth and change, which results from his work with clients, as necessary for the therapy to be successful. He sees therapy as a dynamic process of growth and change for both the client and therapist resulting in healing for the client.

Now that S has been a practicing psychotherapist for awhile he has a growing recognition of the vastness of the unconscious.
1
Interviewer: Describe one of the first experiences that you have had of the transpersonal.

Subject: There are several things that come to mind. In retrospect, I've had senses of the transpersonal way back as a child, maybe as an adolescent but even younger in terms of some connection to... as I think about it now I wouldn't use these words back then. I didn't know what these words meant.

2
But, there's some kind of presence of some kind of other thing. Mainly I found it in nature. I remember a specific incident. Lots of times I would go and I would sit in a tree, a special tree.

3
It's a place where I felt very safe and very peaceful and I think that I felt a connection with something more. I would almost go into these kind of meditative states.

4
I didn't have all of this language but, I knew there was something more to life than all of this hustle and bustle of the personality and the business of everyday normal life. There seemed to be something more. My family wasn't necessarily religious but, there was an understanding that there was something more. So there's that. Then in my later years in college I've had more specific instances.

5
I: Which I'm interested in but, I want you to say something more about the early childhood experience. I know this is going back in time but, can you name any of the sensations or can you put any adjectives to that experience?
S: Well, there was a peacefulness. The one that is really powerful is that tree incident. I actually wrote about that when I applied at JFK as part of my statement. I've done inner work and called up those times. As I imagine myself back then it was... I feel it in my belly, there was a glowingness and a warmth. That would be the way that I would pretty much describe. It was expansive as I look at it now. These are words that I use now.

6
I'm trying to think back then. I'm just imagining this tree and I felt connected to the tree. I felt like I connected to life in a different way but, I wasn't separate from. I've had such good experiences that have been much more clear since then. Even a little bit about what John Seed was talking about today - really resonating with life beyond human life. Having intimate relationships with trees and animals.
I: Would that be one of the experiences that you were eluding to of having later on in life?
S: That would be one. Yes, where I've had experiences like that some of which were induced and very profound. Some of which were more through readings, through opening up to that process. And later through workshops and through my own inner work and through meditation, through my own teaching and through more and more that sense of being alive sort of grew.

8
When the seed first came, surely the seed was there all of the time, I really believe that. My family was such that it got supported and especially in later life to really do this exploration. I was really encouraged.

9
There must have always been a draw there of some kind towards the spiritual, the numinous, the other. I think if I had been born in an earlier era, I would have become a minister, but since I rejected organized religion and still basically do, that's not a viable path and I think I'm doing that work now anyway. I am doing spiritual, quote "religious" work now. So it's always there and I have it in my family. I have an uncle who's a minister.

10
I: Can you describe one of those experiences that you had as a teenager or young adult which you were referring to?
S: One of the more conscious ones?
I: yes.
S: I could give you a couple of experiences. One was a very profound experience. It was in an altered state of consciousness. I had been reading the "Tibetan Book of the Dead" in this state of consciousness and was lying meditating and got an image of the cross and the cross evolved into a Jewish star and the Jewish star evolved into a mandala. Out of the center of the mandala came this white light that grew and obliterated my consciousness to ?? in that experience. A few moments later I became aware of being in this experience and came back into awareness.

11
That was a very profound experience and I realized that we are all connected, we are all just one energy. That was a very direct, visual experiential time.

12
I had another experience of lying in the woods and this is where I felt both the tree and this bird up in the tree. I felt a real intimate relationship. I almost felt that the tree knew that I existed (laugh). That there was a consciousness in that bird and that tree that knew I existed and an energetic sense that the energy fields were very interrelated. There was a whole bunch of experiences.

13
I've had dream experiences in which I have gone into the realm of the other.
I: Have you noticed a theme for you? Is there any sort of reoccurring theme or similar type of feeling or experience that you've had?
S: It's an energetic felt sense sometimes related to the kundalini energy. It's a vibration. When I've worked with Brugh Joy and Richard Moss sometimes I'll get into a vibration. I've had experiences where I've been able to produce fevers. My body heats up to the point where I induce a temperature. So it's a bodily... it's not really conceptual, it's imagistic and bodily. Imagistic meaning more than conceptual.

But, I like the word "energy" and the whole level of energy. So the energy kind of expands and amplifies and not exhilarated but becomes a finer, a more finely tuned kind of energy than versus the gross level of energetic, like a really high pitch.

That reminds me that music has been another tool for me to experience the transpersonal and has always been there in my life and I realize that I take it so much for granted that I forget that that's very powerful because I see most all music as transpersonally oriented in some way - it's speaking to some greater dynamic. That's one way to define transpersonal is some greater consciousness, being or connection.

I: So how does that work for you, music and the transpersonal?
S: Music can take me out of my personal dramas. Powerful music, spiritual music which I consider jazz and a lot of classical and some rock and new age music can move me into those deeper realms - into the archetypal realms.

It depends on what the piece of music is. When you listen to a requiem it's a spiritual experience. If you listen to Wagner, it's an archetypal experience which I consider transpersonal, archetypal experiences. So there's a richness that evolves out of that kind of music. And then there's jazz with John Coltrane. I consider him to be one of my spiritual teachers. When I talk about this I realize how I forget how powerful music is.

It's a class I would like to teach here, spirituality and music. It's a similar experience in that it's very physical when you feel music. That's why I like having a good sound system because I literally want to feel the sound waves. The resonating sound waves - that's another image, that's an energetic image - an energetic resonation with the "other" whatever that may be.

I: As you experience this energetically, I'm trying to get what the sense of the energy is for you. Sometimes it's actually experience in terms of heat or your body temperature and you were talking about vibrations?
S: Yes. My hands will actually start shaking. I've been with people in groups
with Richard Moss where people will go into real states of whatever. Somebody
else might call it convulsions but, I call it just an infusion of energy. This is
powerful stuff.

21
There's been elements of fear involved at different times. Moving into those
states of consciousness that really do obliterate your personality and ego is not
always a pleasant feeling. It's been scary when you've been right up to the edge
because then you disappear, there's no "you" there. So it's very powerful

22
and there's also a level of anxiety. Sometimes it's hard for me to tell which is
excitement and what's anxiety. I think that it is energy and then one translates it.
If that energy is infusing into your being and you're feeling energy and if you
get concerned about it, it's going to move into anxiety. If you rest into it it's just
going to energize you and move more into an excitement. Or if there's an
attachment to it, it could be that kind of excitement-hyper.

23
I: Do you have a sense of what causes you to go towards fear or towards
excitement?
S: If I'm feeling attached to myself in some way or some drama is going on
where that comes up or I feel I should be doing something different - the
"shoulds" come up or the obligations or the judge or the superego and those
dynamics come up that's the potentiality of pushing me into more an anxiety
state. I think that's true with energy in general not just transpersonal.

24
I just realized in preparing for teaching, I go back and forth in getting really
excited, reading and then getting anxious that I wasn't going to have all the
material prepared just within a half an hour going back and forth as I was
preparing for class. So part of that is my dynamic of having to know it all or
seeing the truth in so many different ways.

25
It's all energy. Things get heightened and amplified. So personal dynamics are
going to get heightened and amplified so, the transpersonal can get heightened
and amplified and the fear can get heightened and amplified, it all gets
heightened and amplified.

26
And the body is finite - the physical body has a certain finiteness to it. That's
where I think that whole vibration happens. Your body can hold just so much
energy or you burn your circuits out. I've seen people do close to that. You can
energized so that you don't have to sleep but, I don't think that's very healthy.
The body can't take too much of that.
I: Can you describe when you realized that you wanted to do transpersonal psychotherapy?
S: When I first wanted to do transpersonal psychotherapy? Well, when I first wanted to work spiritually... I started opening up spiritually in my early twenties through being in Berkeley and through music and through other means, reading and really working at that level of spiritually. I just sort of played with that in whatever I was doing in my life which at that point I was going to become a lawyer.

It was more to serve people. It was this idea of service and to bring some of these deeper perspectives to the culture. I was very involved politically. Then I became involved in teaching and working with people. Then I got involved in encounter groups and I started leading not encounter things as much as human potential kinds of activities, all that kind of stuff in the late 60's. I ran a private high school for awhile and moved more into working with people and then automatically fell into working with people one-to-one.

I realized at that point that I didn't want to be a lawyer cause I had worked with some lawyers when I went into Vista. Then when I went to St. George Homes, a residential treatment center I realized that this was the work that I wanted to do. Three years into that I heard about the program at JFK (Transpersonal Psychology). A year after that I came into the program. So it was sometime around that that I realized I wanted to do this.

I sometimes tell people when they ask, "what is transpersonal psychology?", I say, "spiritual psychology". Sometimes that makes more sense, so interchange the word "transpersonal" with "spiritual" a lot.

I: So, it evolved for you in a way that you had spiritual interests which preceded your interest in psychotherapy?
S: Yes.

I: Did you know about the possibility of the marriage between those two (spirituality and psychology)?
S: Yes. Along with my opening was when I first got connected with Jung. Jung to me is the father, grandfather, the uncle or whatever of transpersonal psychology (laughter). Definitely he really opened up to me the whole field of archetypal psychology which is transpersonally oriented. "Man and his Symbols" I read way back when I first started reading Ram Dass and people like that and going to the "Holy Man Jams".
Did you ever hear about those? Muktananda and Satjinanda and Yogibandja and they'd do these big gatherings just like a show and they were called "Holy Man Jams". Then they'd go back stage and talk about their ashrams and all the disciples they had gotten (Laughter). It was a little bizarre. It was the time of the Mahareshi and The Beatles and all that.

So Jung really brought the whole psychological in. So it did sort of go together and so I always saw it as a melding because I definitely saw Jung as spiritually oriented obviously. It's deeper than most people know. There were psychic experiences that were phenomenal and spiritual experiences.

I: That Jung had?
S: Oh yes.

Thinking back to some of your early experiences as a psychotherapist, can you describe a time when you thought, "now I am really doing transpersonal psychotherapy"?

At St. George Homes we did transpersonal psychotherapy, spiritually holistically oriented. So, when we would do a ritual or ceremony with the kids, and these are severely disturbed schizophrenic adolescents, we were doing transpersonal work, there's no doubt about it. We do dream work with them and we do it ceremoniously.

Can you describe one of the rituals?

Well, I'll describe the dream work. It was based on a model of Sanoi dreamwork and general dreamwork from Jung that says that dreams hold the potential for wholeness and healing.

Sanoi?

Sanoi, it's a tribe in Malaysia that used to work with dreams as a way of bringing harmony to the tribe. It's been written up and there's some controversy around it but still even if it's a myth, it's a good one.

So the kids would come in the morning into the day center and they would gather and then we would enter ceremoniously and open up this special -what's called the sacrerium which contained some sacred objects. We would open this up...

this was very visually oriented because we found that in working with schizophrenic adolescents that visual stimulus would be very helpful, imagistic versus just cognitive.
We would sit and the residents would sit around with the staff and two or three of us would be dream elders. It was a process to become a dream elder. You had to be there for awhile and be trained. Then we would ask if anyone wanted to share a dream and if they did they would put a stone into a bowl and we would put all of the stones in a bag - the dreamstones. Then each one we would call forth and they would hold the bag. Then they would describe the dream and we may ask them questions about it and work with it. Then we would assign a task in order to bring that dream alive. Draw the dream or create a dialogue with it, to make an object around it, to plan some ritual around it. Sometimes it would be very big, we would have kids do whole dramas and get people to help act out the dream. We'd light a candle before and then we would close the dream session by blowing out the candle and putting everything away and we would close up the sacrerium and we would leave. We had put on a special dream elder's necklace. Then we would come back into the room and be teachers and therapists and whatever else. So that's an example of doing a ritual and dreamwork simultaneously.

I: Do you remember a specific example of working with a dream?
S: I was just showing a slide show in the diagnosis and assessment class. But, it's been so long I don't know if I can remember a dream of one of the kids. They would pick up on certain imagery. They would talk about monsters coming because we used the myth of St. George and the dragon, so they would relate to that.

The name of the program is called "Golden Circle" and what we would do with any scary images is have them draw a gold circle around the image that may be scary. That is one task that they might do.

If the kids were sophisticated or strong enough we might have them do a creative dialogue with this scary figure. Lot's of times the kids would have dreams about scary people coming after them. There's a lot of fear. These kids were really damaged. Some of them were highly abused.

I: How are the elements of this ritual transpersonal to you?
S: Well, the golden circle as a symbol of wholeness, using the sacrerium which means a place of sacred objects which brings a sacredness to it. When you consecrate any process into a deeper reality or deeper essence I think you are going into the transpersonal because you are expanding beyond the limited personality structures.

Ritual itself is in a sense transpersonal. The light, the candle is a symbol of light, symbol of eternal flame. There are hundreds of images you could use around these different things, the stones are a symbol of Gaia and earth and
groundedness. All of these things have the archetypal component and I believe
that archetypal is transpersonal.

46
Archetypal implies that there is soul in there and that there's energy. The tree
has soul, this table has soul, objects have soul. By doing ritual these objects have
soul. Soul brings a universality to the experience so it takes it away from being
personal and in that sense it's transpersonal. So your dream of the monster is
your dream of the monster but, it's also the monster that we all share. Each one
of our monsters being a personal monster but still there are the monsters of life.
There is the darkness in life. There is that element. If I can take my personal
monster and realize that I'm not alone in that process, that everybody has their
personal monster, and by working collectively that's one way to work to help
deal with my inner monster.

47
It's not a way of escaping from dealing with my personal monster but, it's
putting my monster in perspective. So, I think in most of this work that we're
doing that we transform as much as we learn to put things into perspective.
You're never really going to get rid of the pain that you might have experienced
at some time in your life. You're not going to get rid of that experience that
happened to you when you were 3, 5, 12, 20 whatever. But, you can put that
experience into perspective so it does not dominate or blind you and that to me
is one of the essential parts of transpersonal psychology. Transpersonal work is
to put whatever it is that's dominating your reality and overwhelming you and
put it into perspective. So you don't get rid of it, you just put it into perspective
but there's also this and this and this. And this dynamic may come back up again
and you will have to do some more work on it. But transpersonal puts it into
perspective the ultimate being that it's all one, it's all energy, it's all a part of
god's whatever. It's all part of the universe, our pain, our joys. It's all part of it.

48
I: As you talked about the ritual, the ritual itself is a sharing process. Is that a
part of the transpersonal element to you?
S: Yes. One of my most powerful spiritual experiences besides St. George Home
which was a community was working with Richard Moss who works with
energy fields and unconditional love. He and Brugh Joy are connected. They
work using group energetics as a way to bring forth greater energies based on
the teachings of Jesus, "where two or more are gathered, there shall I be".

49
A philosophy that in relationships is the tremendous power of presence. Meher
Baba talks about two paths to enlightenment. One is through the relationship
with the guru and the other is through marriage and relationship if you do it in a
really holy way. I definitely see that process as being vital.

50
I don't think you can do these... well you can and people have. That doesn't
mean that you don't have times of contemplation, that you don't have times of
going into the cave. In reality or symbolically. Solitude and all those I think are on the path.

51
My personal feeling and my experience has been that collectively it's powerful and collective energies can be phenomenal both negative and positive. I had a very powerful experience with a Karmapa who was ChucumCurka's teacher in Tibet who came over here and did a black crown ceremony which is a Buddhist ceremony in which they chant "om mani padme hum" a hundred times and place this crown on the head of the Karmopa. At that point he is transformed into living energy - god, universal energy.

52
They did this in San Francisco. It's a whole group of us - several hundred people. They did this whole ceremony and chanting and then they replaced the crowd. Something happened in that room, the energy level was just phenomenal and the newspaper mentioned that in the back there was a bunch of kids running around and a couple babies crying. The kids and the babies stopped crying. The energy field was just tremendous.

53
There's also a danger. The dark side of all of this spiritual stuff is the fanaticism at least in the religious fields. People get overwhelmed so you have group mass intoxication. It can be very dangerous all done in the name of God. That's a skewed spirituality.

54
See I definitely believe in community. That's why I came to JFK.

55
I: In your individual work with clients, as a therapist, can you describe any experiences that would be considered transpersonal?
S: Well, I think when I work with dreams. When I have clients who can work with using archetypal kind of language and imagery. When I work with different castes of characters within, different parts of our being, subpersonalities. All those kinds of things to me are playing in the realm between the strictly personal dynamic and a more transpersonal.

56
I've become more and more comfortable using the word "soul". I'll talk to clients, pretty "straight" clients who haven't mentioned that they are open to the transpersonal, about losing touch with their soul and it seems to resonate with people.

57
The truth is most of our clients are going to be more spiritual than the average psychotherapist. There was a recent survey that says that 80% of the psychotherapists don't believe in any religion at all (laughter) but, the clients do.
I certainly would, even for those involved in traditional religion, explore how does that help them, how does prayer help them? I have suggested meditation for certain clients when it's appropriate. Again, I think it's easy to translate these things. So instead of saying meditation which has all of this connotation in the culture, say "is there any time you can sit quietly, what brings you peacefulness in your life?" especially if somebody is holding anxiety or if their life is really discombobulated. Music, I recommend that people use music as a way of calming. So all of those different ways.

I: What do you mean when you use the word "soul" with a client?
S: When they have lost touch with a deeper essential aspect of themselves. It's like they're caught up in this one dynamic, depression, I'm no good, an addiction, whatever it may be or their wound or whatever. My sense is that they've lost touch with some essential aspect that I think soul is one of the words I would use to be a way of touching into that essential aspect.

Essential life force is another way that I might use the word soul. Somebody mentioned that actually the way they use soul in soul music is a good way to define soul but, it's the juice, the essence, the deeper stuff. It's a feeling, it's a felt sense, aliveness. It doesn't mean you can't be sad. You can be totally alive in your sadness. You can have blues. You can have joy, soulful joy, soulful blues. It's not feeling happy, it's feeling alive. Soul and feeling have some connection.

I: How does that differ or relate to personality?
S: I think personality is something that we have over the soul that obviously is fed in certain ways by certain aspects of soul and essence. That we have also created these overlays through, to be technically psychological, through object relations and through our defenses and I think for a lot of deeper reasons through our own innate way we're born to be in this world.

I think the enneagram is a good way of looking at that. See there's a good example of, to me, a personality structure that deepens into a transpersonal... well, I would say that the enneagram is a transpersonal kind of perspective. Because you are talking about personality defense mechanisms that block us from our essential being.

So, personality is a little bit different from egoic. There's persona, there's personality, and then there's egoic consciousness. These are sorta of in a realm where they tend to evolve around each other. Persona being more limited, personality being larger. Ego moves through a personality but often takes on a persona I guess would be one way to look at that. I keep playing around with these words. I think there is an essential ego.
I: Are you saying that the enneagram is a transpersonal tool?
S: It's a transpersonal perspective of what is called personality structures. That's the way I would look at it. That for a variety of reasons, and I'm not an expert on the enneagram, because of family structures or object relation structures or whatever, we've created certain kinds of defense mechanisms that are fixated and different from these different perspectives. And we have a central defense mechanism that dominates our personality which blocks us from assuming our essential paths.

For me being a "9" one of the things that Helen Palmer said in her book that I really like is that I need to keep asking myself the question, "what's the essential thing for me to do now?" because I'll get lost in doing anything because it all seems to be about the same (laughter). The mantra's almost like "what's the essential task for today?" What's being called forth?

The other paradigm is my will versus thy will. It's always been something I've worked with. I've used the Lord's Prayer in that way. So thy will be done. What is thy will, God's will, Goddess' will, the greater being's will versus my individual will. Now that's always going to be a struggle because how do we know? I think that 99% of what I've done in my life has been for selfish reasons (laughter). To do purely unselfish acts is real grace, I think.

I: So how do you work with clients around that?
S: Well, I work with clients to see where they are caught-up. The other psychological truth, I think, is that we tend to project. So, what projection are they caught-up with if that's one of the dramas. What personality or subpersonality or aspect of personality or inner figure of character is being acted out, is being dominant, either oppressor or victim, those two splits. Usually they are in some kind of split or I'm no good, the wounded child. That's why I like the idea of some of the inner child work that's going on and the whole idea of the wounded child.

There's several dozen inner children that we have in us as well as inner adults, inner wise old people, inner animals, and inner objects, and inner beings that we don't even know, and inner gods, and inner creators, and inner divine. So, I would work with it that way in terms of having people define who... sometimes I'll even ask the client "who's saying that now?" I like working in that realm of what I call the cast of characters.

Then you talk about well what does your heart really say? Somebody might be struggling with, "what do I do in this situation?" my old self or my little girl self says that I want to go cry to mommy and my adult self says I need to... Well,
what does your heart say? That I hope will begin to connect them to their deeper soul, their deeper essence.

70
If some clients are open to this and they know the language and are involved in spiritual practices then, I can just use directly that kind of language. But even with people who don't, using words like heart and soul I'll spin it on them well, it's a song isn't it (laughter). So, it's out there and no one has said, "oh that's weird".

71
I: Do you have ways that you use to help people get in touch with that?
S: The heart and soul part?
I: Yes. If you say, "what does your heart say?"
S: I'll sometimes ask them to just go to their heart imagistically. Imagine yourself or put your hand there, what's being said here? I don't have any particular techniques, it's really more intuitive. For some people it's more down here (solar plexus) the chi - there's some energy stuck there. So I don't have any particular technique that I would call upon to do that. I'll sometimes ask, "what does the deeper part of you want? Do you want to go deeper into this?"

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For one it begins to touch into the deeper wounds and feelings and two it also, by going into the interior environment and looking at the destruction, we can sometimes find the healing, the connection. That was part of the path at St. George also was to allow work with the darkness because out of that comes the healing. Tar Thang Tulka talks about that out of the manure of life the rose grows.

73
So, going deeper. If somebody is really deep in their pain, feeling it, sitting there crying, I would say that they are in touch with their soul. It's a wound but, it's at a feeling level. It's a touching.

74
I: Are you saying that working with the darkness is an important part of transpersonal work?
S: I don't think it's particularly in transpersonal psychology, but certainly in a lot of the new age stuff that I'm concerned about all of this seeking after the light and not honoring the dark aspects of consciousness.

75
Dark being many different things. Sometimes just being unconsciousness, sometimes destructive, sometimes death. I think there's existential vulnerability.

76
I think there's essential anxiety that if we live in a body and we are awake to some degree in this world. If you don't have some anxieties, then I don't think
you're awake (laughter). If you don't feel vulnerable, then you're not tuned in. So, it's not all joy and light and we are the world, peace, love, and good vibes.

77
I don't think you can necessarily meditate away or affirmation away those kinds of things. They need to face those. Fascism is an archetypal concept, it's not the people in Germany or Hitlers or whatever, it's within us. The pig is within, it's not out there. It's our own totalitarian pulls, it's our own wanting to dominate. We don't act it as dramatically hopefully as we evolve consciously but, we better beware that we've got it inside. That we've got rage and cruelty, meanness... and those things need to be faced.

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You look at the myths even the Judaic-Christian myths of god. The devil is part of god, one of god's children. God sent St. Michael down after St. Lucifer. That's a myth that we used for the training program. God sent St. Michael down to do Lucifer so, St. Michael got in a fight with Lucifer and realized that he couldn't beat Lucifer and chained himself. Lucifer took the form of a serpent. There's a famous Blake drawing, it's almost like a ying-yang symbol of St. Michael and Lucifer in this eternal battle. One image is that the adult journey is the eternal struggle with evil and lightness and darkness and ying-yang, the whole totality of life. So yes, I believe that all of that is transpersonal.

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I: Can you describe a specific example of a time when you were working with a client transpersonally?
S: When I work mythically and archetypally I think I am working transpersonally. I worked with a woman who was sorta of open to this kind of process and she was talking about a part of her, she was going through a divorce, there was a part of her that was really finding a lot of inner rage and anger that she hadn't touched into before. She was open to mythology. I talked about some of the devouring aspects of the feminine and she was able to relate to that and subsequently went out and got this book by Dimitri George. There is this dark side of the feminine that has a lot of energy and power in it.

80
It really freed her from feeling bad and guilty about her anger and rage. Her anger and rage was just some aspect of her being. You don't want to say whether it's justified or not justified, it just was. It just is, it's fine. It wasn't inappropriate anger or rage, it was a part of her she hadn't touched into. Before she was supposed to be the nice woman and wasn't supposed to get angry.

81
So mythologizing some of these things because as Hilman says mythologizing is pathologizing. The craziest people that I've heard about have been the gods and goddesses. Their sleeping around with everybody, their doing weird stuff (laughter). Look what coyote does.
Coyote is another figure that I use sometimes with people, the trickster figure. I used that recently. It was a minor thing but, somebody was really being upset with himself and I talked about Coyote and how the trickster sometimes can goof us up. This guy had made several mistakes and been down on himself. He had this image of perfection which a lot of people do. Coyote is a great one for telling us we're not perfect. You go out there thinking you're doing great and you trip over your own feet. It was a minor thing but, then he was able to shift and laugh and see and then told some other things that had happened during that period of time.

I: In your perspective, how did that work? What happened there with the client when you used the Coyote figure?
S: He was able to shift his perspective. So instead of saying, "I'm a clumsy goof-off. I'm a failure" he could say, "yes, it's just a part of who we all are". We're all fools. We're all going to make mistakes. We're all going to be embarrassed. We're all going to trip ourselves up. So he was able to take that image out of being overwhelmed.

With the woman it was her being able to see that this was an essential aspect that she had been denying that had energy for her. She came in the next week and she could talk about it and say, "this has really been powerful for me to really own this part of me that had been held down". She had a pretty patriarchal, domineering father. So, that's why the energetic had been held down. So it allowed that energy which I consider is a deeper essential kind of energy to be freed up. It's freeing energy as well as putting things in perspective.

I: So, for instance with this male client with whom you used the coyote archetype, am I hearing you say the shift was that instead of him viewing it as his whole self that made a mistake, it's just this small part of himself?
S: Well, no. It's more that we're going to make mistakes and an essential part of being human is that we're going to fall down. So, don't dwell a lot of time on it.

I: How did the archetype help him to see that?
S: Oh because you can tell stories with Coyote. You can use story, there's several different trickster figures in different cultures. The power of the trickster is that it will serve to wake us up. Often the trickster comes when we are feeling somewhat inflated. It tends to take us out of our ego defense mechanisms, our ego centricities. I think that the perfection model is a very egocentric construct. So using that, image, myth, story, fairytale, just the image.

My friends and I use that. Several of us have worked at St. George. We'll say things like "the trickster got me last week". I forgot my papers when I went to this meeting. I forgot my notes or something or I'll just wait for a client because
I forgot or something. It's a way of framing. It's good ole' classic reframing in some ways. I sometimes called it at St. George "archetypal behavior mod" (laughter). It's just a richer way of putting things in greater perspective.

The archetypes, we all share them. They're powerful. It's not a conceptual thing, it's a felt sense.

So, that if you goof-up next time instead of beating yourself up and having the judge, which is another inner figure that we all share, dominate you saying "you're a real screw-up. You don't deserve this job, you don't deserve this woman or man or whatever", you can say "Coyote is dancing around".

I: Okay, I think something just clicked for me. Let me see if this is what you're talking about. Some of the power in using these archetypes is that it's something that's shared by all of us. So, if this particular client that you were talking about can use an archetypal figure that he realizes is within all of us, then he's not the only one out there making a mistake.

S: Yes. It's similar to self-disclosure. It's just takes it another step deeper. I often use it where I would self-disclose. In the example of the woman, that could be really rich to know that it's deeply historical. That in every culture there's a myth of that kind of a powerful woman that serves a real spiritual function.

That's the power of the archetypal realm. It ties us to the mythic. It ties us to the earth. The archetypes are not just a human construct. Everything is born and dies. There's death and rebirth all of the time. There's heros and adversaries. There's these basic archetypal structures that are in life.

I: So, by sharing in something that is through-out all of nature, it shifts one's perspective away from the highly personal to the shared collective?

S: From the egocentric or humancentric perspectives. I think that most of our pain is because we define ourselves egocentrically. Now, some people need to define themselves for periods of time but, overall I think that it is important that people move beyond self definitions. I would include in this things that are controversial like defining yourself as a victim, defining yourself as alcoholic, defining yourself as co-dependant. Those make passages so that you can move through periods of time but, any definition is going to be, by definition, limited. You have an alcoholic part of yourself, you've been victimized in the past, or you may have a current victim part, you have a part that can act co-dependant but, you are not a co-dependant. You are a human being and all that that might mean. I just see definitions as limiting. These kinds of processes I think and that's why I believe so deeply in the transpersonal psychology because it hopefully can take you beyond those limiting definitions.
Brugh Joy said that you can't solve the problem at the level of the problem. Most psychology tries to solve the problem at the level of the problem. Fix the personality. Make the aspect of the personality stronger to compensate for the weak one. Well, it's just going to pop out in another part of the balloon. Until you go into a bigger reality, you are going to be limited. You are going to be bouncing around in this same frustrating limited sense of being.

So I think archetypal, spiritual, and transpersonal processes move us out of the limitedness of our personality structures and ego defensive and egocentric persona and egoic levels of consciousness.

I: Can you give me an example of what you're talking about when you say that you can’t solve a problem at the level of the problem when working with a client?
S: Well, to take the previous examples. You can't solve clumsiness at the dichotomy of perfection versus clumsiness because then you have to say that in order not to be clumsy, you have to be graceful. So, you are still at the same level of problem versus you're going to be clumsy and graceful in life. I don't care if you are a ballet dancer. You're going to be clumsy in some area of your life. If you take the nice woman - angry woman, if you stay at that level, if you don't like being an angry woman then you want to solve that. You need to embrace both which means you have to move to the next level in order to see both. That's what I mean by that.

I: What do you mean by "the next level"?
S: Seeing it as symbolic, archetypal, projective, whatever the dynamic might be. What would be another example? In couple work you would certainly work on a communication theme but, if the husband and the wife still see themselves in some kind of position that's not working, and they're just trying to solve the communication and not trying to deal with their perspective of themselves, that's trying to solve the problem at the level of the problem. The problem is often larger. It's about how we're defining ourselves and then it's about projecting on each other. It's about what are the inner and deeper levels that we've created with which we are now facing each other and it's what we are archetypally now facing each other. So if you're just dealing with this communication dynamic, "well, why don't you say it in this way. You want your wife to cook you dinner every night well, why don't you ask her in this way instead of... or maybe you better question your asking her to cook her dinner every night". It tends to be an expansion kind of consciousness.

In an even larger sense you don't fight war with peace, you go beyond war and peace. Do don't fight the darkness with lightness, you don't fight the lightness with the darkness, you go beyond those. That's what I mean in the greater
sense. Then you go into the realms that are beyond the archetypes, beyond the dualities.

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I've talked about this in the Family Life Cycle class in talking about the archetype of the family - learning to love your family even if they have wounded you. Boy that's hard for some people to get to. It doesn't mean that you have to love the individuals and love what they did to you. There's something very powerful about a loving in a sense of embracing and accepting not liking it.

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I: And that to you is an example of going beyond that duality, going beyond war and peace?
S: Yes, beyond good parent, bad parent. They're just parents. It doesn't mean that you don't go fight stuff. It's not that you accept things passively. You may want to confront those personally who are wounding you personally or are wounding the world. That may be appropriate.

100
It's the whole nature of attachment, which is a whole other aspect of the transpersonal process - helping people loosen attachment to something. If I see a lot of pain, I agree with Buddhists that most pain comes out of attachment. Suffering comes out of our attachment to things. Attachment to the way we wish our mother would have been. Well, your mother wasn't. I'm sorry. Let it go. I mean I wouldn't say that with a client (laughter) but, basically that's the stance. Let it go. Let it go.

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Letting it go is a process, not get rid of let it go, not put it behind you and try to hide from it, not deny it which sometimes is "just be in the light". No, it's let the attachment go, let it have it's energy. If it needs to speak to you again, it will come back up. If you haven't resolved it will stay there. Trust the psyche.

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I: Can you think of a way that you have helped a client in letting go?
S: I can't think of specific examples recently. A lot of the overall process is to... I like the whole image that people are talking about now in therapy of telling your story. Bugental was talking about this. That's why I like existential. So, you allow people just to continue telling their story. It could be the same story each time except each time it's going to be different to the point where they begin to let it go. Sam Keen talks about telling your story as a tragedy which most people tend to stay with - my life is a tragedy, poor me. But, you could tell it as an irony, you could tell it as a romance, you could tell it as a comedy. The more you can tell your story, the more you can let it go. Sometimes it's really simple. For instance, someone comes in and she's just broken-up with her boyfriend and they've been together for a couple of years. That's real powerful and it takes awhile but, some of that process is letting go of the attachment.
I: Can you describe what's going on in that process of letting go?
S: Most likely they will tell their story as a tragedy to begin with - my boyfriend screwed me over, or I'm feeling so much pain, it's really hard. You honor that and allow that to happen. Then they talk about some fun stuff that they did with their boyfriend or they might get into talking about the romance of that relationship and how they miss romance. Then you might talk about romance and how romance is in their life and that might take a couple of weeks. Then they might get to see how silly their relationship was and that they knew from the beginning that it was never going to work because they were so different and then they begin to smile. It's no longer that painful. They're not talking about not facing, it's that they've worked it through by telling each different aspect of the story - the pain, the romance, the stupidness of it. So, they get to tell that and in that they get to let go and can move on to the next relationship or whatever.
I: Are you suggesting that some of the letting go is that it happens as the person is able to see more and more of the fullness of their experience?
S: Yes. That's a good way to put it. Yes, the fullness of their experience.
I: That it wasn't just "this".
S: Right. It's a many faceted diamond. If this is your problem and it's overwhelming you, the only way you're going to get some perspective is to put it down here and then you can look at it and say okay it was all sorts of things. There's also this to deal with and that and that. This may creep up over here and then all of the sudden it's oops I'd better go back into therapy (laughter).

That's why I think that archetypalizing and mythologizing tends to give us the space in which to look and feel and experience this reality.

And it is existential, it's not going back in the past, it's being there now. And sometimes when the story gets old, it's time to say "is that still with you now or is that just a memory?". Why am I going on about this? It's my so-what school of therapy. Somebody shares something and you say, "so?, So, your Dad beat you when you were eleven. It's very painful and very tragic and we need to deal with that kind of reality but, you're 45 and your still doing... So what, what are you going to do now?". It's not that dry and abrupt but, if you want to get whole, not healed because I don't know if we really ever heal anybody, you might want to let go of the attachment to that.

Now you might want to start an organization around helping abused kids. That would be a wonderful way of using all of that holding energy, attachment energy, which a lot of people have done. I have seen lots of people who have been inspirations who have had horrendous abused backgrounds and are doing magnificent kinds of work because they've gone beyond the attachment. It doesn't mean that they don't understand the tragedy of that or that they haven't experienced that. It's that they've moved beyond.
I've seen enough examples to know that's possible and I also know that a lot of people don't move beyond - they don't have the ability or capability or whatever. I hold a perspective that everybody has the potential to change and I'm also enough of a realist to know that some won't.

I: That leads me to another question. Can you remember a time with a client when a transpersonal intervention or interpretation was inappropriate or didn't work?
S: I can't think of specific ones that were dramatic enough. I think there were times when timing was off. When I might introduce some perspective a little too early. I think there's times when it was a little too much. They didn't quite get it or it was scary.

I try to be really sensitive and there's a lot of work that I do in which I never introduce any of this necessarily. I talk just very straight language - communications skills, interpersonal dynamics, self-esteem kinds of things.

But, there hasn't been anything that I would think was particularly damaging. I have suggested to people to meditate but, that's never backfired because I've framed it appropriately. I've actually asked people to stop meditating because I feel that they are getting too far out and they need to find ways to ground themselves.

I: When you are doing some of this other work that you are talking about like someone is needing work on being grounded and you are not necessarily using the transpersonal language or suggestions with them, do you consider yourself to still be working with them from a transpersonal perspective?
S: Oh yes because I hold it.
I: What do you mean by holding it?
S: That they are not this drama that's going on. I think a lot with adolescents that I work with. I see several adolescents. They are not this drama with their mother or father. They are more than this drama but, this is what's alive for them now and this is what they're struggling with for instance a boyfriend or girlfriend problem.

With an adolescent I wouldn't go into the myth of ??? I'd talk about how painful it is to fall in love and get hurt and to see your girlfriend with somebody else and how angry you are and how are you going to deal with that anger. But, I hold them as having the potential of something more. That's what they come in for.
I really believe that I'm not here to dictate what a client should do, that I follow their path and if they start opening up to that, they bring in glimpses. I'll certainly take their glimpse and see if they want to go here. So I'm pretty gentle, I don't ever impose any kind of technique. That's why I don't think anything has particularly backfired I just don't think that some things have probably clicked or worked.

Also from my own personal being as a way of just sitting with people I try to come in from a place of heart energy and unconditional love, presence, all of those different things so that I just hold this. I hold it in my own mind that this is really sacred grounds, sacred space.

I: How does your holding a transpersonal vision of your client impact your client?
S: How do I think it impacts my client?
I: Yes.
S: I think it impacts them in that they feel real safe and comfortable and they know that they're being held in some way.

I think that one of my talents is that I'm not judgmental. I don't have a lot of negative countertransference stuff. Pretty much people come in and I can hold it. Part of that comes from working with severely psychotic. If you face raging, evil psychotic process and you can accept it and embrace it, you can pretty much accept just about any client that walks in your door. It's part of the gift of my "9" (enneagram point) that I can see different perspectives so I can really resonate with people.

So are you saying that by your holding or your knowing that they are more than just the drama they are presenting helps you to stay in an unconditional place?
S: Oh yes. Yes. And to have hope.

I believe that anybody can change. I'm also a realist enough to know that some may not. But, I don't know which one it's going to be so, I do it with all of them. Sometimes it's painful to see people in pain, it's not that I don't have transferences and objections. But, I hold that deeper... and I've done enough of my own work although I haven't faced a lot of tragedies in my life but, I've done enough work to know that it's possible to shift and to let go of attachments and to really shift energies and shift relationships because I've done it. I've known enough people who have had deeply tragic backgrounds and I see them shift. So I know it's possible to do. I don't know who is going to do it and who isn't.
I: So, holding that vision of possibility for your clients, what do you imagine that does for them?
S: I would think that to a degree that they would pick that up and that it gives them hope.

I'll sometimes express that. There's nothing wrong, to me, of blustering, when speaking the truth to saying, "I see some real potential in there. You were real strong when you just spoke that. I feel something. It sounded real powerful to me. Do you know that power within you?" So sometimes I'll actually speak it and other times I think that they feel that this is a place where they can be themselves.

It's especially true with adolescents. I'm good with adolescents. Adolescents can really be themselves. For some of them it's the first time an adult has... Most of their experience is teachers who have expectations or parents. I don't have any expectations. Possibilities aren't expectations. I don't expect them to change.

I: It sounds like you are talking about giving them room to experiment and be something different.
S: Yes, and it's their room. They hired me to create that room for them. They're the boss in a way. They hired my skills and talent and knowledge and experience whatever that might be. I really respect that, it's their room. That's why I don't push. I don't impose. That's just my style. It's just who I am. I challenge, I may confront.

I: I want to ask about diagnosis and what role diagnosis plays in your work with clients as a transpersonal therapist. How does your transpersonal orientation influence your diagnosis of a client?
S: I tend not to diagnose in the traditional ways. I will certainly look for red flags. So, in that sense I diagnose. So, if somebody comes in with depression I definitely would pull for how serious it is and if there are suicidal tendencies and how is this getting acted out. I'll diagnose in terms of behavior and I'll diagnose in terms of ego strength. What I mean by that is choice making ability - how much can you handle? I diagnose in terms of is there a danger here, abuse, or somebody getting hurt or somebody leaving such as an adolescent running away. I diagnose around substance abuse and how much is that factor interfering with their process of treatment as well as with treatment. But beyond that I don't get into the subtleties of anxiety disorder versus depression that has anxiety overlays.

There's some I'm fascinated with such as narcissistic and borderline which seem to have archetypal reality to them. I have a classic borderline in my practice which is interesting. It's been important to know about borderlines. I guess
because I've seen schizophrenia and I've seen the depths of the psyche, I've seen all of the DSM-III stuff, I've dealt with manic depressives, severe depressives, worked with a psychiatrist around medications at St. George, I understand the whole medical model and the DSM-III. I just don't want to have a client load that I need to diagnose that formally.

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So, I more pull for psychodynamics in diagnosis which could be... enneagram I think speaks to psychodynamics. So again, you might use in Jungian language how much are they caught up with the father archetype or the mother matrix.

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I use the Myers-Briggs a lot. I guess it's a diagnostic tool. Where else have I used more formal diagnosis? Beyond those, attention deficit with adolescents. It's interesting because the ones I'm pointing out tend to have an organicity possibility to it. I think it's real important that we as clinicians are aware of all of those kinds of things.

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I also diagnose on any physical complaint. I really want to make sure that they've dealt with the possible reality of physical stuff - your head aches or you can't sleep. Even though they may be going through a lot of anxiety in their life and it seems to be coming from that, I'll make sure that... so those kinds of... the real practical stuff I guess is what I'm saying. But, I don't get into the subtleties of some of the DSM-III categories.

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There's so much controversy on it anyway - narcissistic personality can have borderline kinds of things and borderline can have narcissistic kinds of things and sometimes it's hard to tell the difference. I think they are fun things to play with in the sense that we all have them. We all have borderline parts. We all have narcissistic. We all have passive-aggressive. We all have compulsive aspects of our being. Then I simply tend more to the psychodynamics of what seems to be.

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The enneagram is probably a tool that I think about and get attuned to. Some of it's real clear, but, I'm not that sophisticated with it. If you get a "3" then you know that they are really caught-up in "3" and probably have some narcissistic kind of tendencies. It's sort of interesting to play with that stuff.

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To me what's important is what's going on in their lives and in this relationship or their committed relationship.

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DSM-III R 300.02 Anxiety Disorder was a classic one to use (laughter). It's too bad we can't use the V codes because I think they're actually the best.
Paranoid is something that I'm aware of because I worked with some classic paranoids. So, I guess I have this stuff intuitively in the back of my mind because I have ten years of experience with it.

So, if I see somebody falling apart, that's when I will get more formal because then the drama is not quote "transpersonal psychology", the drama is saving this guy's butt (laughter). Something needs to happen here. You need the change.

With some people it's not appropriate to do depth work at a certain point in their lives and some never in their lives. Jung talked about that not everybody is meant to do this work. So, it would be unethical to assume that you should work in depth, you should work with your dreams.

If you're open to that, if you're not, you know. I trust the psyche. If somebody says I'm open to it, I want to share this dream with you, I'm going to say, "share the dream, let's hear it". If the psyche is ready to share it, I really do trust the resiliency and the strength of the psyche.

Yes, we have to respect the fragility of some of our clients but, I also think that there is some deep process that you can trust if you give it patience and time. I don't like to push and I really trust defense mechanisms. I think that they are speaking and they have a reason to be there. So, one needs to play with this very carefully and I really respect the process.

I: I know that you have some interest, though I don't know to what degree, in Native American cultures and spirituality. I'm wondering if that influences your orientation to therapy at all or if you consider that to be transpersonal or not?

S: Oh yes, I consider it to be very transpersonal. I've studied it a lot and have done lots of different kinds of ceremonies: sweats, vision quests, all night/full moon ceremonies. Some with traditional leaders and some that we created on our own.

One of the things that resonates most deeply with me in the Native American is one that they walked right here. We can walk just outside of JFK and walk down towards the reservoir and we'd be walking on the same paths that the Olonie walked not more than 200 years ago. So instead of something way off in Tibet, it's something that's right here in this earth. So, you can go to the sacred oak tree or Mt. Diablo which is a sacred mountain. There's some beautiful spots that I hike to up on Mt. Diablo that are very magical and I'm sure was for the Indians. There's waterfalls up there.
It's very simple. The circle. The teepee. The fire and then there's the smoke. It's all there. It's all present. It's grounded. Life is there.

The respect for the earth and the animals I was thinking of when John Seed was talking today. Saying a prayer before going hunting and things like that. Not that I go hunting but, those kinds of respect for life. When I go pick sage, I thank the mountain, I thank the sage, I thank the trees for the gift of the sage. I smudge my cars, I smudge my house. I buy a new car and I smudge it now. I smudge my lecture notes before teaching (laughter).

I love smudging because it's visual. Smudging is burning the sage smoke. It's visual and olfactory and there's a ritual process to it. Instead of just saying, 'I honor my car or I honor my... there's a process to it. It's right there and it's got heat and it's got fire and it's got smoke. Earth, air, water, and fire are all there. So, it's a ritual that really spoke to me.

I: Can you describe what is happening for you in that ritual?  
S: I'm feeling connected to what I am smudging. It brings me into relationship with what I am smudging be it the directions or an object or a person.

It brings intentionality. I think ritual is a way of honoring intentionality - bringing form to intentionality. So if our intention is to honor something, that's a way to bring it.

In many ways the Native American is very simple and grounded, instead of getting these elaborate things around polytheism versus monotheism. Wonka Tonka the creator of the plains Indians and there is a creator in everything so, we're all together. It's deep ecology right there. It brings that deep connection when I connect to that.

We just rented "Incident at Ogalala", the documentary that Robert Redford did. It's powerful. It makes me want to go out and get more involved. History here is something I feel... when my grandparents were in the calvary, I feel somewhat responsible. There's a responsibility, there's a connection, there's a historical... I feel guilty. I resonate with that energy.

I: Do you smudge your psychotherapy office?  
S: I did, yes. I actually have done it in my work with clients, burning sage. I used Tarot with clients but, I've used the Native American Tarot and the animal cards. These are clients who are open to divination. Divination process is another transpersonal process that I like. I use the I-Ching a lot. Another one of
my eclectic things, and I could keep going on about all of the different things that I've related to.

147
So, that's the relationship with the Native. We used the Native American at St. George Homes. That's where I got really deeply connected to it. We had the kids camp in teepees and used a lot of that imagery and masks and all sorts of animal totems and then the Coyote stories and then the creation stories.

148
The Navajo creation stories are very rich. There's just a lot of stuff in there. The relationship to food. After we'd do an all night ceremony, we'd bring in the water and the food and water has never tasted so good (laughter) after an all night ceremony with a fire when you're hot and sweaty. Actually you have water once right when the shift changes at midnight from the masculine to the feminine.

149
They have a nice masculine-feminine perspective.
I: The Native Americans do?
S: Yes. It can be seen as very masculine oriented but, there is a richer depth to it that's very holistic too.
Subject 5

1. S recalls having senses of the transpersonal as a child.

2. As a child he would often have a sense of a transpersonal "presence" when he was out in nature.

3. For instance when he was sitting in a tree, he could feel that he was in some way connected "with something more" and he would feel "safe and very peaceful". Now he recognizes that he was in a meditative state.

4. This "something more" seemed larger than the personality and everyday life. He felt that he shared this understanding with his family although, they were not religious.

5. During this meditative state sitting in the tree, S felt warmth in his belly and the sense of being connected to something more which had a quality of expansiveness to it.

6. S has since had other experiences in which he felt an intimate resonance with "life beyond human life" such as with trees and animals.

7. He has experienced this bio-resonance while engaging in various activities such as reading, participating in workshops, meditation, teaching and through his "own inner work". As a result, his sense of "aliveness" and vitality intensified.

8. S felt encouraged by his family to explore his sense of the transpersonal realm which was a "seed" of knowing that had always been there.

9. S has always felt called and drawn to doing spiritual or "religious" work which he believes he now does. This calling has been present for other members of his family.

10. S recalls one transpersonal experience in which he was in an altered state of consciousness as a result of reading "The Tibitan Book of the Dead". During his meditation that followed, he had images of religious symbols from different
faiths which were evolving into one another. A white light then imminated out of the center of this symbolic mandala and obliterated his consciousness.

11 Through this experience S realized that "we are all connected, we are all just one energy".

12 S recalls another experience in which he felt this energetic connection to other beings. In this experience he felt an "intimate" connection to a tree and a bird as he had a sense there was a mutual acknowledgment of their existence and interrelatedness.

13 S has also had these kind of experiences of going into "the realm of the other" through dreams.

14 During these kinds of experiences S perceives a vibration in his body sometimes accompanied with a rise in body temperature. The experiences are embodied and imagistic rather than conceptual.

15 The quality of the energy feels "finely tuned" and it brings a sense of "expansion and amplification" to the experience.

16 The transpersonal realm represents to S a consciousness which is larger than, yet connected to, the individual. Listening to and playing music is one way in which S is able to connect to the transpersonal.

17 Through listening to certain kinds of music, S is able to shift his focus away from his personal circumstances to the archetypal realm of consciousness.

18 He finds that his spiritual experiences vary depending on the kind of music he is listening to.

19 Feeling the resonation of the music sound waves in his body helps him to experience a connection to the transpersonal realm as an "energetic resonance".

20 The "infusion" of this energy in his body is sometimes felt as heat and can be powerful enough to look like body convulsions.
21
S sometimes fears these moments when his consciousness moves beyond the confines of his personality and his sense of self as an individual disappears.

22
S finds that if he is frightened of the infusion of energy into his body, then he is likely to be anxious. If he is able to trust and "rest into" the experience, then he will feel energized and excited. If he grasps after the experience or indulges in it, then he feels a manic or hyper-excitement.

23
If S is not able to transcend his personal concerns and obligations, then he is more likely to feel anxious when he experiences this infusion of energy.

24
During these transpersonal experiences and in life in general, when S feels trusting of his experiences, he is able to feel excited and if he loses faith, then he will feel anxious instead. Sometimes he vacillates between anxiety, excitement and hyper-excitement within one experience.

25
Whatever the feeling is, fear or excitement, it gets "heightened and amplified" by the infusion of energy.

26
The vibration in the body occurs because it has a finite capacity to channel the energy which flows into the body during a transpersonal experience. In excess, he has witnessed this infusion of energy as being unhealthy for people.

27
As a young adult, it was important to S to find a way to bring spirituality into his career and life's work.

28
He found ways to do this through serving others as in teaching, leading human potential groups, administrating education and being politically involved.

29
S realized that he wanted to be a counselor when he began working at a residential treatment center. He then began his studies in a transpersonal psychology counseling program.

30
S often refers to "transpersonal psychology" as "spiritual psychology" because it is easier for others to understand the meaning of "spiritual".

31
S's spiritual aspirations preceded his interest in psychotherapy.
However, S was aware of transpersonal psychology, for instance through reading Jung, when he first became more spiritually aware in his life.

Early on he also liked to hear yogis speak about their spirituality.

He views Jung's psychological orientation as being spiritual in part because Jung wrote about his own "psychic" and spiritual experiences.

When helping severely disturbed adolescents in residential treatment, S used transpersonal ritual and dream work in therapeutic ways.

S and his colleagues worked with the adolescents' dreams because they believed that "dreams hold the potential for wholeness and healing".

They borrowed a dream technique from a Malaysian tribe of people who worked with dreams "as a way of bringing harmony to the tribe".

S would begin the dream work by ceremoniously opening a sacrerium containing "sacred objects".

S found that using visual objects and images was an effective way of working with the adolescents.

S was one of the "dream elders" who led the dream rituals. The ritual would involve ceremonial acts such as lighting a candle, sharing the dream with the group and completing some activity which helped "to bring the dream alive".

As dream elder, S would wear a special necklace which would signify his role. He did not wear this necklace when he was acting in the role of teacher or therapist.

Often the adolescents would have monsters in their dreams which they could relate to the myth of St. George and the dragon.

As a way of working with a scary dream image, S would sometimes have the adolescent mentally draw a golden circle around it.
Other times he might ask them to have a creative dialogue with this scary figure.

The process of ritual is transpersonal in that it honors or "consecrates" something at a "deeper reality or essence" which expands beyond limited personality structures.

Ritual involves working with symbols which are archetypal and therefore transpersonal.

The archetype brings meaning to an experience which is beyond a personal perspective and into the realm of universality. S considers universality to be a quality of soul. Thus, as an object is ritualized it becomes an archetypal symbol which "has soul".

Working in the collective realm can bring healing in the personal realm. The acknowledgment of the universally shared aspects of a dark experience can help the personal level of a problem seem more manageable.

Transforming the meaning of an experience to be less dominating and overwhelming is an essential process of transpersonal psychotherapy. Experiences are therefore, not expunged from one's life, rather the meaning of the experience is transformed as one's perspective of the experience shifts or enlargens.

S has found that collective energy generated from a group of people can make a spiritual experience more powerful.

The power of the presence of two or more people in an intimate relationship such as, in holy marriage or in a guru-disciple relationship, brings vital energy to one's spiritual development.

Solitude and contemplation are also important elements of the spiritual path.

S has had a powerful experience while participating in a group Buddhist ceremony of chanting.
During this ceremony S felt a tremendous surge in the energy level in the room to the point that it may have been responsible for calming the children in the room.

It is dangerous if group ritual is used to "intoxicate" a group under the guise of spirituality yet, the goal is to further causes or actions which are harmful to the well being of the participants.

S feels strongly about the power of community.

When S works transpersonally with clients he is often using archetypal language and imagery to explore the realm of consciousness between "the strictly personal dynamic" and the transpersonal.

Even clients who are not necessarily open to the concept of the transpersonal, seem to resonate with the word "soul".

Often clients are more open to spirituality than therapists.

S may ask a client how prayer might help them or suggest meditation or listening to music as a way of calming. He languages these ideas in ways which he thinks would be most acceptable to the client.

When S talks about "soul" with a client he is referring to a "deep, essential aspect" of who they are. Thus, the client's disorder or predominate concern is a result of having lost touch with some essential aspect of their being.

He also thinks of soul as being the "essential life force". It's the "juice", it's the feeling of being alive whatever the emotion might be.

The personality consists of the psychological constructs such as defenses and object relations which overlay and are fed by the essence of the soul.

S finds it useful to examine personality defense mechanisms that block clients from knowing their essential being.

The persona is an even more limited perspective of self than personality and ego.
S thinks there is an "essential ego".

Clients can be blocked from "assuming their essential paths" by fixating on a limited aspect of who they are. Each tends to have a "central defense mechanism" which dominates the personality.

S notices this phenomena in himself as he studies his own personality patterns.

S recites the Lord's Prayer as a way to help him distinguish between what is his personal will versus divine will. Because of his personality structure, this discernment is difficult for him and it feels like "grace" when he is successful.

S helps clients to see their blocks by exploring their projections and the aspects of their sub-personalities that are being acted out.

S refers to the varies psychological aspects of the personality as the "cast of characters". He sometimes asks the clients to speak from these different "inner characters".

S encourages clients to speak from their heart which is the voice of the soul or the clients' "deeper essence".

Even clients who do not have a spiritual practice are comfortable with S using words like "heart and soul".

To facilitate clients connecting to the desires of their heart, S will ask clients to intuitively speak from the heart. Sometimes he asks clients to "go to their heart imagistically".

Connecting to the heart touches deeper painful feelings and wounds and allows for the healing to begin.

Feeling pain is touching the soul.

S values the "honoring of the dark aspects of consciousness" and finds it remiss when some "new age" trends focus only on being "in the light".
The dark aspects of consciousness represent an "existential vulnerability" to destruction, death and the unconscious.

Feeling "essential anxiety" and vulnerability are a part of being "awake" or consciously alive in this world.

The dark and totalitarian aspects of consciousness need to be acknowledged and worked with psychologically. Just focusing on the "light" such as through meditation will not heal the wound.

The lightness and the darkness, the ying and the yang, create the totality of life which is all reflected in the transpersonal realm of consciousness.

S is working transpersonally when he is using myths and archetypes to help clients accept and understand feelings which arise.

It is an important step toward healing for the client to identify with the darker aspects of self without judgment and shame.

Many of the mythological "gods and goddesses" represent the darker aspects of humans and thus can be useful symbols for clients to identify with.

S has witnessed this archetypal identification or reowning of an aspect of self as a way for clients to let go of their self-judgment or image of perfection.

The universality of an archetype or mythological character helps the client's perspective to shift out of the personal realm, the "dark" feelings or image become less overwhelming and self-judgment decreases.

When a client owns and accepts the dark aspects of self it "frees up energy" which had been used in denying and judging that quality. These qualities have an "deep essential energetic" which gets "held down" through denial.

The client's acknowledgment of the impersonal nature of the dark aspects of self makes it easier for the client to not dwell on it.
Through the identification with archetypal figures in stories, the client can more easily let go of "ego defense mechanisms or ego centricities" such as, perfectionism.

S considers this process of using myth as a way of "reframing" or as "archetypal behavior mod". It is "a richer way of putting things in greater perspective".

The power of identifying with archetypes is that they are universal and the experience of them is at a feeling level rather than conceptual.

Whenever the negative image or feelings toward self arise, the client can diffuse the self judgment through acknowledging the presence of the archetype or mythological character.

S sometimes uses mythology with a client instead of self-disclosure in order to indicate the shared aspect of the darkness and how it has served a function for others.

The archetypal realm is powerful in that it connects humans to all of life through the archetypal structures which are present in everything.

Most of clients' pain is a result of limited definitions of self and experience. It is the realization of the archetypal connection to all of life which broadens the client's perspective beyond an egocentric or even humananentric view to include the transpersonal thus, expanding the definition of self.

S believes that "you can't solve a problem at the level of the problem". In order to solve a problem, one has to enlarge the reality otherwise, one is "going to be bouncing around in this same frustrating limited sense of being".

Transpersonal processes such as, mythology can enlarge the reality beyond "personality structures and egoic levels of consciousness".

Rather than viewing the problem as a dichotomy, one has to be this or that, the reality must be expanded or the definition of self enlarged to include the possibility for all dichotomous aspects of self or experience to be true.
S often finds that a client's difficulties are not related directly to the client's presenting problem, rather they are a result of the client's limited definition of self and the subsequent projection of these limitations onto others. The psychotherapeutic process expands the client's consciousness.

The transpersonal process takes the client beyond dichotomies and beyond the archetypes by questioning assumptions.

It is a powerful experience for clients to be able to love someone while also accepting their own anger about something the loved one did.

An all encompassing acceptance of a dichotomous experience does not imply passivity in action.

S agrees with the Buddhist philosophy that most pain and suffering results from one's attachment to or expectations of how things should be or should have been.

S intends to help clients work through and let go of emotional ties and expectations rather than deny them for instance through "flight into light". S trusts the client's psyche to continue to bring to awareness the attachments which must be let go of.

In the existential tradition, S helps clients to let go of attachments by having them "tell their story" many times. Each time the story is told, the clients sees another view of their circumstances and gradually begin to "let go" of their emotional attachment to their original view of the story.

Through the retelling of their story, clients are able to broaden their understanding of their circumstances and experience the fulness of their story rather than just a limited aspect of their experience. Thus through the broadening of perspective, the emotional attachment to what now seems to be just one piece of the experience lessens.

The use of myths and archetypes in therapy is one way to help clients relate to and contextualize the different aspects of their experience.
S sometimes challenges clients to "let go" of an attachment by asking what the client plans to do in the here-and-now instead of clinging to or lamenting an occurrence that the client has no control over.

S is unsure whether anybody gets completely healed through therapy.

One way S has seen clients be able to let go of an attachment is through refocusing their energy to help others who have had similar difficulties. As they move beyond their attachments they are an inspiration to others.

S has faith that everyone has the potential to move beyond their attachments and he is also aware that not everybody does.

S has occasionally introduced transpersonal concepts before clients were ready and they felt overwhelmed or scared.

He tries to use language which is understandable and comfortable for clients. For instance, with some clients he may only use traditional psychological terms.

He has not found his transpersonal approach to be damaging to clients. When introducing a technique or concept, he frames it appropriate to the client's level of understanding.

S makes clinical judgments about whether or not to recommend meditation as a practice to clients. If he assesses that a client who meditates is not "grounded enough", he may suggest that the client stop practicing.

Regardless of whether S is using transpersonal language or techniques with a client, he is "holding" or viewing the client in a transpersonal context. He views his clients from an enlarged perspective which enables him to disidentify the client from the client's limited view of self and circumstances. He recognizes that the client's presenting issue is not the totality of their reality and potential.

S talks with clients in words which are directly relevant to the experiences and languaging of clients rather than using transpersonal terms. All the while he holds them as having "the potential of something more".
113
S is sensitive to and respectful of clients' levels of receptivity to the transpersonal. Therefore, he has not made interventions or interpretations which have been harmful, although some may not have been effective.

114
As a way of creating a transpersonal context, S honors the therapeutic relationship as being sacred through maintaining "unconditional love and presence" with clients.

115
Clients sense his "holding" of the therapeutic relationship in this way which allows them to feel "safe and comfortable".

116
S is able to be "non-judgmental" of clients, in part, because he has counseled many severely disturbed clients and worked through much of his negative countertransference. Seeing different perspectives and "resonating" with people has always come easily for S.

117
By trusting that clients are more than what they present as, S is able to be non-judgmental and hopeful for his clients' progress.

118
S has faith that it is possible for people to let go of attachments and change. His faith is rooted in his own personal experiences of having done these things and having seen others with tragic backgrounds be able to change.

118a
However, he is not able to predict who will change and who will not.

119
S anticipates that his faith in his clients' ability to heal gives the clients hope.

120
Sometimes by verbally reflecting to clients their potential, S intends to encourage and empower clients to embrace their own vision of possibilities. Other times he achieves this non-verbally by creating an environment in which clients can feel accepted.

121
Adolescent clients seem especially receptive to S because he has faith in their abilities to change without expecting them to.

122
S respects that it is the clients' choice to change or not. His therapeutic style is to "challenge" clients, but not "impose" change.
S does not diagnose clients using the "traditional" categories of the DSM III. Rather he assesses for the acute seriousness of a presenting concern such as suicidality and abuse, the client's coping resources such as ego strength, and prognosis of treatment based on the seriousness of the problem for instance, substance abuse.

S has experience with and knowledge of the DSM III and clients with such diagnoses however, he does not prefer to diagnose that "formally".

He is interested in the archetypal dimension of personality disorders.

S primarily assesses his clients in terms of their psychodynamics sometimes using the enneagram or Jungian archetypal structures to conceptualize the aspects of their personality which are challenging for them.

S sometimes uses the Myers-Briggs as a diagnostic tool and he finds it important to diagnose for organically related problems.

S rules out physical causes of psychological symptoms.

To some extent all people have aspects of their personalities that reflect DSM III personality disorders. He finds this intriguing yet, the overlap in criteria across categories makes DSM III diagnosis difficult.

He sometimes "plays" with his conceptualizations about his clients in terms of enneagram personality categories.

S finds it helpful to assess clients in terms of how they live their lives and relate to others particularly in intimate relationships.

S finds the V codes in the DSM III to be more informative and relevant to his work with clients than the other categories.

S's previous experience using the DSM III informs his assessment skills however, it does not define them.
If a client is having serious difficulty, S may use a more "formal" diagnosis which might suggest to him that he should work with the client at a more practical level of crisis intervention rather than transpersonally.

It is unethical for therapists to use transpersonal interventions or approaches to psychotherapy such as, Jungian dream work, if it is not appropriate for a client to be doing "depth" work.

S finds he can trust the psyche of his clients to know when the client is ready to work at the deeper unconscious levels.

S trusts that clients have defense mechanisms which protect them when they are not ready for depth work in therapy. He respects his clients' "deep processes" of letting go of defenses and opening up to depth work if and when it is appropriate for them. He carefully "plays with" or tests his clients' readiness for this work.

S participates in Native American spiritual ceremonies.

S "resonates deeply" with the nearness, beauty and "magical" qualities of what used to be sacred Native American land. When walking on the very land which the Native Americans inhabited, S feels that he embodies their spiritual inheritance which informs him as a therapist.

He appreciates that spirituality is fully represented and grounded in the simplicity of the Native American traditions of everyday living.

S shares the Native American way of reverence and gratitude for life and nature.

As a way of showing reverence to the blessings in his life, S often uses the ritual of smudging with sage. The ceremonial use of earth, air, water and fire is powerful and it invokes the visual and olfactory senses.

The process of ritual helps S to feel a "connection or relationship" with the object, person or space which he is ceremoniously honoring.

Ritual brings form to the intention of honoring something.
The living connection among all things is an understanding shared by the Native American spiritual traditions and the deep ecology movement.

S feels an ancestral responsibility for the oppression of Native Americans. And learning about that oppression makes him want to do something to stop it.

S has used the sage burning ritual in his work with clients as well as Native American Tarot images. His use of various "divination" and ritualistic interventions reflects his transpersonal eclectic approach.

In working with residential adolescents, S used Native American myth, imagery, masks and totems. He feels a "deep connection" to these traditions.

The myths are "rich" in meaning and incorporate symbols from everyday life such as, food and water.

Their tradition has a rich "holistic" balance of masculine and feminine perspectives.
Subject 5

1
S has always felt called and drawn to doing spiritual or "religious" work which he believes he now does. This calling has been present for other members of his family. As a young adult, it was important to S to find a way to bring spirituality into his career and life's work. He found ways to do this through serving others as in teaching, leading human potential groups, administrating education and being politically involved. S realized that he wanted to be a counselor when he began working at a residential treatment center. He then began his studies in a transpersonal psychology counseling program.

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When helping severely disturbed adolescents in residential treatment, S used transpersonal ritual and dream work in therapeutic ways. S and his colleagues worked with the adolescents' dreams because they believed that "dreams hold the potential for wholeness and healing". They borrowed a dream technique from a Malaysian tribe of people who worked with dreams "as a way of bringing harmony to the tribe". S would begin the dream work by ceremoniously opening a sacrement containing "sacred objects". S found that using visual objects and images was an effective way of working with the adolescents. S was one of the "dream elders" who led the dream rituals. The ritual would involve ceremonial acts such as lighting a candle, sharing the dream with the group and completing some activity which helped "to bring the dream alive". Often the adolescents would have monsters in their dreams which they could relate to the myth of St. George and the dragon.

As a way of working with a scary dream image, S would sometimes have the adolescent mentally draw a golden circle around it. Other times he might ask them to have a creative dialogue with this scary figure.

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The process of ritual is transpersonal in that it honors or "consecrates" something at a "deeper reality or essence" which expands beyond limited personality structures. Ritual involves working with symbols which are archetypal and therefore transpersonal. The archetype brings meaning to an experience which is beyond a personal perspective and into the realm of universality. S considers universality to be a quality of soul. Thus, as an object is ritualized it becomes an archetypal symbol which "has soul". As a way of showing reverence to the blessings in his life, S often uses the ritual of smudging with sage. The ceremonial use of earth, air, water and fire is powerful and it invokes the visual and olfactory senses. The process of ritual helps S to feel a "connection or relationship" with the object, person or space which he is ceremoniously honoring. Ritual brings form to the intention of honoring something. S has used the sage burning ritual in his work with clients as well as Native American Tarot images. His use of various "divination" and ritualistic interventions reflects his transpersonal eclectic approach. In working with residential adolescents, S
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When S works transpersonally with clients he is often using archetypal language and imagery to explore the realm of consciousness between "the strictly personal dynamic" and the transpersonal. Even clients who are not necessarily open to the concept of the transpersonal, seem to resonate with the word "soul". S may ask a client how prayer might help them or suggest meditation or listening to music as a way of calming. He languages these ideas in ways which he thinks would be most acceptable to the client.

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When S talks about "soul" with a client he is referring to a "deep, essential aspect" of who they are. Thus, the client's disorder or predominate concern is a result of having lost touch with some essential aspect of their being. He also thinks of soul as being the "essential life force". It's the "juice", it's the feeling of being alive whatever the emotion might be. The personality consists of the psychological constructs such as defenses and object relations which overlay and are fed by the essence of the soul.

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S finds it useful to examine personality defense mechanisms that block clients from knowing their essential being. Clients can be blocked from "assuming their essential paths" by fixating on a limited aspect of who they are. Each tends to have a "central defense mechanism" which dominates the personality. S helps clients to see their blocks by exploring their projections and the aspects of their sub-personalities that are being acted out. S refers to the varies psychological aspects of the personality as the "cast or characters". He sometimes asks the clients to speak from these different "inner characters".

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S encourages clients to speak from their heart which is the voice of the soul or the client's "deeper essence". To facilitate clients connecting to the desires of their heart, S will ask clients to intuitively speak from the heart. Sometimes he asks clients to "go to their heart imagistically". Connecting to the heart touches deeper painful feelings and wounds and allows for the healing to begin. Feeling pain is touching the soul.

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S values the "honoring of the dark aspects of consciousness" and finds it remiss when some "new age" trends focus only on being "in the light". The dark aspects of consciousness represent an "existential vulnerability" to destruction, death and the unconscious. Feeling "essential anxiety" and vulnerability are a part of being "awake" or consciously alive in this world. The dark and totalitarian aspects of consciousness need to be acknowledged and worked with psychologically. Just focusing on the "light" such as through meditation will not heal the wound. The
lightness and the darkness, the ying and the yang, create the totality of life which is all reflected in the transpersonal realm of consciousness.

S is working transpersonally when he is using myths and archetypes to help clients accept and understand feelings which arise. It is an important step toward healing for the client to identify with the darker aspects of self without judgment and shame. Many of the mythological "gods and goddesses" represent the darker aspects of humans and thus can be useful symbols for clients to identify with. S has witnessed this archetypal identification or reowning of an aspect of self as a way for clients to let go of their self-judgment or image of perfection. The universality of an archetype or mythological character helps the client's perspective to shift out of the personal realm, the "dark" feelings or image become less overwhelming and self-judgment decreases. When a client owns and accepts the dark aspects of self it "frees up energy" which had been used in denying and judging that quality. These qualities have an "deep essential energetic" which gets "held down" through denial. The client's acknowledgment of the impersonal nature of the dark aspects of self makes it easier for the client to not dwell on it.

Through the identification with archetypal figures in stories, the client can more easily let go of "ego defense mechanisms or ego centricities" such as, perfectionism. S considers this process of using myth as a way of "reframing" or as "archetypal behavior mod". It is "a richer way of putting things in greater perspective". The power of identifying with archetypes is that they are universal and the experience of them is at a feeling level rather than conceptual. Whenever the negative image or feelings toward self arise, the client can diffuse the self judgment through acknowledging the presence of the archetype or mythological character. S sometimes uses mythology with a client instead of self-disclosure in order to indicate the shared aspect of the darkness and how it has served a function for others. The archetypal realm is powerful in that it connects humans to all of life through the archetypal structures which are present in everything. Most of clients' pain is a result of limited definitions of self and experience. It is the realization of the archetypal connection to all of life which broadens the client's perspective beyond an egocentric or even humancentric view to include the transpersonal thus, expanding the definition of self.

The power of the presence of two or more people in an intimate relationship such as, in holy marriage or in a guru-disciple relationship, brings vital energy to one's spiritual development. Working in the collective realm can bring healing in the personal realm. The acknowledgment of the universally shared aspects of a dark experience can help the personal level of a problem seem more manageable. Transforming the meaning of an experience to be less dominating and overwhelming is an essential process of transpersonal psychotherapy. Experiences are therefore, not expunged from one's life, rather the meaning of the experience is transformed as one's perspective of the experience shifts or enlargens.
S believes that "you can't solve a problem at the level of the problem". In order to solve a problem, one has to enlarge the reality otherwise, one is "going to be bouncing around in this same frustrating limited sense of being". Transpersonal processes such as, mythology can enlargen the reality beyond 'personality structures and egoic levels of consciousness'. Rather than viewing the problem as a dichotomy, one has to be this or that, the reality must be expanded or the definition of self enlarged to include the possibility for all dichotomous aspects of self or experience to be true. S often finds that a client's difficulties are not related directly to the client's presenting problem, rather they are a result of the client's limited definition of self and the subsequent projection of these limitations onto others. The psychotherapeutic process expands the client's consciousness. The transpersonal process takes the client beyond dichotomies and beyond the archetypes by questioning assumptions. It is a powerful experience for clients to be able to love someone while also accepting their own anger about something the loved one did. An all encompassing acceptance of a dichotomous experience does not imply passivity in action.

S agrees with the Buddhist philosophy that most pain and suffering results from one's attachment to or expectations of how things should be or should have been. S intends to help clients work through and let go of emotional ties and expectations rather than deny them for instance through "flight into light". S trusts the client's psyche to continue to bring to awareness the attachments which must be let go of. In the existential tradition, S helps clients to let go of attachments by having them "tell their story" many times. Each time the story is told, the clients sees another view of their circumstances and gradually begin to "let go" of their emotional attachment to their original view of the story. Through the retelling of their story, clients are able to broaden their understanding of their circumstances and experience the fullness of their story rather than just a limited aspect of their experience. Thus through the broadening of perspective, the emotional attachment to what now seems to be just one piece of the experience lessens. The use of myths and archetypes in therapy is one way to help clients relate to and contextualize the different aspects of their experience. S sometimes challenges clients to "let go" of an attachment by asking what the client plans to do in the here-and-now instead of clinging to or lamenting an occurrence that the client has no control over. One way S has seen clients be able to let go of an attachment is through refocusing their energy to help others who have had similar difficulties. As they move beyond their attachments they are an inspiration to others. S has faith that everyone has the potential to move beyond their attachments and he is also aware that not everybody does.

S has occasionally introduced transpersonal concepts before clients were ready and they felt overwhelmed or scared. He tries to use language which is understandable and comfortable for clients. For instance, with some clients he may only use traditional psychological terms. He has not found his transpersonal approach to be damaging to clients. When introducing a
technique or concept, he frames it appropriate to the client’s level of understanding. S makes clinical judgments about whether or not to recommend meditation as a practice to clients. If he assesses that a client who meditates is not "grounded enough", he may suggest that the client stop practicing. It is unethical for therapists to use transpersonal interventions or approaches to psychotherapy such as, Jungian dream work, if it is not appropriate for a client to be doing "depth" work. S finds he can trust the psyche of his clients to know when the client is ready to work at the deeper unconscious levels. S trusts that clients have defense mechanisms which protect them when they are not ready for depth work in therapy. He respects his clients’ "deep processes" of letting go of defenses and opening up to depth work if and when it is appropriate for them. He carefully "plays with" or tests his clients' readiness for this work.

Regardless of whether S is using transpersonal language or techniques with a client, he is "holding" or viewing the client in a transpersonal context. He views his clients from an enlarged perspective which enables him to disidentify the client from the client’s limited view of self and circumstances. He recognizes that the client's presenting issue is not the totality of their reality and potential. All the while he holds them as having "the potential of something more". As a way of creating a transpersonal context, S honors the therapeutic relationship as being sacred through maintaining "unconditional love and presence" with clients. Clients sense his "holding" of the therapeutic relationship in this way which allows them to feel "safe and comfortable". S is able to be "non-judgmental" of clients, in part, because he has counseled many severely disturbed clients and worked through much of his negative countertransference. Seeing different perspectives and "resonating" with people has always come easily for S. By trusting that clients are more than what they present as, S is able to be non-judgmental and hopeful for his clients' progress. S has faith that it is possible for people to let go of attachments and change. His faith is rooted in his own personal experiences of having done these things and having seen others with tragic backgrounds be able to change. S anticipates that his faith in his clients' ability to heal gives the clients hope. Sometimes by verbally reflecting to clients their potential, S intends to encourage and empower clients to embrace their own vision of possibilities. Other times he achieves this non-verbally by creating an environment in which clients can feel accepted. Adolescent clients seem especially receptive to S because he has faith in their abilities to change without expecting them to. S respects that it is the clients' choice to change or not. His therapeutic style is to "challenge" clients, but not "impose" change.

S participates in Native American spiritual ceremonies. S "resonates deeply" with the nearness, beauty and "magical" qualities of what used to be sacred Native American land. When walking on the very land which the Native Americans inhabited, S feels that he embodies their spiritual inheritance which informs him as a therapist. He appreciates that spirituality is fully represented and grounded in the simplicity of the Native American traditions of everyday living. S shares the Native American way of reverence and gratitude for life and nature.
S does not diagnose clients using the "traditional" categories of the DSM III. Rather he assesses for the acute seriousness of a presenting concern such as suicidality and abuse, the client's coping resources such as ego strength, and prognosis of treatment based on the seriousness of the problem for instance, substance abuse. S has experience with and knowledge of the DSM III and clients with such diagnoses however, he does not prefer to diagnose that "formally". S primarily assesses his clients in terms of their psychodynamics sometimes using the enneagram or Jungian archetypal structures to conceptualize the aspects of their personality which are challenging for them. S sometimes uses the Myers-Briggs as a diagnostic tool and he finds it important to diagnose for organically related problems. S rules out physical causes of psychological symptoms. To some extent all people have aspects of their personalities that reflect DSM III personality disorders. He finds this intriguing yet, the overlap in criteria across categories makes DSM III diagnosis difficult. He sometimes "plays" with his conceptualizations about his clients in terms of enneagram personality categories. S finds it helpful to assess clients in terms of how they live their lives and relate to others particularly in intimate relationships. S finds the V codes in the DSM III to be more informative and relevant to his work with clients than the other categories. S's previous experience using the DSM III informs his assessment skills however, it does not define them. If a client is having serious difficulty, S may use a more "formal" diagnosis which might suggest to him that he should work with the client at a more practical level of crisis intervention rather than transpersonally.