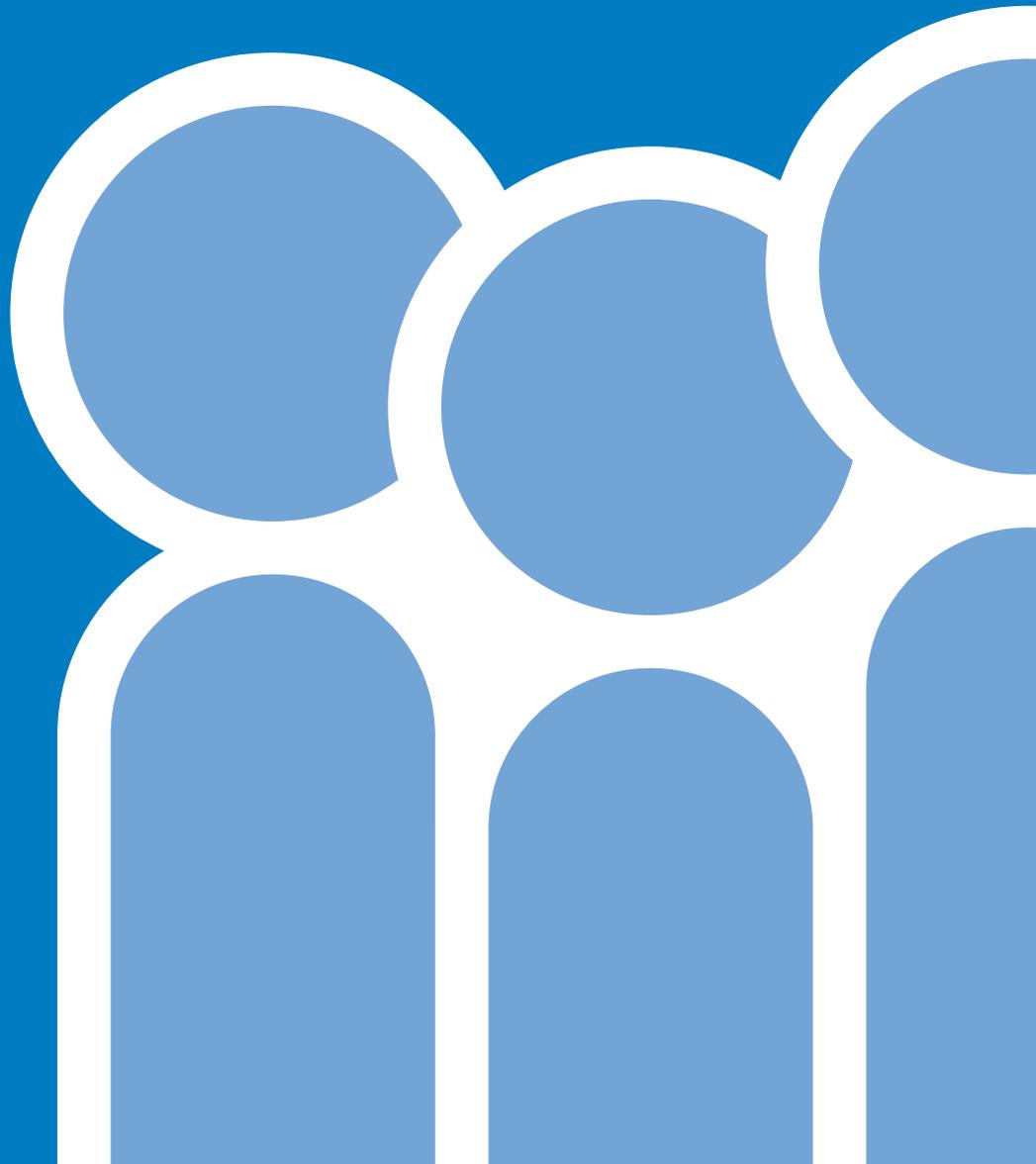


Volume 3, Issue 1

**The British Journal Of Psychotherapy Integration:
Re-claiming the Transpersonal in the
Psychotherapeutic Endeavour**



Volume 3, Issue 1

The British Journal Of Psychotherapy Integration

Introduction

The British Journal of Psychotherapy Integration is the official journal of the United Kingdom Association for Psychotherapy Integration. It is published twice a year.

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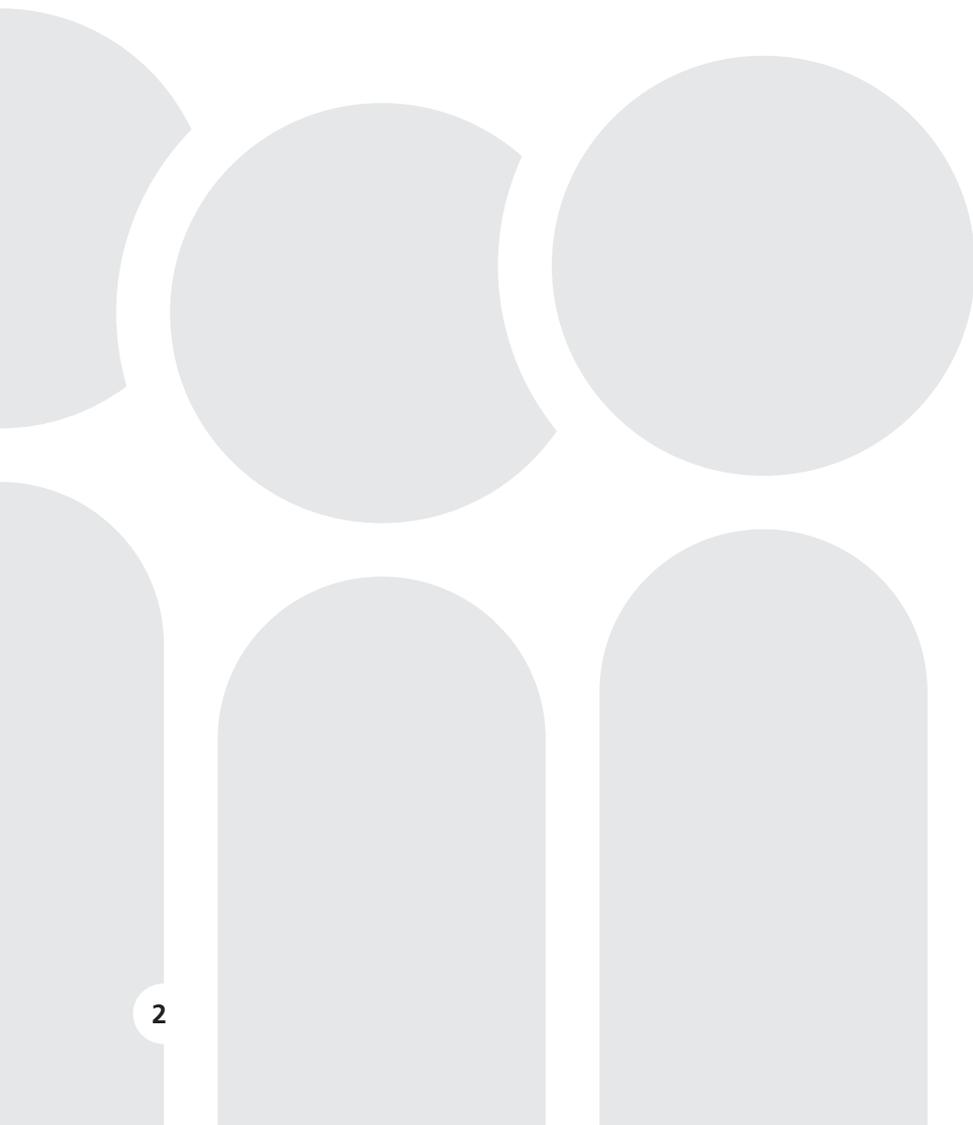
Future volumes of this journal will be on theme issues based in an integrative perspective. Two members of the editorial board will act as co-editors with the support of the two consulting editors. If you are interested in submitting please visit our web site (www.ukapi.com/journal/) and download a copy of the submission guidelines.

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Editorial

Re-claiming The Transpersonal In The Psychotherapeutic Endeavour

We welcome readers to this special edition of the UKAPI Journal devoted to the Transpersonal. In addition to enjoying the wide range of articles presented we hope that readers will be stimulated and challenged anew to re-consider the place of the transpersonal in the practice of Integrative Psychotherapy.

In keeping with an integrative perspective the articles represent a broad spectrum of theoretical reflection and clinical application. For some of our writers the context of their own faith is revealed in a poignant and moving way.

Contents Of This Issue

Chrissie Wood addresses the problems some psychotherapists have had with the notion of spirituality from Freud onwards. She challenges psychotherapists to reflect on spiritual matters, suggesting a bridge between the different world views of thousands of years of spirituality on the one hand and modernity on the other, leading to a dialogue between them.

Steven Smith explores the nature of the transpersonal as 'subjective knowing' and goes on to examine this theme from a neurobiological perspective. He urges integrative psychotherapists to consider both pathology and health as they appear in the transpersonal realm.

John Rowan provides an overview of the transpersonal in Humanistic Psychotherapy,

using Ken Wilber as his reference point. He makes some useful distinctions, among them the difference between New Age and Humanistic views on the transpersonal.

In contrast Carolla Mathers, a Jungian analyst and Buddhist, examines the nature of the transpersonal in the context of the Buddhist tradition. She explores, amongst other things, the interface between Buddhist and psychotherapeutic views on suffering.

Christine Shearman, an integrative psychotherapist with many years experience of Jungian psychology, asks the challenging question: How may Jungian ideas about the transpersonal be integrated into the practice of humanistic-integrative psychotherapy given that we are not analysts?

Lynette Harborne, who sees herself as an unorthodox Christian, provides particularly clear descriptions of the definitions of the interrelated concepts of faith, spirituality and the transpersonal. Her particular challenge is to ask "Is God the ultimate Self-Object?"

Nigel's article is a welcome contribution addressing issues of the transpersonal in a multi cultural society. He reports on the multi-faith initiative within the NHS and the research project which led to it, the special interest group of The Royal College of Psychiatry, and numerous conferences and workshops. He also addresses the debate and dialogue between the

medical model of care, and an emphasis on the spiritual care necessary to include all faiths.

Finally we include another contribution by a graduate student, Ita Courtney, who describes her own framework for integrative practice. This is followed by two book reviews.

Christine Shearman and **Steven Smith**, are the guest editors of this issue.

Christine Wood

Dialogue Across The Divide: An Exploration Of The Bridge Between Spirituality and Psychological Need In A Post-modern Society

Abstract

The focus of psychotherapy has traditionally been on the mental and emotional health of clients and has not usually turned its attention to the spiritual dimension. However, in recent years there has been a more holistic approach to therapy which views people as body-mind-and spirit. This article challenges psychotherapists to take account of their own spiritual and religious convictions as well as those of their clients, and thus to engage in the dialogue that can be created between spirituality and psychotherapy. As therapists bring together their cognitive, emotional and spiritual selves, integrating their therapeutic work with their spirituality, whatever form that may take, they are then able to allow a spiritual, creative process to evolve co-creatively in their work with their clients.

Introduction: A Bridge Too Far?

A young Jewish medical student decided to specialise in psychiatry, but on telling his father, an Orthodox Jew, received the response, 'Why psychiatry? You have the Scriptures. What more do you need for those kinds of problems?' (Benner, 1989, p.11). This is not an uncommon attitude among those who see faith and spiritual experience alone as holding the answers to life's difficulties: psychotherapy and counselling are irrelevant at best and a hindrance to true faith, at worst. For some, like Adams (1970),

there are only physical or spiritual problems — mental and emotional disturbance does not exist. The opposing, reductionist view is that emotional and psychological problems need nothing more than psychology and psychotherapy to explain and treat all manner of disturbances (Watson, 1930; Blakemore, 1988; Dawkins, 1989). Freud, himself, was dismissive of religion and ambivalent towards spiritual experience — which he claimed was repressed sexuality (see James and James, 1991, p.21). Such a viewpoint sees religious faith and spirituality as distracting from the real business of self-exploration — seeing them, even, as crutches for those unable to manage their own lives. More recently, West (2000) has suggested that counsellors and psychotherapists may have a problem with spirituality and religion because they do not sit easily with the professional (and secular) image that most practitioners wish to present. There still does seem to be a legacy from modernism that any discipline that incorporates — or even acknowledges — spirituality and religious experience, is slightly suspect and less than rigorous.

However, almost ten years ago, in an article boldly entitled 'Spirituality, the Counsellor and the Church: Can They Journey Together?' Teresa Duffy, herself a psychotherapist and member of a religious order, challenged both counsellors/psychotherapists and the institutional churches to reflect on their spiritual callings (1998). This is not an unusual

challenge to the Church, which has sometimes lost its spirituality in a maze of doctrine and religious practices, but it may seem a radical challenge to counsellors and psychotherapists who do not see themselves or their profession as 'religious' or even 'spiritual'. However, many clients are themselves searching for a deeper meaning to their lives and often look to their therapists to help them in this quest. In twenty-first century Britain, there is far more acceptance and understanding of 'spiritual care' within secular organisations such as schools and the NHS, for example, than there used to be even a couple of decades ago. Duffy maintained that the effective therapist/counsellor integrates her self-awareness "with a sense of her own spiritual identity, coupled with a sensitivity and openness to the spiritual questing of the other in all her uniqueness" (ibid). In other words, effective — and professional — therapists are those who stay aware of the spiritual dimension in both their own and their clients' experiences.

This becomes an exciting challenge to all involved in the practice of psychotherapy and counselling, irrespective of their particular approaches. The challenge is to reflect on the dialogue between psychotherapy and spirituality and decide whether it can provide a bridge between two apparently differing world views — that of spiritual traditions spanning, perhaps, thousands of years and many different cultures, and the youthful perspectives of psychology and psychotherapy, both heavily influenced by Modernity. We are invited to ask ourselves: Is spirituality significant to all people, regardless of religious persuasion? Is it necessary to us as human beings to embed our stories into a meta-narrative, despite the challenge of postmodernism to meta-perspectives? Is it possible — indeed necessary — for therapists to maintain a spiritual and theological position within the framework of their disciplines? Is there such a deep schism between spirituality and psychotherapy that they are ultimately irreconcilable, or are they two sides of the same coin? In attempting to draw together psychotherapy and spirituality, are we building a bridge too far, or are we generating an exciting dialogue which goes further than being merely a bridge?

At this point, perhaps there needs to be some defining of terms. Words like faith, spirituality

and religion which are sometimes used interchangeably, nevertheless have nuances of meaning. Faith may be defined as the capacity for placing one's trust in Another — whether that is a human being, a way of living a meaningful life, or a Transcendent Other. On this definition, everyone has faith of some description. Fowler writes:

"Prior to our being religious or irreligious, before we come to think of ourselves as Catholics, Protestants, Jews or Muslims, we are already engaged with issues of faith. Whether we become nonbelievers, agnostics or atheists, we are concerned with how to put our lives together and with what will make life worth living. Moreover, we look for something to love that will love us, something to value that gives us value, something to honour and respect that has the power to sustain our being" (1981, p.5).

Issues of faith, therefore, become a significant part of the journey of self-exploration that clients make with their therapists. For clients whose early years have not given them the positive mirroring they needed to thrive, the therapist is frequently the one to whom they look to find valuing, love, respect and acceptance, so that, ultimately, they can give that to themselves — and hence find ultimate meaning for their lives.

Religion is the overt expression of faith traditions as they have been held throughout previous generations. Religion includes rituals, stories and myths, sacred writings, values and ethics, rules and laws. It may find its expression through music, art and architecture; through social practices, like family structures, food and drink, work and leisure; through rites of passage, such as birth, puberty, marriage and death. Religion usually, but by no means always, involves some sense of the transcendent. It is interesting to consider whether psychotherapeutic approaches could themselves become quasi-religions. Fundamental beliefs about the human psyche take on the quality of 'doctrine' — the basic tenets of 'faith' for particular approaches; they have specific ethical codes and practices; they form a community of 'believers' who meet together to support and encourage one another; and many of the main approaches have their own recognisable identities — rather like denominations within

the Christian church. West considers the same possibility: “As a trainer of counsellors I am amazed at the number of people who come forward for counsellor training even though there are very few full-time jobs being created for counsellors... It seems at times as if the counselling world itself constitutes a religion or at least a faith” (West, 2000, p.50).

Spirituality is the most difficult of all to define. It can refer both to the transcendent and to the journey within. It acknowledges that there is more than just the material world, that there are more things in heaven and earth than we can detect with our senses. It includes both mystical experiences and experiences of self-discovery, and is clear that they are not necessarily the same. Spirituality acknowledges that the spiritual is important. It deals with ‘things of the spirit’ not only with the ‘things of the mind’, and describes the way in which people relate to whatever they consider sacred. Benner (1989, p.104) defines spirituality as “the response to a deep and mysterious human yearning for self-transcendence and surrender”, arguing that, in spite of the importance of our relationships with other people, there is something within us that yearns for surrender to the service of some cause (or person) greater than ourselves. A particular spirituality may have its origins in centuries-old faith traditions, such as paganism, Christian mysticism or Eastern meditative practices, or it may be much younger, like Eckankar or New Age practices. Hospitals now include ‘spiritual care’ as part of their consideration of patient needs, recognising the holistic aspect of patient care; for the women and men on the wards are more than just bodies needing attention and anxious minds needing reassurance. They are body, mind and spirit, and their emotional and spiritual well-being significantly affects their recovery. This is also true within the field of psychotherapy and counselling, where the boundaries between spirituality and therapy are perhaps not so obvious.

Sections Of The Bridge: Section 1: The Significance Of The Spiritual Quest

While counselling and psychotherapy today are not the same as spirituality and religion, it is interesting to ask whether they may be viewed as spiritual practices (West, 2000, p.51).

Psychotherapists and counsellors encounter not only the emotional ‘selves’ of clients, but their physical, social, cognitive and spiritual selves as well. The focus may be unidirectional for a while, as they deal with what is ‘figure’ but the effective therapist accounts for the relationship between mind, body and spirit in his or her work. The connection between the mind and the spirit is one which has been made down the centuries and the word psychotherapy is derived from the Greek ψυχη (psyche) meaning breath or soul and θεραπευο (therapeuo) to serve or heal. So a psychotherapist may also be seen as the ‘servant of the soul’ or one who ‘cures souls’. Indeed, practitioners of psychotherapy within the Emmanuel movement in New England at the beginning of the twentieth century argued that psychotherapy should involve healing through the use of mental, moral and spiritual methods (Cabot, 1908, cited in Benner, 1989).

Many who have been involved in the disciplines of Pastoral Counselling and pastoral care more recently would echo such a position (Lake, 1966; Clinebell, 1994). Pastoral care has traditionally reflected four distinct functions: those of healing, guiding, sustaining and reconciling (Clebsch and Jaekle, 1994), but it is not only in pastoral counselling that these four functions play a vital role. Therapists and counsellors, in every approach, promote healing; those who work with more educative models of counselling and therapy, such as drug and alcohol work, become involved in some form of guidance; sustaining clients through difficult and turbulent stages of their therapeutic journeys is one of the most effective interventions we can offer; reconciliation is about working with relationships — intrapsychically and inter-personally — to facilitate communication when it has broken down, and sometimes to aid separation and endings. It is in the context of reconciliation that clients may raise spiritual issues, perhaps needing to reconcile their faith with their life experiences.

In the 1970s, Frank Lake, a British psychiatrist and theologian, integrated the two disciplines of theology and psychology into ‘Clinical Theology’ which powerfully influenced many Christians in their approach to counselling and therapy over the following two decades; Howard Clinebell, an American pastor, wrote his seminal text on pastoral care

and counselling to “describe a new holistic growth and liberation centred paradigm for pastoral care and liberation counselling with spiritual and ethical wholeness at its centre”. The journal produced by the Association for Pastoral Care and Counselling, Contact, has attempted to cross the divide between professional counselling and pastoral theology and practice. Issues of spirituality, which have always been integral to models such as Transpersonal and Jungian psychotherapies, have now become part of many humanistic psychotherapy training programmes. In varied ways, each has been echoing the words of St. Augustine, ‘may I know myself; may I know God’, implying that in knowing ourselves, we come to know the Other, in whatever way we may conceptualise the Transcendent.

The argument that counselling and psychotherapy are disciplines which address the soul as well as the mind is based on a belief that people are spiritual beings, not only a set of neurological responses, as behavioural psychologists and some neurologists have postulated (C. F. Skinner, Watson, Blakemore). In writing to students in the thirties, Watson asserted, “Human beings do not want to class themselves with other animals... The raw fact is that you, as a psychologist, if you are to remain scientific, must describe the behaviour of man in no other terms than those you would use in describing the behaviour of an ox” (1930, p.v.). More than fifty years later, Colin Blakemore stated a principle of his belief: “I think that all those things that you do when you feel you are using your mind (perceiving, thinking, feeling, choosing, and so on) are entirely the result of the physical actions of the myriad cells that make up your brain. The brain performs actions that we explain to ourselves in terms of our minds” (1988, p.7), and Dawkins has attributed everything to the Selfish Gene: “Humans can fall in love, can have emotions, can enjoy beautiful music, and so on. All these things are fully within the capabilities of the kinds of robots that we are. We are robots in the sense that we are mechanical systems. We are built from the laws of physics” (Dawkins, 1989). And while all of these positions have their own particular validity, and the statements accurate in context, this kind of reductionism is seriously at variance with any spirituality, Christian or otherwise, that

believes the spiritual self to be at the core of our being. Perceiving the human psyche from one vantage point only — the mechanistic — it all too easily implies that this represents the whole truth about the human beings.

By contrast, many other psychological theories — psychosynthesis, transpersonal psychology, Jungian psychology and existential psychology, to name but a few — have acknowledged the importance of the spiritual aspect of human experience. Jung wrote, “like every other being, I am a splinter of the infinite deity”; Adler saw the person as “a unity struggling for wholeness”; Frankl saw wholeness as the integration of the somatic, psychic and spiritual (cited in James and James, 1991, p.22); and even Berne’s concept of Physis may be seen as an acknowledgement of the spiritual dimension of human beings. However, far from being stop-gaps to fill a spiritual void left by the demise of religion, as Ehrenwald maintained (1966), something which would “meet unmet metaphysical needs... without recourse to mythical ideologies or magic ritual” (quoted in Benner, 1989, p.28), these psychologies (and the psychotherapeutic methods they gave rise to) have all too readily become new religions themselves, as has already been observed. Indeed, Jung saw his work as providing an alternative spiritual framework to that of Christianity (Benner, 1988, p.53), and people who are searching for meaning in their lives turn with increasing frequency to psychotherapists and counsellors. This would seem to be borne out by Halmos, researching in the 1960s, who documented the correspondence in twentieth century Britain between the rise in numbers of counsellors and the decline in numbers of clergy (cited in West, 2000).

It does not seem without significance that it was during the same period that Bishop John Robinson wrote ‘Honest to God’, questioning Christianity’s fundamental belief in a transcendent God and postulating instead a ‘God-in-Man’s-Image’. Forty years on, the Church may have even less relevance for many people than it did then, yet I am constantly surprised at how often my clients raise issues such as dilemmas of belief, past religious experiences and current explorations into spirituality, which are more akin to a faith journey than to the problems they originally presented. It may be because I am a

Christian and make it clear that I offer Pastoral Counselling as well as Transactional Analysis psychotherapy, but I am more inclined to view it as an active demonstration of Maslow's hierarchy of needs — when needs 'lower' in the hierarchy have been met, people are able to turn their attention to the needs of the spirit. This was strikingly illustrated by a professional woman client who, having spent several months working through a clinical depression, began to address spiritual issues for the first time in her adult life. It was as if she had 'cleared the ground' within herself as she addressed self-limiting beliefs and dysfunctional behaviours, and was then free to look beyond herself to what might be transcendent.

The belief that we are spiritual beings has been maintained for centuries, both within Western and Eastern thought. The Iroquois Indians, for example, treated physical illness first of all by discovering the unconscious and unfulfilled wishes of the sick person through divination — a spiritual process. Then they arranged a 'festival of dreams' in which the community symbolically gratified these wishes — a psychological process (cited in McLeod, 1998, p.13). In this community, the spiritual, psychological and physical needs of the individual were perceived as interlinked. As in this example, not all spirituality is religious either in its content or in its expression. 'Natural spirituality', is the need and longing within us for self-transcendence and surrender. A spiritual response only becomes 'religious' when an individual begins to experience the self in relationship to a higher power, and responds to this relationship with prayer and worship. 'Religious spirituality', then, is a relationship with the Power or Being which serves as the focus of self-transcendence, self-surrender, and worship, and this gives rise to the various subsets of religious spirituality, as found in the major world religions — Islamic, Jewish, Hindu and Christian spiritualities, for instance (C. F. May, 1982, p.33).

With the rise of Modernism and the Enlightenment project, however, Western spirituality, in any form, became compromised. Gone was the tripartite Greek understanding of human beings as body, mind and spirit. God was replaced by science, belief by rationalism, the spirit by the human mind, and all that still

remained unknown was susceptible to empirical scientific processes which would make the world predictable. Descartes asserted, 'Cognito ergo sum' and thus usurped the Augustinian view of humankind that we exist because we have been made by God, for God and in the image of God: "I would not exist if I were not in you," wrote Augustine in the fourth century, "as all things have their being from you" (2001, p.6). The optimism of the Modernist project was not to last, however, and eventually the certainty of modernism gave way to the uncertainty of our present age. Science no longer had all the answers: in Quantum Mechanics, Heisenberg's Uncertainty Principle demonstrated that there was a limit to certain knowledge and the mathematics of Chaos Theory, that 'order' was an unpredictable entity after all (Stewart, 1990). Modernism crumbled into postmodernism and confidence gave way to uncertainty and anxiety.

And so, in our post-modern culture, where there are no certainties, where previous 'grand explanations' of the world give way to plurality and there are no meta-narratives, the need for spiritual nurture and hope are again surfacing. As Goodliffe (1998, p.57) puts it, somewhat depressingly, "The confident culture of modernism, optimistic, utopian and progressive, has been replaced with a diffident, often hopeless and anxious spirit about our age". We hear of wars and rumours of wars, terrorism seems to have gained more than a foothold in our society, and the confident certainty that appeared to follow detente has evaporated.

Clients do not usually come into therapy saying they are depressed by the spirit of post-modernism, but they are affected, nonetheless, by the uncertainties of their lives and their future, the impermanence of their relationships and their jobs, a dissatisfaction with themselves. Many openly declare their dread of death, yet would welcome an end to their struggles. The outcome-focussed efficiency of some psychotherapeutic methodologies not only do not meet the needs of such clients, but can appear to be trite and superficial. Storr, viewing psychotherapy and counselling as much an art as a method, notes that "today psychotherapists are consulted by people whose symptoms are ill-defined and who are not 'sick' or 'ill' in any conventional medical sense', but are affected — or disaffected

— by the ‘spirit of the age’”. Here, again, is the suggestion that much of counselling and psychotherapy is “soul cure”. Storr continues:

“They present what Szasz has quite properly called ‘problems in living’; and what they are seeking is self-knowledge, self-acceptance, and better ways of managing their lives. Psychotherapy, today, is therefore more concerned with changing attitudes than with abolishing symptoms direct” (1990: xiii).

The concept of counselling and/or psychotherapy as soul cure is aptly illustrated by Jason, an intelligent young man at the start of his adult life, who came for psychotherapy because of a morbid fear of growing old and dying. The issue for him was truly existential as he explored the meaning and purpose of his life, the beliefs and values he wanted to build the rest of his life on and what he wanted to be remembered for when he died. For Jason, his journey was one of discovering beliefs rather than changing them; he came not knowing his place in the universe or the purpose of his existence, and his crisis — for that is what it was — seemed to be a spiritual one. “The spiritual quest,” wrote May, “is a search for our roots, not the roots of family, nor of race, nor even of the human species, but our roots of and in this cosmos,” (1982, p.89), echoing, fifteen centuries later, Augustine’s famous phrase: “Our heart is restless till it finds its rest in you” (2001, p.5).

Sections Of The Bridge: Section 2: The Significance Of Narrative.

It would appear that part of what Jason was searching for was his story; a narrative that would hold and support him as he entered adulthood and embarked on the rest of his life. We are all embedded in narratives — our family story, our cultural story, our life story. We are influenced, too by the meta-narratives of our age and traditions, like the Marxist meta-narrative which argues for the freedom of people by the emancipation of the working class; the Darwinian meta-narrative, which enshrines evolutionary progress; the Freudian meta-narrative which stresses the existence and power of the unconscious mind (Goodliffe, 1998). But with the failure of modernity and the rise of postmodernism,

such meta-narratives have lost credibility. In an attempt to include all possible views, to avoid judging the ‘rightness’ of one truth over another, to appease the guilt of previous generations’ intolerance, we have become afraid of claiming that there may be one universal, overarching story. “These overarching world views or stories that ‘explain’ the way things are... are no longer tenable... because they cannot encompass the sheer diversity of local interests” (Lyotard, 1984, quoted in Goodliffe, p.46). This means that the meta-perspectives of spirituality and theology in our culture are challenged, too — the Christian meta-narrative most of all, perhaps, for the wane in church attendance has also been matched by a loss of confidence in the relevance of the truths contained within the Christian story.

Unlike previous generations, people no longer know what to believe, for there is no agreed authority to tell them anymore. This may fit entirely appropriately with our current ethos, in which choice is paramount and hierarchy is to be challenged, but it may also give rise to an existential anxiety about our place in the universe, as Tillich claimed. He wrote about ‘non-being’ as a source of existential anxiety in the three areas of existence, morality and spirituality. “Non-being,” he wrote, “... threatens man’s (sic) spiritual self-affirmation, relatively in terms of emptiness, absolutely in terms of meaninglessness. In all three forms, anxiety is existential in the sense that it belongs to existence as such and not to a normal state of mind as in neurotic (and psychotic) anxiety” (1952, p.49). Thus, the diversity inherent within post-modernism leads us into relativism, an absence of absolutes and hence, uncertainty. It is possible that the anxiety so many clients present in the therapy room may be just a small part of the existential anxiety which is a product of our age. If my story is no longer part of a greater story, spiritual or otherwise, it stands alone — and therefore, perhaps I, too, really am alone.

Four decades ago, Eric Berne derived the theory of ‘Script’ — the story we create to make meaning of our personal worlds. However, it is only comparatively recently that the significance of story and narrative has been acknowledged within psychology and counselling modalities outside of Transactional Analysis (McLeod, 1998, p145; Sarbin, 1986; Howard 1991). Bruner

(1990) has been one of the key figures in stimulating the recent explosion of interest in narrative and in challenging social scientists and psychologists to pay more attention to people's stories. Counsellors and therapists who hold a spiritual or theological meta-narrative may set such stories within the context of the greater story of their faith. A therapist who holds a Buddhist or Hindu perspective, for instance, may privately understand the client's problems in the context of their Karma, though as professionals they would see it as unethical to impose their spiritual meta-narratives onto their clients. The practitioner's spiritual or religious world view usually has no overt place in the counselling encounter, which is considered a 'neutral' space within which the client explores and decides her own path for herself. However, it is all too easy to believe that a counselling model is the 'truth' about human beings and the way they interact. It is easy to confuse the map with the territory and to forget that in formulating psychological models, counsellors and therapists are creating metaphors or stories to describe human behaviour, rather than truly explaining it. Schafer (1992) has made the pertinent, though obvious, point that any interpretation of a client's story is a 'retelling', and since all psychotherapeutic interventions are made from the meta-perspective of the particular modality that the therapist uses, the story is 'retold' in the form of that particular narrative. Thus, "a client of person-centred counselling would develop a Rogerian narrative account of their life, and a cognitive-behavioural client would acquire a cognitive-behavioural story" (McLeod 1998, p.149) and this is accepted as an effective way of helping someone to achieve their goals, since one purpose of intervention is to help the client 're-write' their story in some way.

Seamus came wanting help to keep his temper under control. As he talked, it was evident that his 'temper' amounted to no more than irritation and he was really asking me to help him suppress any feelings which he considered negative, especially his anger. Listening to his story within the context of my theoretical meta-narrative (Transactional Analysis), I judged that he was asking me to help him reinforce his script belief that he would annihilate himself and others if he allowed himself to feel angry. Had I accepted his request

I would have been implying that I agreed with his belief, and therefore strengthening it, and also risking him potential harm, as it was likely that his repressed feelings were the cause of his Irritable Bowel Syndrome. I therefore suggested that instead of helping him keep his emotions buried, I helped him to accept them and find ways of expressing them safely.

In this instance, my understanding of his problem from my meta-narrative was significantly at variance with his, and before we could work together effectively, he had to accept the 'TA story' of his problem. This raises some questions about the psychological meta-narratives therapists hold. Most believe that safe expression of feelings is better than their suppression, for instance, but this is not a universal belief across cultures. Most believe that honest relating and intimacy are preferable to polite, impersonal exchanges, but how far is this influenced by the ideology of the Sixties which encouraged them? What other beliefs do therapists hold which are rarely challenged because they are a part of a psychological meta-narrative which has been unquestioningly accepted into a world view? Therapists and counsellors cannot avoid bringing their psychological meta-narratives into the counselling room, in spite of the post-modern ideal that there are no meta-perspectives (which is itself a meta-perspective!). There is no such thing as culture-free or value-free counselling and therapy.

What, then, of the meta-narratives which are part of the practitioner's spirituality — or lack of it? What of those of their clients? How does the thoughtful psychotherapist/counsellor integrate their therapeutic work with their own spiritual and religious beliefs and that of their clients? West has pertinently commented:

"It is time for therapists and their trainers and supervisors to relate to the reality of their clients' spiritual lives, and to look beyond any prejudices and countertransference reactions they might have in relating to religion and spirituality" (2000, p.125).

West seems to be assuming here that the 'prejudice' and 'countertransference reactions' are from practitioners who do not hold a spiritual framework themselves. But what

of the reality of the practitioners' spiritual lives? Counsellors and therapists whose religion or spirituality is very important to them, may have just as many prejudices and countertransference reactions to working therapeutically with a client whose spirituality is significantly at variance with their own. I can imagine many 'born again' Christian counsellors who would find it extremely difficult to take a therapeutic non-judgemental attitude towards a client whom they knew was a Pagan — and perhaps vice versa.

Sections Of The Bridge: Section 3: The Co-creative Dialogue — Still Under Construction.

Lyall (1995, p.84) sees it as a paradox that while therapists and counsellors are quite willing to discuss the most intimate details of a client's family and sexual history, there is a reticence about discussing matters of faith. West (2000, p.135) maintains that unless counsellors and therapists are willing to address the spiritual dimension with their clients, therapy "will not fulfil its full potential role, and the healing that is necessary is likely to be limited and incomplete." Writing of the relationship between psychology and theology, Innes (1997) points out that in practice, theology and psychology can claim the same territory since it is never precisely clear where the study of the mind gives way to the study of the soul or, even, what the differences are between the mind and the soul.

Is it, then, possible that spirituality and psychotherapy can claim the same territory? Lyall and West seem to argue, not only that they do, but that they should. However, is there, perhaps, a more creative way to understand the interaction between them? In the true spirit of the age, I believe it lies in what Summers and Tudor (2000) call 'co-creativity', the creation of new meanings out of dialogue: "when two people converse or engage with one another in some way, something comes into existence which is a product of neither of them exclusively" (Parlett, 1991, p.75).

If meaning constantly evolves through dialogue and if discourse creates systems, then a dialogue between psychology and spirituality may co-create something unique; something

which would honour and utilise both instead of inducing competition (or even conflict) between them; something which would not deny either side in an optimistic attempt at merger. It would include, for instance, the dialogue between a Christian spirituality, which sees human nature as 'fallen' and intrinsically sinful, and the view, axiomatic to all humanistic psychotherapies, that human nature is essentially constructive and that people strive to fulfil their potential. It would include the dialogue which arises from the tension between the traditional emphasis on the authority of the family in a religion like Hinduism and the emphasis on individuality which is so much a part of Western psychotherapies. It would include a dialogue, say, between the psychotherapeutic emphasis on finding oneself and self-actualisation, and the Eastern understanding of Unity with the cosmos. Such dialogues become evolving systems which respond to the needs of individuals — clients and therapists alike — recognising their complexity as physical, emotional and spiritual beings. And which also recognises the complexity of spirituality in all its rich and varied forms.

This 'bridging' between spirituality and the psychotherapeutic disciplines is more, I would suggest, than a 'journeying together' of psychotherapy and spirituality (religious or otherwise), as Duffy suggested, in which each appears to remain identifiably itself. It also seems more than a bland weaving together of ideologies, a bridge built to cross the chasm between the cultures of youthful psychology and ancient spiritual traditions, for that is too fixed and solid a metaphor for the energetic, organic, constantly evolving system which co-creativity generates out of the fertile void of the chasm. It is a dialogic dance, created when those who acknowledge their own spirituality are willing to forego security, and bring together their spiritual, emotional and cognitive selves. This is a dance which is both internal and interpersonal; it is a dance in which both therapists and clients engage; it is a dance without pre-arranged steps, co-created as we dialogue with each other and ourselves, allowing the creative, spiritual process to evolve. In this dance, therapist and client both move towards wholeness.

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Steven Smith

The Transpersonal: From 'Subjective Knowing' To Neurobiology

Abstract

In this article I will be exploring the nature of the transpersonal from a place of 'subjective knowing' and then evaluate this against the recent neurobiological research. It is my contention that integrative psychotherapists are often wary of working with the transpersonal due to personal oppressive experiences of organised religion; a healthy suspicion for all things dogmatic; and a misperception that transpersonal psychology is a joyful, defensive antidote to avoid painful pathology. During this discussion I hope to address these concerns by encouraging integrative practitioners to begin to reflect and work with the transpersonal as 'subjective knowing'. Furthermore, I will be arguing that an integrative approach that exclusively works with the 'developmental self' is unable to access the healing opportunities that the 'transpersonal self' offers and fails to identify and address pathological disturbance as it emerges in the transpersonal.

Introduction

In this paper I will focus on three transpersonal writers, namely Carl Jung, Rudolph Otto and Ignacio Matte Blanco. I will use these writers as a way of exploring the transpersonal as an 'internal subjective experience'. With this exploration comes an invitation to integrative psychotherapists to clinically honour and work with this aspect of the therapeutic relationship. I will then explore the recent

neurobiological findings and the relationship between the brain and the transpersonal. I will also be offering clinical examples as a way of enlivening the transpersonal theory being reviewed. Finally, I will offer a brief appraisal and critique as a way of honouring both the (developmental-) ego and (transpersonal-) self in the therapeutic engagement.

'Subjective Knowing' and Carl Jung

In a televised interview (1959) called 'Face to Face' Carl Jung was asked whether he believed in God as a child to which he replied "Oh! Yes!" The interviewer, John Freeman, went on to enquire "And now?" There was a pause and Jung replied "Difficult to answer. I know. I don't need to believe. I know." There was an avalanche of letters and enquiries in the days that followed. For Jung, belief and believing was the domain of the theologian and the philosopher. He was not interested in metaphysics and the argument for and belief in a transcendent being or absolute otherness called God. Rather, for Jung the archetypal 'God-image' is at the centre of the collective unconscious. Stevens (1994, p.47) notes that "... for Jung, the house was an image of the psyche. The room on the upper floor represented his conscious personality. The ground floor stood for the first level of the unconscious, which he was to call the personal unconscious, while in the deepest level of all he reached the collective unconscious." At the centre of the collective unconscious is the self and it is this self that holds the archetypal

'God-image'. Therefore, as a scientist Jung was far more interested in this day to day immanent experience or 'within-ness' of God or more precisely the archetypal 'God-image' in his patients' psyche and what this meant for their distinctive and unique journey (individuation). This archetypal 'God-image' is a form or pattern that exerts psychic influence upon the ego (the 'I') and is accessed or known through dreams, creative imagery, narrative, and interpretation (analysis). Rowan (1993, p.38) cites Hillman's invaluable observation of archetypes in terms of "... their emotional possessive effect, their bedazzlement of consciousness so that it becomes blind to its own stance." Samuels (1985, p.53) further notes that an archetypal form or pattern has three types of sense-making benefits in terms of "... polarity — the positive and negative, or personal and collective, or instinctual and spiritual... complementarity — the relative balance noticeable in psyche..." and "... interaction — the interplay of planes of imagery."

As I reflect on these three types of sense-making in respect of the archetypal 'God-image' I am mindful of a client called 'Lauren'. Lauren is a 29 years of age, white British woman. She has a son who is 18 months old. Her marriage lasted 2 years before her husband announced that he felt betrayed that she had rekindled contact with her parents whom she and her husband had both found extremely difficult. At the beginning of therapy Lauren was beginning to face the challenges of being a single parent while trying to hold down a professional career. During this time Lauren had a vivid dream of being at the bottom of a deep valley which she described as cold, grey and dull. On the top side of the valley stood her ex-partner and the opposite side were her parents. In the dream she felt small, insignificant and at the mercy of her partner's and parents' demands. Recalling this dream was very distressing and through this image we were able to realise her repetitive pattern in terms of her partner being like her mother, attacking, critical and withholding, and how Lauren took on the role of her father: passive, powerless and compliant. During this first year of therapy there was much heartache and grieving for past and present relational deficits, traumas and conflicts.

Towards the end of this phase Lauren brought a vivid colourful and audible dream in which she was wearing a multi-coloured coat that went down to the floor. Her parents and ex-husband were on either side of her tugging at her coat and she powerfully reprimanded them and held on tightly to her coat which brought her comfort and strength. The parallels with the biblical story of Joseph and his amazing coat did not go unnoticed by either of us. In the session she announced that she was going on holiday for the first time with her son to visit friends abroad. As I carefully listened to this I made the following intervention as a way of enhancing these transpersonal 'revelations' and said: "Make sure you pack your colourful coat and take good care of it!" Lauren was very touched by her dream and by my response and cried for the first time with re-gained hope for the future. As I compare these two dreams I can see how the archetypal 'God-image' or 'transpersonal self' casts these dreams upon the ego to honour psychic distress and mediate change, growth and healing. Furthermore, if we hold each dream (with the accompanying archetypal material) in a creative tautology we can discern the sense-making dimensions of polarity, (integrating opposites: passive, powerless and compliant, and powerfully reprimanding them); complementary (restoring psychic balance: heartache and grieving to re-gained hope); and interaction (interpenetration of imagery: cold, grey and dull, and multi-coloured coat).

So for Jung the 'God-image' is an innate archetypal energy which represents the deepest longing for health, wholeness and homeostasis. Dyer (2000, p.47) beautifully captures this and states that:

"Jung called the self the psychological carrier of the God-image, acting as an archetypal image of one's fullest potential as well as the unifying principle that occupies the central position of authority of the personality as a whole. The self urges one to coordinate and mediate the tension of the opposites, but moral decisions are left to the ego. The lifelong interaction of self and ego determines the individuality and the individuation process of a person's life." Jung was also probed by Philp (1958) in a series of questions and answers to ascertain whether he actually believed in the existence of God other than as an archetype. Jung replied:

“As a responsible scientist I am not going to preach my personal and subjective convictions which I cannot prove... speaking for myself the question of whether God exists or not is futile... when people say that they believe in the existence of God it has never impressed me in the least. Either I know a thing and don't need to believe it; or I believe it because I am not sure that I know it. I am well satisfied with the fact that I know experiences which I cannot avoid calling numinous or divine” (in Jung 1976 CW Vol. 18: para 1589).

What are these numinous experiences that Jung attests to as knowledge from ‘with-in’? To further deepen our understanding of the ‘transpersonal self’ as an inner psychic force that makes itself known to the ego we need to turn to Rudolph Otto (1923) who first coined the phrase numinous.

Otto: Using The Non-rational To Access ‘Subjective Knowing’

Rudolph Otto (1923) wrote his seminal work *Das Heilige (The Idea of the Holy)* during the trials and tribulations of WW1. He was highly critical of the focus of organised religions almost singularly on the rational aspect of the spiritual life in terms of doctrine, belief and dogma. Otto (1923, p.3) believed that the non-rational heartfelt experience of the spiritual had been neglected and overshadowed by a “... one-sided intellectualistic and rationalistic interpretation.” In essence he wanted to devise a word or a concept that honoured the religious or spiritual as an experience known with-in. It is interesting to note that the German word ‘Gefühl’ does not translate well to the English ‘Feeling’ with its association with the ‘Subjective’. Rather, ‘Gefühl’ points to something like “feeling the beauty of a landscape” or “feeling the presence of a friend” (Harvey 1949). So while Otto wanted to champion the subjective feelings of the divine he also believed that there was an objective reference point for this experience. Be that as it may, what interests me here is his eloquence with which he is able to ‘capture’ the nature of this experience of the ‘God-image’, the ‘divine’ or the spiritual through his notion of the numinous.

Otto (1923) argues that the holy, just like beauty or other aesthetic moments elude apprehension in terms of concepts. However, in his attempt to find a notion devoid of rationality or morality he took the Latin word *numen* to get *numinous* to describe the ‘creature-feeling’ of the holy as experienced with-in. Otto (1923, p.13) claims that the numinous is a *mysterium tremendum* a mysterious experience of the divine that at times can be gentle and tranquil, at other times primitive, crude, and uncanny; it can instil awe, wonder and trembling or ecstasy and beauty. Otto (1923, p.12) goes on to describe the nature of the numinous as something that “... grips or stirs the human mind with this and that determinate affective state.” Therefore, these subjective experiences of the numinous hold both light and shadow. To my mind they are moments or glimpses that herald or act as a catalyst to promote change, growth and healing (as with Lauren above) as well as psycho-spiritual avenues that express an individual’s pathology (as with my client ‘Olga’ below). Otto (1923, p.16) describes the depth and breadth of the numinous as follows:

“This crudely naïve and primordial emotional disturbance (daemoniac dread), and the fantastic images to which it gives rise, are later overborne and ousted by more highly developed forms of numinous emotions, with all its mysteriously impelling power. But even when this has long attained its higher and purer mode of expressions it is possible for the primitive types of excitation that were formerly part of it to break out in the soul in all their original naïvete and so be experienced afresh.”

As I further reflect upon the nature of the transpersonal, particularly the aspects of “primordial emotional disturbance” as crude, uncanny or awe-full I am mindful of a client called ‘Katrina’. This non-European client came to therapy for the first time aged 25 years of age. During the early stages of therapy the client recalled how she felt overwhelmed by her mother’s constant expectations of her to be a good and perfect child. Winnicott (1971) would term the child’s compliance to this role as developing a ‘false self’, or what perhaps is less pejoratively labelled the ‘adapted self’. This adaptation pleased her mother but disavowed her own ‘real self’: her feelings of anger, love, disappointment, hope etc. As a child in her

early development, every so often, she would attempt to re-establish her real self through silent protestations or stubborn refusals to comply with this external locus of evaluation (Rogers 1957). Phillip's (1998) understands these "beast in the nursery" moments as the ego's healthy attempt to re-assert itself in the face of overwhelming demands for adaptation from the parent(s). During these creative rebellions, however, her mother would descend into uncontrollable rage and unwittingly terrify her daughter. Not surprisingly this client resourcefully developed an insecure-avoidant (Bowlby, 1988) attachment strategy as a way of defending against dangerously perceived feelings, such as anger, rage and aggression within her self and the other.

Several months into the therapy my client brought her intense dislike of a close female friend of 10 years' standing. After being in her presence for a while she would feel repelled and wanted to withdraw. We were both struggling to make any lasting sense of this repulsion and so after a while I asked her if she would be willing to draw her friend's face. I sat quietly for a good 5 minutes or so while my client drew her friend with coloured pencils. When she had finished she held it up to show me. Without monitoring my internal personal process and seemingly from nowhere, I blurted out: "Uh! Looks like a demonic Snow White!" My client looked momentarily shocked! She then went on to tell me how she had attended an experiential workshop in which costumes were provided for a group of people to enact and get into the roles of the characters of fairytale Snow White. My client desperately wanted to take on the persona of the 'Wicked Queen' but was too terrified and instead played the role of Snow White. In this interchange the transpersonal within the unconscious of the client and therapist had communicated and 'thrown-up into consciousness' something disavowed, shadowy and profound that had previously not been shared. This 'spooked' us both as we sensed something uncanny beyond our ego (trans-egoic) touching the work.

Matte Blanco: Using Symmetrical Logic To Access 'Subjective Knowing'

Ignacio Matte Blanco was born in Chile in 1908. From a very early age Matte Blanco was deeply interested and adept at philosophy and mathematics. Having graduated in medicine he came to London in the 1930s and turned his attention to psychoanalysis. Bomford (1999, p.23) notes that:

"Matte Blanco studied under many of the best known analysts of the time, including Melanie Klein, Anna Freud and Ernest Jones, founder of the British Psycho-analytic Society, and one of the first and most faithful disciples of Freud himself."

The culmination of his integration as a psychoanalyst, philosopher and mathematician appeared in his seminal work of 1975 entitled *The Unconscious as Infinite Sets*. He suffered an accident in 1990 and as his health diminished; he finally died in 1995. He was a practising Roman Catholic throughout his life.

Matte Blanco (1975) began to look at the conscious and unconscious mind in terms of asymmetry and symmetry respectively. Using logic he argued that the definition of asymmetry equalled difference (i.e. a lack of symmetry); while symmetry equalled timelessness, sameness and oneness. Hence, Mollen (2000, p.32) notes that in the conscious mind asymmetrical logic would say, for example: "A is not B; the leaf is part of the plant; and 2 o'clock is before 6 o'clock." In contrast the symmetry of the unconscious mind would assert: "A is B and B is A; the plant is part of the leaf; and 6 o'clock is before 2 o'clock." In effect Matte Blanco (1975) further developed his understanding of the unconscious mind as a place of symmetry with a marked absence or contradiction of difference. Therefore, one thing stands for another. There is connection, oneness and timelessness. When a client falls deeply in love with their therapist from a child ego position, in that moment their primary (m) other and their therapist are one and the same. Therefore, this pre-oedipal erotic transference (pre-verbal) is activated by a deeper level of right-brain unconscious symmetry that is triggered in the relationship. In the cold light of day as a client reflects on this process from a left-brain, logical, asymmetrical field

they would maintain that their therapist and primary (m) other are not one and the same.

So what are the implications of the layers of gradation between asymmetrical and symmetrical logic? Good thinking depends on a healthy mixture and balance between asymmetrical and symmetrical thinking. Too much asymmetry leads to a dry, arid and isolated position with the inability to engage in imaginative, creative and emotional discourse. Too much symmetry results in thought disorder, cognitive disturbance and even psychosis. It is worthy of note that Matte Blanco was well versed in working with these extreme symmetrical presentations of psychosis in his work as Chair of Psychiatry at the University of Chile (Bomford, 1999). Likewise, it is from this right-brain field that the subjective knowledge of the 'God with-in' can be experienced as timeless, beautiful, awe inspiring, with a profound sense of connectedness. From the depths of unconscious symmetry this experience is cast upon the conscious asymmetrical mind. However, the more this symmetry is accentuated from a place of imbalance, terror and fear can also be experienced. Mollen (2000, p.34) captures this duality of experience when he argues that:

“At the deepest level of the unconscious, pure symmetry prevails. All is one and the whole is reflected in the smallest part — an insight as old as human culture. In the depths of the unconscious, in pure symmetry, we find the Godhead, the awesome Other within — the 'Subject of subjects', which can never be the object — the source of our being and the fount of sanity and madness, of creation and destruction, of Grace and Terror.”

As I reflect on this I am mindful of a patient with whom I worked in a secondary mental health care setting. The patient, Olga, was an Austrian woman in her early thirties who had suffered from clinical depression in her mid-twenties. After recovering from this experience she committed herself to working with a fundamentalist Christian agency in Romania dedicated to alleviating the suffering of orphaned children. She was not prepared for the abject poverty, neglect and cruelty that she would witness first hand. This experience confronted her with

the unspeakable destructive potential of the human condition and played on her mind throughout her stay in Romania. This repeated and sustained trauma of working with these children precipitated a psychotic disturbance. Remarkably she managed this disturbance and booked an international flight to Heathrow, where officials realising that something was wrong notified the appropriate agencies. Olga was sectioned and placed in a secure MH centre.

Using Matte Blanco's (1975) conceptualisation I could see how Olga's symmetrical logic had been triggered by external traumata and she was confronted with the terrible, destructive and mad qualities of the 'God with-in' as a result of the terrible, destructive and mad qualities of 'humanity with-out'. Psychotic inflation is associated with a marked increase in the biochemical dopamine within the brain. What is interesting to note is that Olga could not bear these qualities of the 'God-with-in' or 'humanity-with-out'. In one of our sessions she handed me a picture which she had drawn (Figure 1) and explained that the man (foreground) was possessed by demons and the woman (background) was exorcising demons through prayer. I felt that her “crudely naïve and primordial emotional disturbance (daemonic dread)” (Otto 1923, p.16) of the numinous was so overwhelming that it had to be attributed to a third force — not God or man (sic) — but the Devil. Through a multiple approach to her care (anti-psychotic medication, an inpatient socialisation programme and psychotherapy) the equilibrium of her asymmetrical and symmetrical functions were once more restored. During this time she was able to bear, but perhaps not quite accept, the formidable, frightening and destructive aspects of humanity and the divine.

Neurobiology And The Transpersonal

The neurobiology of religion — otherwise known as neurotheology — is the application of neuroscience to religious experience as a way of discovering the neural underpinnings of spiritual awareness. Through the use of sophisticated brain-imaging technology, such as Positron Emission Tomography and Single Photon Emission Computed Tomography, the neuroscientists are able to monitor the changes

in blood flow within the brain that correlate to neuron activity. Crudely put, these experiments



Figure 1: Olga's drawing.

are able to note which areas of the brain light-up (increased blood flow) and darken (decreased blood flow); in other words those regions that 'switch-on' and 'switch-off' during religious and spiritual experiences. Spiritual and/or religious experiences involve three areas of the brain; namely, the superior parietal lobes, the pre-frontal cortex and the temporal lobes.

The superior parietal lobes are part of the cerebral hemispheres that are covered by the parietal bones. They are responsible for orientating the brain in time and space. Furthermore, they help you distinguish between the self and non-self, and inform your perception of where your body ends and the rest of the world begins.

The pre-frontal cortex, as the name implies, is located at the front of the brain and is associated, among other things, with deep attention and focus.

The temporal lobes are situated at the lower part of the brain on both right and left sides of

the brain just behind the ears. The temporal lobes are responsible for sense hearing, memory and emotional behaviour. The middle temporal lobes register feelings such as joy and awe, while the lower temporal lobes are the brain's visual association. Hence, if an individual is focusing on a sacred symbol the lower temporal lobes will trigger the emotional resonance from the middle temporal lobes such as awe, wonder or reverence.

During intense meditative, prayerful or religious states the superior parietal lobes appear dark (almost shut down) on the brain scan while the pre-frontal cortex is lit up. As the superior parietal lobes close down (i.e. the brain's sense-making of being in time, space and me/not-me is switched-off), along with the increased awareness of awe, mystery and joy which is activated in the interchange between the lower and middle temporal lobes, the individual has a heightened sense of experiencing timelessness, infinity and oneness.

While the neurobiological research has revealed the intricate neural underpinnings of spiritual experiences we nevertheless return to that familiar problem which Jung (1959) wrestled with, which we might aptly ask: "Which came first the chicken of the egg?" or perhaps we might parody as: "Which came first God or the brain?" There is much criticism of neurotheology from transpersonal writers and from atheists alike. The Guardian (2004, p.5) reviewing more recent neurobiological research, particularly the work of Andrew Newberg, a radiologist at the University of Pennsylvania noted that:

"Newburg has been criticised for his investigations into the essence of spiritual experience — the most vehement attacks coming from atheists. 'Some people want me to say whether God is there or not, but these experiments can't answer that. If I scan a nun and she has an experience of being in the presence of God, I can tell you what's going on in her brain, but I can't tell you whether or not God is there,' he says."

In contrast, transpersonal psychotherapy might argue that neurotheology is only interested in the empirical aspects of the spiritual phenomena and excludes the

possible, yet ineffable, subjective reality of spiritual experience per se. I am mindful of Clarkson's (2002a, p.149) notion of the seven level model and how it is important to identify the truth values of each level as a way of "... potentially preventing category errors, improper connotations and unnecessary confusions, as well as any avoidable miscommunications." So in this sense neurobiology could be criticised for taking the rational/logical domain (Level 5) of which 'objective science' is the gold standard and applying this to the transpersonal/inexplicable domain (Level 7) with its inherent knowledge of 'direct experience'. In other words the materialistic formulations of scientism reduces the spiritual life to a biological predicate with the forgone conclusion that spiritual neural hard-wiring is a primitive survival mechanism (The Guardian 24/02/2005). Through neurobiology we can establish that the brain is hard wired for spiritual experiences and therefore this 'antenna' predisposes the individual to transpersonal experiences or 'subjective knowing' of the God-within. While this predisposition will vary in significance from person to person (from highly important to unimportant) it is essential to take stock of the World Health Organisation estimate that two thirds of world's population have a spiritual/religious practice (Clarkson, 2002b) and therefore, such people will be a part of our psychotherapy practice. Perhaps along with Jung (Philp, 1958) neurobiology testifies to the immanent experience or 'within-ness' of God. Let us now turn to a critique and appraisal of the psycho-spiritual interface of ego and self.

Listening to psychotherapy colleagues I have often heard the misperception that working with the transpersonal is a kind of 'pink, fluffy and light' aspect of the therapeutic relationship. Indeed, Groff (1985) pleads for balance of light and shadow, healing and pathology. He warns against imbalance and states:

"The end result (if we do not hold the balance) can be various spiritual aberrations ranging from an unconvincing, exaggerated caricature of a spiritual person to tyranny and control of others in the name of transpersonal values... (therefore, one needs to be) willing to confront all aspects of one's psyche and of the universe in their dialectic and complementary interplay of opposites" (Groff 1985, p.194).

A further long standing criticism of transpersonal psychology is that it overplays the spiritual at the expense of the developmental. Corbett (1996) is particularly vocal in levying this against Jung. As a counterpoint he offers a fine integration of Jungian concepts to honour the transpersonal and Kohut's self psychology to honour the developmental past. Furthermore, Samuels (1985, p.20 see figure 2) outlines a comprehensive table highlighting Jungian developments in answer to this criticism.

As I reflect on the transpersonal writers above I am mindful of Matthew Fox's appellation of prophet. For Fox (1995: x) prophets are people who wrestle with and challenge the closed psychology of their time and thereby "... interfere... with the prevailing attitudes and ideologies of their day." Whatever adjective we use, what is clear is that they challenge the exclusively held notion of the developmental past influencing the present so characteristic of the Newtonian-Cartesian paradigm with its mechanistic fatalism of cause and effect. They do not disregard the power of the past and what we might call the 'developmental self', but rather its exclusive hold on the therapeutic endeavour.

Conclusion

In conclusion, I have applied a psycho-spiritual template to the therapeutic relationship as a way of integrating notions of the developmental ego and the transpersonal self. I have also drawn from several transpersonal writers and maintained a creative tension between the past and the future to foster a more w/holistic approach when working with the client's unique journey. Finally, by highlighting the nature of the transpersonal as 'subjective knowing' I have attempted to 'hold' ego and self in a relational axis. This bifocal frame has been used to clinically work with the client's healthy and pathological aspects as they appear in the developmental and transpersonal realms.

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John Rowan

Spirituality And The New Age

Abstract

In dealing with the question of spirituality in therapy, some distinctions are necessary. One is to distinguish between different kinds of spirituality. A second is to distinguish between the New Age and the transpersonal. A third is to get clear about the way in which mysticism and enlightenment come into the picture. With this out of the way, we can then look at the ways in which the transpersonal comes into therapy: firstly through the phenomenon of linking; secondly through the understanding of how the Subtle stage of psychospiritual development has to be considered; and then by considering questions of imagery, intuition and metaphor.

The field of spirituality can be a confusing one. There are many voices, many definitions. It is easy to confuse with religion. It is easy to confuse with New Age thinking.

One idea which has been helpful, I believe, in clarifying the matter is Ken Wilber's idea of the pre/trans fallacy. As is now well known, he postulates a developmental sequence, in which we first of all enter a prepersonal realm of consciousness, which has a number of stages or levels, leading to the personal realm of everyday adult life, where most of us live most of the time. This sequence has been studied and well described in developmental psychology. We may or may not then develop further into the transpersonal realm of consciousness, with its increasing understanding of developmental stages or levels beyond the standard everyday level of consciousness.

He has suggested that there is a prepersonal spirituality, characterised by a good deal of fear of a mysterious and unpredictable reality, and grasping adherence to a group with a set of beliefs as the main answer to that fear. There is a personal spirituality, which leans on such ideas as responsibility and probity, love of humanity, and sometimes the pursuit of godliness. And there is a transpersonal spirituality, which involves a search of some kind, a resolve to have nothing less than a personal connection to the divine.

So far, so good, but where does New Age thinking come into this? Is it prepersonal, personal or transpersonal? As presented by David Spangler and the other writers who have followed him, it certainly claims to be transpersonal. And because it has a place for the spirits of trees and the spirits of the waters, because it has a respect for the divine, and a place for the exploration of symbol systems, it does resemble the transpersonal at first. But when we dig a little deeper, what we find is a curious feature: unlike the real transpersonal mystics, they have no place for the critical, the negative, the downward path. Instead, there is the uncritical, the positive, always the upward direction.

Why is this important for psychotherapy? Simply that psychotherapy has an important place for the transpersonal, as I have argued elsewhere (Rowan & Jacobs 2002; Rowan 2005), and has to be clear as to what it is talking about.

Magic/Mythic	New Age	Subtle Or Soul Or Transpersonal 1
N.B. "The elders" is a phrase to cover any form of traditional authority.		N.B. "The divine" is a phrase to cover any deity figure or other representation.
I fear the other	I love the other	I recognise the divine in the other
The elders know what is true	I know what is true	I am not much interested in truth
The safe place is in the group	I am not interested in safety	Whatever the divine sends me is a lesson to be learned
The divine is beyond me	The divine is in me	The divine can contact me
Symbols and images are laid down for me by the traditions and the elders	Symbols and images are not of much interest to me, but I respect all of them	I see symbols and images everywhere, and they can inspire me
Only the elders are entitled to criticise anything	No one is entitled to criticise anything	It is important to be critical, under the guidance of the divine
The elders can be inspired	I am always inspired	I can be inspired by the divine
Most things are hidden	Nothing is hidden	The divine reveals what it is ready to reveal
I wait for the elders to tell me	I wait for nothing	I wait for the divine to reveal everything
I believe in miracles but I don't understand them	I can work miracles	Miracles come from the divine
The elders have taught us what is negative	Nothing is negative	Negative is just as important as positive
Some things are not meant to be understood	Everything can be understood	I can understand what I am allowed to understand
Astrology is beyond me	Astrology is right	Astrology is quite interesting as one symbol system
Reality can only be manipulated by the holy person	I can manipulate reality	Reality can not be manipulated: but it is usually richer than we think at first
Imagination is dangerous	Imagination is wonderful and can lead to control	Imagination can be an opening to the divine
If the elders tell me to walk on fire, I will walk on fire	I can walk on fire and not be hurt	I can walk on fire if the divine allows me to

Figure 1: Magic/mythic, New Age And Subtle: Some differences and distinctions.

It may be useful to illustrate these differences by a chart which lays out the differences and distinctions in parallel columns (Figure 1).

Just to clarify the labels here, 'Magic/Mythic' refers to a level of consciousness which Wilber has characterised as not yet reaching the sphere of rationality, but relying on superstitious beliefs and unscientific practices. 'Subtle' refers to a level of consciousness which has gone beyond rationality in the sense of formal logic, into a realm where the divine is fully recognised, but only in the form of symbols and images. It is the space of nature mysticism and deity mysticism.

Work at the subtle level is very important in psychotherapy, and is used by all the great writers in that field, such as Assagioli and Jung. Hillman calls it the level of soul, and has much to say about it.

Now transpersonal psychology in the field of therapy is not restricted to the subtle. There is a further stage which has to be considered, which is generally called the causal (Wilber 2000), and I have sometimes called this Transpersonal 2. This is a level of psychospiritual development where we abandon the symbols and images of the subtle, and embark on the deep ocean of mysticism, where there are no signposts. I used to say that therapy could not use this

level of consciousness, because at this level there are no problems, and clients usually want us to take their problems seriously.

But here again New Age thinking crops up as a confusing element, because it often claims to be representing this most abstract level of consciousness. We are told that: “The supposedly channelled New Age work, *A Course in Miracles*, purportedly coming from Jesus, remains popular... despite efforts to discourage its use. Many people undoubtedly have been helped by the Course, especially by its emphasis on forgiveness and its discussion groups in which people share their problems, but it remains quintessentially New Age... New Ager Gerald Jampolsky and Marianne Williamson have mined the valuable nuggets of the Course and set them down admirably in their own writings.” (Internet Wikipedia).

Now in my own work I have found it possible to work at the causal level, in spite of my earlier reservations, and so it makes sense to try once again to outline the differences between the causal and the New Age. There is another level which is sometimes confused with the causal, simply because it too abjures symbols and images, and that is the authentic, or what Wilber (2000) calls the Centaur, because of its emphasis on mind-body unity. It is the authentic which most of us use, most of the time, in psychotherapy. It is the classic existential position, where we encourage the client to take responsibility for his or her own life. Let us see what it looks like if we put these three into a table (Figure 2).

The final statement may not be clear to all readers. The point is that recent work on enlightenment has made it clear that there are two aspects to it. Most of the usual descriptions concentrate on emptiness — on letting go of all descriptions, labels, concepts and so forth. And of course in this respect the emptiness of 500 BC is no different from the emptiness of today. But there is another side to enlightenment, as we are reminded in the Heart Sutra, where it says: “That which is Form is not other than Emptiness, that which is Emptiness is not other than Form”. In other words, there is a fullness as well as an emptiness, which is an essential part of the paradox, and not to be ignored. There is a crucial difference

here, of course, which is that if Form refers to the whole world of things, including people, that does change over the years. The world of 500 BC is not the same as the world of today. In particular, the social world has changed substantially: forms of thought, forms of interaction, forms of organization, forms of science have all moved on since then. We know more, we are more. We have evolved.

“Several theorists, such as David Deida, have made a wonderful distinction that helps us phrase this part of the problem. Emptiness is Freedom and Form is Fullness. Enlightenment is a union of both Emptiness and Form, or a union of Freedom and Fullness” (Wilber 2005, p.277).

So the Freedom is the same, but the Fullness is not. All the levels which various traditions have postulated are not pre-existing and eternal. They have evolved and will continue to evolve. We have to surrender our metaphysical baggage of certainties and admit this.

“So how can we define Enlightenment with this in mind? The answer we have suggested throughout this book is: Enlightenment is the realization of oneness with all states and all structures that are in existence at any given time” (Wilber 2005, p.283).

This is all a bit shocking to those of us who had imbibed the traditional doctrines and interpreted our own experience in that light. But it does make perfect sense, it seems to me. Wilber continues: “The general contours of this definition of Enlightenment work very well in explaining the ‘sliding scale’ of evolutionary Enlightenment: the Emptiness stays the same — Timeless, Unborn, Unmanifest, Undying — but the Form continues to evolve, and Enlightenment is being one with both of them — both Emptiness and Form — a oneness that, on the Form side of Fuller and Fuller and Fuller, includes levels in the Cosmos that are being laid down now, not as Platonic archetypes, but as evolving Forms, Forms that, once they are laid down, appear indeed as if they were eternally given as pre-existing ontological structures but are actually Cosmic habits” (Wilber 2005, pp.284–5).

We can, in other words, generate all of the essentials of the great metaphysical systems

Centaur	New Age	Causal
I am authentic	I am beautiful	I am not
I seek to be me	I seek the highest	I don't seek
I look on the level	I look upwards	I don't look
I see light and dark	I seek the light	I don't see or seek
I love with integrity	I love everyone	I have steady compassion
I doubt angels	I accept angels	I am not interested in angels
Fear is real	Fear is an illusion	Fear is unnecessary
Love is real	Love is my life	Love is a divine gift
Death is real	Death is an illusion	Death is a series of stages
Anger is real	Anger is unnecessary	Anger can be an entrance to hell
Killing is real	Killing is unthinkable	Killing belongs to the divine
I can discriminate	I cannot discriminate	The divine can discriminate
I understand about the Ground of Being	I love the Ground of Being	I am the Ground of Being
I am open to all experience	I am open to all that is right, true and beautiful	I am
Aloneness is good	Aloneness is unthinkable	Aloneness is
Meaninglessness is a challenge	I don't experience meaninglessness	Meaninglessness is
Emptiness is a challenge	Emptiness is nothing to fear	Emptiness and fullness are one and the same
Discrimination is valuable and important	Discrimination is wrong	Discrimination belongs to the fullness, not to the emptiness
The concept of levels is important and valuable	The concept of levels is not for me	Levels are there in the fullness, but not in the emptiness. So they are important and not important at the same time.

Figure 2: Centaur, New Age And Causal: Some differences and distinctions.

but with virtually none of their metaphysical baggage. This seems to me both convincing and important. It is not a question of giving anything up, but rather of adding something essential which had in reality always been there, but not talked about so clearly.

Continuing then with our case, it seems that New Age thinking is very different from the causal, as well as different from the subtle.

Using The Transpersonal In Therapy

With so much possible misunderstanding cleared out of the way, we can no go on to the question as to how exactly the transpersonal is used in therapy. One of the most striking findings is that it is possible to completely remove the boundaries between therapist and client. Here is how Rosemary Budgell described it in her ground breaking research:

“The experience is described as near fusion, a communion of souls or spirits and a blurring of personal boundaries. To achieve this, both parties have to give up something of themselves while remaining separate. It is not symbiosis but the other end of the spectrum, as described by Wilber (1980). It is the transpersonal sense of relinquishing self. Symbiosis is about being cosy, but this is about working through pain and fear. It is a sacred experience and yet natural and there all the time. It comes from the spiritual or transpersonal realm, being a step beyond empathy and the natural plain” (Budgell 1995, p.33).

Since this description came out, many people have been discovering the same thing. Dave Mearns, from the person-centred school, called it ‘working at relational depth’. He and Mick Cooper have now published a whole book on the subject.

Alvin Mahrer, in Canada, quite independently discovered the same thing, and found many parallels in earlier work:

“Something happens that is different from when the two are face-to-face. I call it ‘being aligned’. Others talk about the two being joined or conjoined, the therapist being plugged in to, merged, or fused with the patient (Binswanger 1958a, 1958b; Fromm, Suzuki & DiMartino 1960; Laing 1962, 1982; Maupin 1965)... The distinction between what can occur in a face-to-face relationship and what can occur in the two being closely aligned may well underlie Maslow’s (1968) distinction between D and B intimacy-love, Fromm’s (1956) distinction between mature intimacy-love and symbolic union, Seguin’s (1965) dual or shared intimacy-love, Lewis’s (1960) gift or need intimacy, and Binswanger’s (1958b) distinction between communication and communion” (Mahrer 1996, p.153).

As this quotation suggests, Mahrer believed that such a close merging could best take place when therapist and client were side by side, but the evidence suggests that this is not necessary. Nothing is necessary other than to be open to the possibility, and not to reject it. What is remarkable is that this discovery has also been made in the existential field, which many people still assume is dedicated to the separateness between people. Listen to Emmy van Deurzen, for example:

“Beyond these two dimensions of interpersonal relationships a third level can be recognized. It is the level of the I-Me relationship, or the perfect merging of two beings who totally identify with each other and who operate in absolute self-forgetfulness, aiming at something that transcends their separateness and thus binds them together... To a certain degree the existential counselling relationship aims at the mode of the unifying I-Me relationship” (van Deurzen 2002, pp.187–8).

And just to go now to where it might be more anticipated, in the Jungian field, here is what Nathan Field has to say about it. He calls it the ‘four-dimensional field’ and says this:

“One of the ways in which the four-dimensional state can be experienced is the simultaneous

union and separation of self and other. I have in mind those moments where two people feel profoundly united with one another yet each retains a singularly enriched sense of themselves. We are not lost in the other, as in fusion, but found” (Field 1996, p.71).

He speaks movingly of the way in which such an experience has a healing power: “A totally new Gestalt has come into being where separateness and togetherness are simultaneously experienced in all their depth and richness” (ibid, p.73).

The point I am making is that in the transpersonal field, it is recognised that these phenomena are normal to the subtle state of consciousness. It is also recognised that people at any level of development may slip into such a state without willing it: it can just happen. But it is only with a transpersonal understanding that one can easily recognise what is going on.

If we say that the more common state of consciousness for acting as a therapist is the authentic or relational, it may be useful to tabulate the basic differences between these two states of consciousness (Figure 3).

We can see at once that the two states of consciousness are very different, which makes it all the more interesting that a therapist can move from one to the other without meaning to and without necessarily being aware that anything has changed. A quote from Jim Bugental makes this point. He had introduced some research by Molly Sterling in which the supervisee role-plays the client and the supervisor role-plays the supervisee. Sometimes a curious thing happened:

“Unexpectedly and suddenly, I lose the ability to maintain the immersion I have been experiencing. The distinctions between ‘me’ and ‘the role-played client’ dissolve. It is as though there is a collapse of the separated consciousnesses into one melded experience... I can’t tell which of us is the source of the content I am expressing!” (Sterling & Bugental 1993, p.42).

Bugental speculates that if our deepest nature is manifested by the meld, we may arrive at a rather different picture of our own nature.

Authentic Self	Subtle Self
Separate	Connected
Clear perception	Love
Likes boundaries	Not much interested in boundaries
Thinks in words, likes imagery	Thinks in imagery, suspicious of words
Uses dialectical way of thinking	Uses intuitive way of thinking
Can use symbols	Immersed in symbols
Interested in people	Interested in people, animals, plants...
The divine may be out there	The divine can be in here
Understanding is the most important thing	Imagination is the most important thing
Interested in knowing	Interested in not-knowing
Thoughtful compassion	Emotional compassion
Finds self in contrast to other	Finds self in other
Creative	Surrendered, inspired
Trees can be beautiful	Trees can be devas
Has internal gyroscope	Has daimon (genius, angel, inner teacher)
Good at psychotherapy	Good at healing
In touch with the body	In touch with the subtle body
Has many skills	Waits for guidance
In touch with own authentic self	In touch with the divine
Steers clear of magic	Can use magic
Uses experiential knowing	Uses intuition
Creativity comes from inside	Creativity comes from outside inspiration
Ecstasy is personal	Ecstasy is divine
Clear about boundaries	Can allow boundaries to disappear
Not much interest in mythology	Steeped in mythology, fairy tales, etc
Sees what is visible	Sees what is invisible
Interested in bodymind energy	Interested in subtle energy

Figure 3: The Authentic Self Versus The Subtle Self

And he goes on into some transpersonal thoughts. It seems clear, then, that although the two levels of consciousness, the authentic and the subtle, are so clearly distinct, they are both human and both relevant to the therapeutic relationship, unique as it is.

Imagery And Intuition

Another thing which is very characteristic of working transpersonally at the subtle level is imagery and intuition. It is almost as if the transpersonal therapist thought in images rather than in words. Yet this is not a regression to a preverbal stage — much more an advance towards a lesser reliance on words. One of the most interesting examples of this is the work of Peter Heintz, who has specialised in working with war trauma. Instead of speech, he uses objects to work with. In one

group, a woman came forward who could not remember anything of her childhood.

“I started by placing a black plastic chair into the centre of the seminar room, without making any comments... I proceeded by attaching various objects to the chair, either with sticky tape or by hanging them over the back of the chair... [He stepped back to look at his work.] Quite unexpectedly, however, a further strange sensation emerged in my mind... Approaching me now with a force beyond my control, it propelled itself with vehemence into my consciousness, urging me to do something which had not crossed my mind at all; namely, to destroy the ‘work’ with the objects I had just created... Reluctantly, I kicked the chair with my foot until it fell over. The objects smashed to the ground... The pullover lay on the floor, with its distorted contours reminiscent of a dead person lying amidst a collection of wrecked objects. [The patient stepped forward.]

She was motionless and her eyes were fixed on the scenario of destruction displayed in front of her. After a while, she started to cry until her whole body shook, as if overcome by convulsions of pain that had been locked away for endless years” (Heinl 2001, pp.7–9).

For the first time in her life, memories of the flight from her country of origin at the age of five came back to her. She could move on with a sense of relief.

In his book, Heinl gives many more examples of working in this way, with objects. But he also uses visualizations, intuition in various forms, and metaphor. None of this involved rational reasoning. I would describe it as the exercise of a typically subtle consciousness.

Rachel Charles, in her classic examination of intuition, makes the point that it is only the transpersonal training institutes that mention intuition in their courses. She says: “It is therefore concluded that many intuitions are of the everyday sort, but that some may be subjectively experienced as mystical in character” (Charles 2004, p.214).

Of course what I am saying here is that both the subtle and the causal are mystical states of consciousness. Freud taught us that we are all neurotic; Klein taught us that we are all psychotic; but Wilber tells us that we are all mystics.

Metaphor was mentioned above. Now metaphor is a very wide category, and psychoanalysts and cognitive behavioural therapists often use metaphors. But it is in the spiritual sphere, I believe, that metaphor comes into its own. Kate Maguire, who works in a transpersonal way with victims of torture and other extreme experiences, has this to say:

“I often work transculturally and a linguistically simple metaphor for a complex concept can overcome linguistic and cultural barriers and takes us to that culture between where we can encounter and share the universal givens of pain, suffering, loss, identity, belonging, happiness, safety. The cultural specifics are the cultural expressions of these universals. It is metaphor that can transcend the barriers of the specifics to reach the universals and it is

through metaphors, complex and simple, that I have encountered the spiritual in the midst of deepest pain and through these metaphors I have been able to meet these people in that place of silent rhythm where words beautiful, awful and few fly freely and we can hear there, across time, the pain, the struggle and the spirit of many. Metaphors are metamorphic. They are verbal, they are images, they are dreams. They are objects and colours and smells. Aristotle said they were a natural human ability. They help the individual to live with his or her experiences, to own them; they help to communicate pain which is one of the most difficult things to do; they help the listener to listen without being traumatised; they prevent the listener from stealing the experiences for themselves, being the voyeur; they convey so much in such few words; they are bounded by form but boundless in interpretation; they can bring beauty out of horrific pain; they are empowering when torture is the most disempowering of any human experience; they banish shame. And if you leave reason and rationalising outside the room, they will be the bridge between your souls. They are disarmingly spiritual” (Maguire 2001, pp.130–131).

Let us now look back and see where we have got to. It seems that genuine spirituality can take us into the realm of the most healing interventions that we can ever come across.

But it is important not to be seduced by the New Age promise that all is positive and that all is basically harmony. That is not spirituality as I understand it. The New Age people love the transpersonal, but the transpersonal people do not love the New Age.

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Carola Mathers

Psychotherapy And Buddhism

Abstract

In this paper I explore connections between Buddhist psychology and psychotherapy practice. Although Buddhism is generally regarded as a religion, the Buddha was clear his intention was to understand suffering, its causes and cure. His main concern was to explain ways of experiencing and understanding the mind. As psychotherapists we hope to relieve suffering by psychological understanding. I discuss Buddhist concepts, linking them with therapeutic principles. I include clinical vignettes relating to clients, therapists and supervisor/supervisee couples. I show how Buddhist principles can also inform our relationships with the wider therapeutic community. I draw on the works of Jung, Lambert, Winnicott, Bion and some Buddhist texts.

As a Buddhist practitioner and Jungian analyst I am interested in how these disciplines can inform each other. Jung was deeply embedded in his spiritual life. He lamented the loss of the spirit within our so-called civilised western world. He wrote...

“... in the course of the nineteenth century, when spirit began to degenerate into intellect, ... a reaction set in against the unbearable dominance of intellectualism, and this led to the unpardonable mistake of confusing intellect with spirit and blaming the latter for the misdeeds of the former.” Further, “Our intellect has achieved the most tremendous things, but in the meantime our spiritual dwelling has fallen into disrepair” (Jung, 1953, 1971).

We still have this dilemma today. Buddhist psychology is one field of study which can bridge the gap between intellect and spirit. Although it has the trappings of religion, with monks, nuns, monasteries and rituals, its philosophy is not based on divine beings, supernatural powers or a requirement to believe anything. It is emphasised the Buddha achieved enlightenment by his own human efforts, and this is within our abilities too. Buddhists are not “saved by grace” as are members of some religions. It is necessary, though, to have a teacher and/or group, just as personal therapeutic change requires a therapist to reflect us back to ourselves. Psychological change in both Buddhism and psychotherapy requires each person to work towards changing themselves; changing the world is not part of the process. As therapists we aim to take responsibility for ourselves and hope our clients will work towards this.

Clients approach a therapist because they are suffering and hope their suffering will be relieved. Some are taken aback as they become aware the therapist will not take their suffering away. Again this is similar to Buddhist philosophy: Buddha said his teaching was about suffering and its relief; the relief is based on the practitioner’s sincere attempts to follow the teachings. This is perhaps where the two approaches diverge; the therapist hopes their client will individuate, that is, find their own unique, creative way in the world. For the Buddhist, a specified path is set out for the practitioner to follow. Buddha is often spoken of as the Healer of the World, and his way as a Medicine.

Buddha called his teaching the “Middle Way” between pleasure and pain, that is to say, we are not to attach ourselves to either extreme. He recognised the masochistic potential of self-abnegation as well as the addictive nature of pleasure-seeking. His first sermon in the Deer Park after his enlightenment consisted of the Four Noble Truths, as follows:

1. *Suffering (dukkha) exists.*
2. *Suffering has a cause: craving or desire.*
3. *Suffering can be ended.*
4. *There is a path to end suffering. This is known as The Noble Eightfold Path. (Thich Nhat Hanh, 1998).*

This is the suffering clients bring to us. Craving is described as desiring things we wish to have, as well as not desiring things we don't wish. We suffer because we don't like ourselves, our partners, our friends, jobs and so forth; generally, clients want the outside world to change. Paradoxically, we may perceive the kinds of suffering we are not responsible for, e.g. natural disasters, as somehow our fault or that of other people. We want to blame someone. People felt very confused after the tsunami, for example, asking, where was God? This kind of suffering is seen in Buddhism as an inevitable part of being alive. Things happen. They are definitely not a result of a God punishing human beings, or something similar. However what we can control is our response to things such as natural disasters; depending on our response, we can experience, to paraphrase Freud, ordinary unhappiness or hysterical misery. Buddhist practice and therapy converge here.

An example of suffering being part of life comes from a story told by Ajahn Sumedho, Abbot of a Buddhist monastery in England. A woman came to see him; her baby had a cold, and feeling very miserable. The woman was upset her baby was ill and asked Ajahn Sumedho, “Why must he suffer so? He hasn't done anything wrong!” Sumedho replied, “He is suffering because he is alive!”, that is, illness (a cold) is a fact of life, not a punishment.

“Craving” can be divided into components: the “three fires”. These are, greed, hatred and delusion. Greed and hatred are emotional reactions to things we do or don't want. Before I studied Buddhism in depth, I believed its practice was to deny or suppress these emotions, which, as a therapist, I disagreed with. However I think misconceptions like mine arise as early generations of Buddhist texts were often inaccurate, since the original Asian teachers were struggling with unfamiliar languages. What I have learned is that, in Buddhism, emotions are to be experienced as fully as possible within oneself, indeed Thich Nhat Hanh, a revered Vietnamese teacher, says we should hold our anger as if it were a precious baby, not letting it escape. This is in contradistinction to some humanistic therapy practices of “releasing” anger in a controlled way, e.g. by beating cushions. When I was studying psychosynthesis many years ago this is what we did. I have come to feel it is not helpful, it may relieve tension at the time but does not produce lasting change by itself. In contrast, by holding our negative feelings we come to understand them better, and we are strengthened by bearing them without acting. Each time we refuse to act out of our anger or greed, we find it easier next time. In therapy we encourage clients to experience their emotions as fully as possible in the therapy session, a safe contained place where we hope they can feel held. We struggle with difficult emotions both in therapy and in Buddhist practice.

The third “fire” is delusion. This is delusion of ourselves as separate beings, the delusion of “me, myself and mine”. In therapy language we might call this a problem with our narcissism. Often clients come to therapy with a narcissistic view: they are specially important, they should have special treatment, everyone around them should be paying special attention to them. These thoughts and feelings arise from the opposite, an experience of lacking in value, a difficulty in loving and in being loved. The work of therapy is often to help clients achieve a more realistic self view, as a result of which they value themselves and others more. The world becomes peopled, rather than existing of “me, myself and mine”. In Buddhist language this means we are not separate selves. None of us can function in the world, from the day we are conceived, to the day we are buried,

cremated or sent off in any other way, without other people. It is now known babies do not develop as human beings if they do not have another human being to interact with. Throughout our lives we depend on others, emotionally, socially, culturally, and in every way imaginable. Many of us, though, believe we are independent beings, not needing others. But at the very least, we need someone to take away our rubbish, fill our supermarket shelves, bring our post, provide our gas, electricity, petrol, bicycles. Being aware of this helps us with relationships and increases our empathy.

A Buddhist concept connected to delusion is “non-self”. This includes the delusion of separateness, and adds the premise that we do not have a core ego which is the centre of the personality. We are made up of “aggregates”, which are: body, feelings, perceptions, mental contents (thoughts) and consciousness. There is no unifying whole or “self”. How do theories of mind grapple with this? What about Jung’s Self, the archetype of wholeness to which the individuating person strives? What about the collective and personal unconscious? These are big questions which are not easily answered. In a series of programmes about the brain some years ago, Professor Susan Greenfield set out to discover where in the brain consciousness resided. Despite very sophisticated technology, a seat or centre of consciousness could not be found. This may support Buddha’s teaching that there is no core self. Before we protest, saying of course we cannot locate in the brain a centre of consciousness, let us remind ourselves how happy we are to accept the new discipline of affective neuroscience, in which, among many other things, brain imaging appears to show us how a baby’s attachment to its primary care giver is made. Such imaging is based on statistical composites, that is, groups of brain scans are put together and statistical probabilities calculated.

In another episode, Greenfield took part in the following experiment: her arm was wired to a measuring device. She decided to lift her arm, noting the time of her decision. The device showed muscle activity started before her conscious decision was made. This may support the theory of an unconscious mind as it is evidence of unconscious activity preceding a willed action.

Winnicott (1949) considered “mind” as “no more than a special case of the functioning of the psyche-soma.” Further, “mind does not exist as an entity in the individual’s scheme of things provided the individual has come satisfactorily through the very early developmental stages.” He is saying “mind” intrudes itself into consciousness only when something has gone wrong developmentally. As therapists we work to sort out these difficulties, so that clients gain peace of mind. Mind is then no longer experienced as a separate entity.

When we meditate, we are practising “mindfulness”. This means we become aware of our thinking, feeling, bodily sensations and state of our mind, also known as the “foundations of mindfulness”. Yet who is mindful, if we are a collection of aggregates? It is said Buddha refused to answer this question, saying it was not relevant to the goal of enlightenment. Perhaps he considered we would fasten on to the answer and create more problems for ourselves. In Jungian terms, we would say the Self is mindful, and mindfulness is a quality of Self. The individuating Self is increasingly mindful, as projections and other defences are relinquished.

Mindfulness is “making the unconscious conscious”, in the language of therapy. This frees us from compulsive thoughts, feelings, actions and states of mind. In Buddhist language, thoughts, feelings etc “arise” in our minds from “seeds”. Everyone has a Buddha “seed” which we can either nourish or strangle. If seeds of anger are encouraged, for example by acting out, the seeds are strengthened; this is the basis of the teaching that feelings be fully experienced but not acted out. If seeds of loving kindness are strengthened, by practising this quality, we become more compassionate, and there is a virtuous rather than a vicious cycle.

Thoughts are the sixth sense in Buddhism: along with the five senses we are familiar with. Thus thinking is not privileged above the other senses (seeing, hearing and so forth). This is helpful when considering problems with thinking that clients may present. I had a client who had many unwanted thoughts about other people wishing him ill, talking about him in a critical way, and so on: in short, paranoid thoughts. Eventually he was able to

recognise them as “just thoughts”, that is, they did not mean he was a bad person, they did not define him in any way. Sometimes we give too much power to our thoughts. Some unwanted thoughts become so persistent they become ruminations. Indeed “mindfulness training” is being prescribed in some psychiatric clinics as a treatment for obsessional ruminations. We may experience such thinking as “noise in our heads;” it can prevent truly creative thought. Creative thought is often a result of being in the moment, that is, being mindful. Perhaps this connects with Jung’s view of the “intellect” taking over from the spiritual: thinking can be put in its place alongside the other senses, allowing the spirit to breathe.

Paraphrasing Suzuki, in “Zen mind, Beginners Mind”: in the mind of the beginner there are many possibilities, in the mind of the expert, there are few. The openness of a beginner, with few notions of what can’t be done, is akin to Bion’s injunction to be in the present with the client, not relying on memory or desire. We do not throw away our memory, but suspend it and so prevent it from telling us what isn’t possible. Bion (1967, reprinted 1993) recognises memory and desire as “past and future senses”, that is, neither are present in the moment. He is interested in the moment as the only place in which change can happen. Mindfulness is awareness of the present moment, not the moment that has passed nor the moment that is to come.

A client who is isolated and afraid of relationships, including the therapeutic relationship, described her life as doing everything to keep people happy, and then wishing for time for herself. We looked at how she lived her life in the past (nostalgia for an idealised childhood) or future (wishing to withdraw into herself). This prevented her living in the present moment of the relationship with me in the session, and in the present moment of her other relationships.

In therapy sessions we try to stay in the “here and now” with the client; we recognise “thinking” may be a defence mechanism avoiding the here and now of the session, for therapist as well as client. Mindfulness of the body, feelings and state of mind are also what we practise in therapy sessions

although we may not describe it as such. With “free floating attention” we become aware of the client’s body language and our embodied countertransference. We recognise our feeling countertransference and help our clients experience their feelings and emotions. We pay attention to our state of mind: alert, sleepy, confused, teeming with ideas, and of the client’s: open to exploring feelings and ideas, regressed, defensive.

As psychotherapists we exist in a community comprising our training and regulatory bodies, supervisors, colleagues. These are the collective (in the Jungian sense of a community which limits our individuality for the common good) within which we work and whose values we uphold, and in turn by which we are held as practitioners. Ethical sense is internal and written guidelines exist to protect clients and ourselves. In Buddhist teaching there are guidelines or “precepts” which are quite similar and which I find helpful, both in general and as a therapist. These are,

1. *Not to kill a living being.*
2. *Not to take what is not given.*
3. *Not to engage in sexual misconduct.*
4. *Not to speak falsely or gossip.*
5. *Not to take intoxicating substances.*

In addition, it is suggested we do not do anything “for which the wise might censure us” (Metta Sutta), the wise being those members of the collective we most respect in our personal and professional lives. This also saves us from worrying what those who are not wise might think of us.

While these precepts appear to be what we shouldn’t do, they also remind us what we can do. We aim to nurture our clients’ growth so they can lead fuller lives; we offer our expertise and ourselves in their service; we respect their sexuality; we keep confidentiality; and we work with their addictive problems where these are presented to us.

Another aspect of Buddhist teaching I find has correspondences with being a therapist is

the concept of “metta”, usually translated as “loving kindness”. Kenneth Lambert, a Jungian analyst, writes about “agape”, a Greek word meaning an unattached love which is his basic attitude to his client (Lambert, 1981). Agape means being committed to my client’s personal growth, offering myself as a transference object, reflecting on and digesting difficult feelings and not retaliating. Lambert and others call this a “non talionic response” as opposed to the “talion law” referred to in the Old Testament as “an eye for an eye and a tooth for a tooth”. We could also see it as a “labour of love”. This is obviously an ideal and we do as therapists catch ourselves retaliating but hopefully it does not end there and we can reflect and recover.

A supervisee was struggling with very difficult client material in a session. She told me all she could do was hold the client in loving thoughts. This is an example of agape or metta holding both client and therapist (my supervisee), when other approaches seem to get nowhere.

A client of mine went on a yoga weekend. He is someone who suffered a lot from “delusion of me, myself and mine” in the sense of needing to be the centre of his world, expecting special treatment from everyone he interacted with, and having difficulty valuing himself, often feeling guilty at what he perceived to be his failings. He told me there had been a meditation on “loving kindness”. He felt I knew about this. He saw the person leading the meditation as able to be loving towards others, because she had boundaries. He had difficulty protecting his boundaries, seeing this as uncaring. Now he could see because she applied loving kindness to herself as well as others, she could be caring towards others without resentment.

The loving kindness meditation which is a feature of Buddhism first directs loving kindness towards oneself, then radiates it out to family, friends, neighbours, town, country and finally to all beings everywhere. Monks describe it as an impartial feeling of universal goodwill, radiating on all, like the sun shines on the world, without discrimination. Christians may find a similarity with the Christ’s teaching of loving one’s neighbour as oneself. Westerners tend to forget the “as oneself” part.

“Metta” is described in Buddhism as one of the “Divine Abodes”. The others are “karuna”, compassion; “mudita”, sympathetic joy, or pleasure in the successes of others; “upekka”, equanimity. Karuna needs no explanation to therapists; it flows from our metta or agape and empathy. As you may know, there is a psychotherapy training body called Karuna. Mudita is important to us as therapists; we are aware of its shadow side, envy, when we feel disgruntled about our clients’ or supervisees’ greater abilities or successes. Upekka also flows from metta, being our ability to hold our feelings when with clients rather than acting on them.

The concept of “karma” is widely known and attributed to Buddhism. It is regarded as a “natural law”, of cause and effect. The first two verses of the Dhammapada, a book of Buddhist teaching, are:

1. We are what we think. All that we are arises with our thoughts. With our thoughts we make the world. Speak or act with an impure mind and trouble will follow you as the wheel follows the ox that draws the cart.
2. We are what we think. All that we are arises with our thoughts. With our thoughts we make the world. Speak or act with a pure mind and happiness will follow you as your shadow, unmistakable, (Dhammapada, 1976).

It is worth noting that “mind” and “heart” are often interchangeable in Buddhist writings. Our thoughts, speech, actions have consequences. The precepts, and all the other teachings I have described are aimed at reducing our suffering by reducing the causes of suffering.

Clients who suffer from addictive behaviours may have difficulty believing consequences follow their actions. Those who overeat, misuse alcohol or other substances, are addicted to sexual or other behaviours, know at one level they will feel unhappy, guilty, and blame themselves afterwards. In the moment of acting, they forget the law of karma. Unlike the baby described above who suffered because he was alive, they suffer because of their actions. Clients often have to repeat their destructive behaviours and feel the consequences before learning they

will feel differently if they act differently. Then they begin to experience choice.

I find reincarnation one of the more difficult teachings in Buddhism. It is part of the Asian culture and as such was a “given” in the Buddha’s life, as it is in the lives of religious people in Asia. The monk who teaches me, for example, is highly amused when people don’t accept reincarnation; to him it is like breathing. My difficulty is reincarnation is the only teaching requiring belief; indeed Buddha said no-one should believe in his teachings, but should test them out and reject them if they failed sincere testing. Western teachers say we are “reincarnated” every day on waking from sleep, or every moment is a new one in which we are reincarnated, but this seems to side-step the centrality of past lives in Buddhist thinking. I find the idea of past lives unhelpful in a therapy context: I have seen it used defensively to avoid the present life, or it can add to someone’s grandiosity and delusion of me, myself and mine.

I have described some aspects of Buddhist psychology which enrich my work as therapist, teacher and supervisor. Buddhist practice and my Jungian training complement each other. Both aim to relieve suffering and recognise we live in a community, connected by our humanity.

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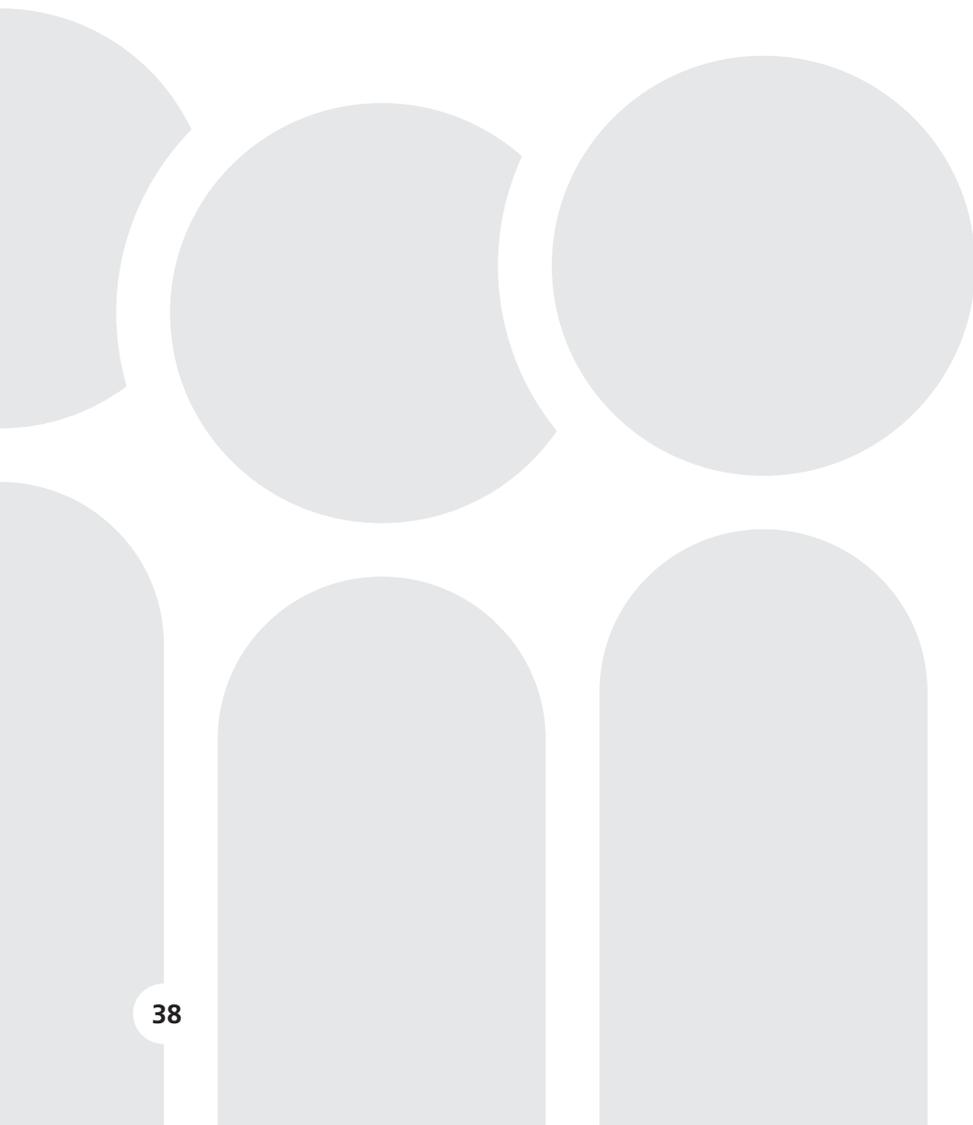
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Christine Shearman

A Raid On The Inarticulate: An Integrative Approach To The Transpersonal

Abstract

In this article I shall examine transpersonal experience and imagery as it has emerged in my practice as a Gestaltist. I shall describe my model of integration, outline Jungian thinking of the transpersonal, working with the Transpersonal and the imaginal world, and lastly give some examples of sequences of images which indicated the transpersonal in clients' work.

Introduction

Gestalt traces its roots back to phenomenology, cybernetics, eastern religions, particularly Zen Buddhism and Taoism, and Jewish mysticism expressed by Martin Buber (1937), as well as field theory and holism. Analytical Psychology has roots in the folkish romanticism of German philosophy and literature (providing psychological explication of Goethe's "two souls"), as well as phenomenology and the traditions of both oriental and occidental religion.

Early Humanistic psychologists, while not dishonouring their debt to Freud certainly were not overly fulsome in acknowledging Jung. This may be partly due to the fact that Humanistic psychology was born out of the wave of optimism in the USA, and in its focus on the development of human potential that was part of it. Perls does mention Jung in the context of word association tests

(Perls 1969, p.260). Zinker, in his diagram illustrating polarities, includes a shaded area in which he places the animus, he does not, however, refer to Jung, or the shadow (Zinker 1978, p.198). There is however increasing acknowledgment of the legacy of Jungian thought by current Humanists (see Hycner 1991; 1993 and Rowan 2005; and for discussion of archetypal stories see Mackewn 1997).

My integrative Model

Sir Charles Sherrington uses the image of a loom to refer to the waking brain; "an enchanted loom where millions of flashing shuttles weave a dissolving pattern, always a meaningful pattern though never an abiding one" (1938).

I began imagining expanding this image to include the unconscious, or deeply out-of-awareness. I visualise shuttles flashing between the two, making patterns and images which may then be put into words only with difficulty, and most easily into poetry. The unconscious is the as yet unknown in the emerging patterns.

This happens of course in a relationship within which the therapist offers herself for the client's use, using both cerebral hemispheres and the thinking appropriate to each. She is thus a reflective assistant to the client tending the loom as it weaves complex patterns (including darkness as well as light), in the fabric that reveals her hidden self, that unifying self that Jung calls the "self archetype", and for which

Christ is an image. The loom image reflects the seriousness and sometimes arduous work in the dialogic relationship. Jung stressed dialogue. "Analysis is a dialogue demanding two partners," (Jung 1963 p.153). "Therapy is a kind of dialectical process, a dialogue or discussion between two persons." (CW16 p.3). A great deal has been written since about the nature of the dialogic relationship in the Gestalt tradition based on Buber, from whom Jung diverged. "Being gets to know itself deepest in the dialogue between and among humans", (Hycner 1991, p.86). In their article in this series Gilbert and Evans say "A dialectical approach (to polarities) helps to mitigate against seeing the truth as simple rather than complex" (2005). Various models of integration have spelled out the movement of the shuttles all of which have informed my practice over many years. In their book on Integrative psychotherapy Lapworth, Sills and Fish add the physical and spiritual aspects to the cognitive, behavioural and affective (2001). The phenomenological, holistic and field theoretical aspects of Gestalt therapy are used as an integrative model by Gilbert and Evans (2005).

Working With The Transpersonal

This is a task I approach with hesitation, since the transpersonal, by its very nature, is elusive, and there are so many views on the subject. Indeed I have heard it said that if it can be put into words it isn't transpersonal! It is like trying to capture the beauty of a butterfly by pinning it to a board, or capturing the silver magic of a darting fish by hauling it up in a net.

Jungian Thinking On The Transpersonal

First I shall go to Samuels' divisions of Jungian thinking into three parts, The God Image, Self and Others, *The Unus Mundus* (Samuels 1985). The first of these refers to "the God-image in man as a symbol of the self", the archetype of wholeness. Jung himself said "Anything that a man postulates as being a greater totality than himself can become a symbol of the self."

Jung, the son of a protestant pastor, let us not forget, discusses Christ as representative of this psychological idea, a desire for wholeness

(Jung, 1937). It should be remembered too that there is a real danger for either client, or therapist to become inflated with the God image, a dangerous state.

The second is, in Samuels' view, the transpersonal self in relation with others. As he points out "the self is the primary source of phenomena such as empathy". Of course to have a reliable self we must come to terms with the internal "Other" (see Papadopoulos, 1991). This will necessarily mean facing the shadow. The third refers to the holistic view that "every stratum of existence is intimately linked with all other strata" (Samuels, *ibid.*). The link with the Gestalt view of holism and the wider field is clear. Each of these appears in the images in the case histories which follow.

Going to Jung's own definitions, the first time he used the word "transpersonal" was in his essay on *The Psychology of the Unconscious*, first published in 1916, with later revisions until 1942, later published as volume 7 of the collected works (English edition 1953.)

Speaking of an animal imagery in the section on Archetypes of the Collective Unconscious, he says,

"The animal symbol points specifically to the extra-human, the transpersonal" (*ibid* para 159).

In other words that which belongs to a realm that is not merely to do with an individual's conscious mind, a realm that produces images however, which have a powerful impact, the archetypes.

"Transpersonal contents are not just inert or dead matter that can be annexed at will. Rather they are living entities which exert an attractive force upon the conscious mind" (*ibid* p.142) the personal, but link the individual human being to something wider than itself. Jung used the word "aussermenschlich", the more than just human.

He is using the word "attractive" in the same sense in which a magnet attracts iron filings. The conscious mind is drawn to these contents. It is opposite to the idea of consciously directing attention to those entities by will power (cf Hycner), but rather a letting go of ego to

see what emerges spontaneously from those “living entities”. Trying to shine the light of consciousness into that shadowy realm simply deepens the shadows, as a torch shone into a dark room makes corners darker. Samuels writes of four different aspects of Jung’s writing on archetypes, the self-regulatory, the power of imagery, the sucked, and archetypal bipolarity (Samuels 1985, p.86–31). I believe that each of these is evident in the images I have examined.

John O’Reilly, the transpersonal psychotherapist, speaks of “transpersonal dynamic qualities such as insight, creativity and integrity, and says they are just as important as ‘sound theory’, listening’, ‘support’ and ‘diverse knowledge’” (2003).

In turning to the Humanistic world, many Gestaltists have drawn attention to the spiritual in Gestalt practice. Hycner and Joyce and Sills offer helpful guidance to therapists on working with the spiritual. (For detailed discussions of this Gestalt approach see Naranjo 1993; Hycner 1991; Mackewn 1997; Fuhr 1998; Joyce and Sills 2001; Frambach 2001). Lapworth writes of “those experiences which are beyond theory and rationalisation and beyond the individual” (Lapworth, 1990). John Rowan has written in detail about other Humanists’ views of the transpersonal. Of Jung he says he “is not to be relied on as a trustworthy guide through the world of the transpersonal”, but does go on to quote the significance of Samuels’ section on Jung finding that “imagery fell into patterns” as significant (Rowan, 2005). This accords with my personal and clinical experience.

My own view of the transpersonal has its basis in my experience of it as a Gestaltist (see Hycner, 1991). If I am in the present, I become fully aware of my embodiment, my physical self in contact with other selves and the world. At any point I may be aware of the divine spark in me, the “in between of relationship”, the wider field. For discussion of this in the British Integrative literature see Lapworth, Sills and Fish in their discussion of spirituality (2001), see also Hycner (1991). This the transcendent in the immanent, of which the image of Christ is an example. I can only be aware of the former because I am embodied. “There is no genuine transpersonal experience without going through the personal. What is beyond the personal is only known by going through the personal” (Hycner, *ibid.*).

Working with the transpersonal will necessarily involve coming to terms with the shadow, that image of the reality of darkness in the fabric of the self. If these are not engaged with, the self of the personality is robbed of energy. If I can own my shadow (no easy matter), I may catch glimpses of the divine spark in self and other, the connection between us, and our connectedness to the wider world wherein we are both in touch with something infinitely mysterious and bigger than our individual selves. It is in this endeavour that I have found Jungian thinking a satisfying adjunct in my integrative approach. It has seemed to me that this work demands a slower approach than that of experiment or enactment. My experience of analysis has led me to the view that active imagination is not the same thing. (Having said that, two Jungians that I am aware of use Gestalt methodologies. Woodman 2005 and Mindell 1985). I wonder if the focus on light and optimism in the history of the Human Potential movement was partly in response to the perceived darkness and pessimism in psychoanalysis. Although Jung’s ideas are far from pessimistic, work with the shadow cannot be undertaken lightly, but with deep reverence for the dark as well as light aspects of the human soul, The poet Rilke puts it like this at the beginning of his *Duino Elegies*.

“The Beautiful is but the beginning
of the Terrible, which we barely
endure” (translation by author).

Liveliness emerges from the tension between opposites, as any good dramatist (and Gestaltist!) knows. This is true no less of the internal world than the external. Jung says this (Jung 57 1916: para 187), moreover “It is in the creation of fantasies that we find the unitive function we are seeking” (CW 7 para 492). His idea of the transcendent function, “which mediates opposites” (Samuels, 1986), described the capacity to symbolise and to find new meanings in the unconscious (Knox, 2003). In her book on archetype, attachment and analysis Knox says “the transcendent function can... be related to reflective function (Knox *ibid.*).

If we do not come to terms with the internal Other unknown, polarity, we will project it onto others in our environment, as world events so tragically show.

Both polarities need to be taken account of with due awareness of the danger of being trapped in inflation of either one, and therefore at risk of Hubris, which can lead us, like Icarus, to fly too close to the sun so that our wings melt. Hycner puts it this way; “Wilfulness is the hubris of the modern person, the pride which temporarily inflates the ego, but which eventually leads to self destruction” (Hycner op. cit.). For a Jungian view of the dangers of Hubris in Western ideology see Zojia (1995). Both approaches are arguing for humility. In his book on the phenomenology of the self, a depiction of the Persian Mithraic god Aion, the god who unites all opposites in himself, is the frontispiece. This is a rather different view from the fathers of Gestalt. “Fantasy functions as an essential medium between the pleasure principle and the reality principle” (Perls, Hefferline and Goodman, 1979 p.353) The former is directed to the inner world and the latter the outer. These images may be conveyed by any number of creative processes, but attention should always come back to the image in a fluid, dynamic and, most importantly uncertain way.

Before I go into the world of imagery in more detail, I am going to draw attention to Jung’s view of the two kinds of thinking which are broadly expressed in left and right hemispheric language (CW 5 Part 1, see also CW7 para 48).

Two Kinds Of Thinking

The laser of consciousness belongs in that category of thinking today associated with left hemispheric functioning, and which Jung called ‘directed thinking’ (Jung CW5). I shall be focusing on what it like to work with the other kind of thinking he identifies. It is this kind of thinking that has, more recently, had modern empirical corroboration and been scientifically and therefore respectably, linked to right hemispheric functioning (Schore, 2005). We might call it imagistic thinking. Therapists such as Gestaltists and hypnotists have ‘known’ the seriousness and significance of the right hemisphere in therapeutic communication for a long time. However, now we have impeccable proof in the latest empirical research, that this is the prerequisite for healing in the relationship (Schore, *ibid*).

This second kind of thinking is at work in what he refers to as “synthetic”, as opposed to “reductive” analysis. Its method is amplification “meaning is reinforced and extended by all the conscious means at our disposal... to integrate it into (an) intelligible statement” (CW7 para 122).

In order to expand on this I shall talk about the imaginal world in more detail.

Approaching The Imaginal World

It would seem that in an increasingly robotic/mechanistic age, so aptly portrayed by Fritz Lang’s great classic film *Metropolis*, people become deadened to their bodies and therefore themselves, and have a longing for something else. This was picked up by Jung, Perls and other Humanistic psychologists. This longing often reveals itself clearly in dreams and fantasies spontaneously arising in the therapeutic situation. The task of Humanists is to see what our work can make of this, as sounding a note of caution, it is to be remembered that we are not analysts. There is a debate to be had about the nature of the difference between being a Humanistic psychotherapist influenced by Jungian ideas, and being an analyst.

When we approach the world of imagery we are entering a world that is very different from the cause and effect logic of everyday reality and literalness. It is a world of the images in dreams, fantasies, metaphors.

It is a world that is, ipso facto, wordless which we struggle to put into words as does a poet creating an iridescent network woven around words. Gustave Flaubert spoke for the rest of us when he described language in *Madame Bovary* as “a cracked kettle on which we beat out tunes for bears to dance to”. Words are so inadequate to the task, but can give a flavour of the direction, as meaning shines through the spaces.

Writers have always wrestled with this problem. In *Middlemarch* George Eliot says, “There should be some unknown regions preserved as hunting-grounds for the poetic imagination.” and T. S. Eliot in *East Coker* states, “... each venture’s a new beginning, a raid on the inarticulate”.

This is a sometimes disorienting world, a world of Heisenbergian uncertainty; a world where a blurred picture may be exactly what we need — for a while anyway (Wittgenstein, 1958). “This requires a capacity for openness, a willingness for vulnerability, and the courage to sit with ambiguity and uncertainty” (Gilbert & Evans, 2000). This is what Keats meant when he referred to “Negative Capability, that is when a man is capable of being in, uncertainties, mysteries, doubts, without any irritable reaching after fact and reason —”. (Letter to George and Tom Keats 13 June, 1818).

Jung himself was interested in the subatomic world of new physics, as his long relationship with Pauli is testament to (Lindorff, 2004). Samuels writes of Adler’s view of a positive advantage in ‘inexactitude of symbols’ (Adler, 1979 p.11). Further Samuels continues by adapting the physicist Bohr’s ‘principle of complementarity’ to psychology to state that “statements of interpretation that are too clear and distinct are absolutely bound to contain something false” (Samuels, 1985 p.118).

Of course this is not by any means to deny the necessity of what Jung calls “directed thinking”, the language of the scientist, logical, precise, incisive, but to give mythopoetic language equal weight and indeed its own place in clinical intervention.

Even Einstein said that imagination was more important than knowledge!

As soon as Perls invited people to speak for example as a door mat he was working with the imaginal realm (Perls, 1969), although he did not stress the uncertainty suggested above. One of the differences between him and Jung is that he thought it most effective to work for Gestalt completion and believed in this way “unfinished business” could be finished. In the spirit of humanistic optimism there is little mention of the shadow. Jung and later Jungians believe(d) that human beings have potential, for the evil as well as the good in the human psyche. Jung and the Post Jungians are not only willing to stay with uncertainty but believe that by doing so transformation will gradually take place in the individual soul. The alchemical process cannot be hurried. (For a discussion of Jung’s use of the alchemical metaphor see Samuels

p.179). It is less a matter of an ‘Aha’ and more a matter of a slow ‘Oh, I see’, a slowly evolving transformation. The later Gestaltists are much closer to this kind of process in maintaining a dialogic attitude over time and not doing what Yontef calls ‘boom boom’ therapy (Yontef, 1993). This involves both therapist and client staying with ‘what is’ to the point of uncertainty, and indeed the pain sometimes of the ‘dark night of the soul’ wherein nothing is clear. This involves the client facing her own shadow side, skilfully hidden under many masks. Both client and therapist emerge from this transformed in some way. Jung was very clear that the process is not a matter of will. Hycner too is clear about this, “egotism needs to be replaced, or at least balanced out, by humility and reverence” (Hycner, 1991). The dialogic approach wherein the relationship itself is the agent of change, is central to this. In terms of the transpersonal it is in a person to person relationship that I/Thou moments may occur. The empathy in such a relationship is very different from that of parent to child.

In the case examples following I saw it as my task to help clients investigate the images that were spontaneously emerging. It is the function of the therapist to gather the strands as they are being woven into the threads of the emerging pattern, thus providing the confirming presence of a Benign Other, which can reflect back the process of the (internal) Other. I have disguised the work to preserve anonymity. All clients had long previous experience of therapy and had done a great deal of reductive work. They gave permission for their images to illustrate this article. I observed in all the work a need beginning to make itself known, to counteract cultural materialism and express a spiritual longing which none of them were previously aware of in their busy lives. This took the forms of all the examples of transpersonal manifestations mentioned by Samuels (op. cit.). In this work clients chose imagery that arose from their own cultural heritages.

An Illustrative Example

This is the case of a woman whose stream of images clearly reflected her coming to terms with her (S)self among the contents of the collective unconscious, and shows

the 'transcendent function' in action, the work of bridging the gulf between unconscious contents and consciousness, and the emerging of an-Other self.

A woman of 52 took on atheism as a choice early in life. She had considerable experience of working with imagery and already worked through some shadow material, when she had a dream in which she found herself in the path of runaway black horse. She had a tendency to put herself in situations that were dangerous. We worked with this as an external reality, but also as an internal reality. She then said. "You know, I wonder too if this wild creature with rolling, flashing eyes, isn't also a black and wild part of me, that is the opposite of the nice, calm, friendly person I am at work. A part of me that could be really nasty to myself and others". I was quiet for a while and then said, "I can see how much pain you are in as you say that". There was a silence for some time in which we met in a very deeply moving way. This heralded a long period in which she worked at the razor's edge between her creativeness and her destructiveness. I was reminded of the quote at the beginning of Somerset Maugham's novel of that name; "The sharp edge of a razor is difficult to pass over; thus the wise say the path to Salvation is hard." She had an image of standing outside a large building and saw a narrow entrance leading to a corridor. This involved staying with the feelings of lack of clarity, fearfulness, impatience and almost unbearable sadness in the transition phase.

Then she came to the end of this narrow pathway, she entered a large peaceful space surrounded by trees with a fountain. When invited to explore it, she felt that she had reached a central place in herself that was deeply nourishing and "almost spiritual". There are many interpretations of a large central space not least a mandala-like search for wholeness. After a series of dreams which featured opposite sex couples, it seemed as if she had reached a new balancing of opposites which felt more central to her. It seemed a new self was emerging. The last image I am choosing is that of a bird. She was deeply moved in one session imagining a large bird fluttering into a glass pane and crashing into it. I stayed with her distress, and felt in my own body the depth of her pain. In the next session she reported she had had a

dream in which the glass had disappeared and she saw the bird fly out. She drew parallels with spiritual associations with some wryness.

Further Brief Clinical Examples

In this example the men (very successful business men) were all unable to find space for themselves, being constantly responding only to others' wishes. All were non-practising Jewish men, one of whom was married to a non-Jewish woman.

One client took a delight in the nights drawing in September. This is unusual for British people in my experience. After this had happened several times I invited him to wonder about it, and to play with the notion. He had many associations with it. I am choosing to focus on some; a "quiet space", "darkness" and "warmth", as opposed to being exposed in the "spotlight". Over time as he returned to these images, he realised that he longed for a quiet space, as in an empty church" an "almost spiritual space, although that doesn't feel like me". Another client talked about being in the synagogue as a little boy with his uncle, who was a father figure to him. He was impressed by the Rabbi. After this the image of a Rabbi appeared and reappeared in his work. He did not turn to his faith again, but he did keep open a space for numinous experience which came for example in the Sacre Coeur and in the chapel of his daughter's school. It continued to be a place of nourishment for him for the duration of his therapy.

After several years of work at the behavioural and cognitive levels one client did a sand tray. He put a tower surrounded by animals and cut off from the other side of the tray by a stream, over which there was a bridge. When invited to talk about the figures, he said the tower contained a wraith that was pale and thin. I held both polarities, the strength and the frailty and invited him to speak as one of them. He identified with the wraith and said "I am a ghost-like part of him, cut off from others". Of course a great deal of work was done with both parts of this image as it kept recurring as more aspects of himself became integrated. Later it became a place to retire to where there was the possibility of nourishment

of a poetic/spiritual self. It became possible to really see what was outside and possibly even what was on the walls inside where light was dim. He had a sense there was some kind of writing on the wall. Hebrew? Prayers? Poems?

On one occasion he said "I can forget this in the hum drum of every day life." I reflect the two poles back as perhaps the sacred and the ordinary, and wonder whether it may be possible to view both from another vantage point, seeing the ordinary in the sacred and the sacred in the ordinary, to keep both polarities in the frame and to hold open the possibility of a self that can unite the two.

He began to experience connection with his body, which revealed itself not only in physical caring for himself, but in connectedness with nature, a forest, the beach, fields. His own connection with his embodiment brought him in touch with his connection with the wider world, and with his spiritual longing.

He began to take an interest in birds, and when I reflected this back to him he felt something in his chest and made a gesture with his hands crossed at his heart level and moving in a flapping motion. I say that this looks like a bird's wings, He replies "Oh, I feel deeply relaxed when you say that".

This was a woman in her seventies. She had been brought up by an atheist father and agnostic mother. However she had spent her earliest years surrounded by an extended family in which the men all sang in the village church choir. She remembered going to church in her early teens "to meet the choir boys". This was her only connection to any form of spiritual practice until her late teens when she became a confirmed Anglican, she thought, as an act of rebellion against her very rationally atheistic father, whom she otherwise obeyed. She later ceased to practice any kind of faith.

She spoke of feeling like a 'scarlet woman' because of her colourful past, and evoked Mary Magdalen, the sinner whom Christ forgave, and whose life was transformed. She had heard a snippet of information about 'the Madonna/Whore syndrome' suffered by western men and women while doing research. That was her only conscious association with it. She felt guilt about

her sexual acting out as a young woman and the destroying of her family. She was aware that she had missed the mark ie: sinned. When the impact of the meaning of Christ's forgiveness of the sinner sank in she was deeply moved, gasped and sobbed. The sexualised image gave way later in her realisation of the ways in which her shadow was active in her present life in the form of disguised malice, spite, nastiness, whereupon she experienced repentance at another level, and a complete change of heart. She was puzzled by how often she referred to Christian imagery and quoted Christ. Indeed, at the end of therapy she had a dream of a cave with Christ coming out and, to her horror, the devil close behind him. In this dream there is some integration of shadow material in her journey to her 'Self'.

Conclusion

I have drawn three main conclusions from working with Jungian ideas as an Integrative psychotherapist.

The first is to respect a process that may be so out of awareness in the field that it may usefully be called unconscious.

The second is to prize the shadow as valuable, and essential if the multicoloured fabric of the living soul is to emerge from the deadness of the polarised world, and approach the transpersonal.

The third is not to ascribe fixed meanings to images, nor ascribe unconscious motivations, but to observe the direction of the individual psyche and to allow meaning to emerge for the client in its own time. In this I have come to appreciate all the more the slower pace of dialogic therapy.

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After I had finished this paper I heard James Hillman's discussion on Imagination in his lecture *Fear of Beauty in analysis and Psychotherapy*, London: Institute for the Arts in Therapy and Education. I would have referenced it otherwise.

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Lynette Harborne

Is The Soul The Last Taboo?

Abstract

In this article the author addresses the terms 'transpersonal', 'spiritual' and 'religious' and discusses the idea that God may be the ultimate self object and the relevance of this when working with borderline clients. She examines the type of issue that may bring clients into therapy, with particular reference to trauma and shame, and indicates how she works with them from an integrative perspective. She also considers differing attitudes to a diagnosis of spiritual or faith issues and the comparative roles of priest and therapist.

Introduction

Edwards (1992) suggests that souls are 'out of fashion' in the psychological world which makes me consider whether the soul is the last taboo and to what extent therapy is a spiritual process. As a therapist with an, albeit unconventional, Christian background, I am aware that I am viewed with suspicion by some Christians as well as by some therapists so I sometimes feel I sit uneasily in each 'camp'. In attempting to construct a rationale of how I conceptualise the integration of the transpersonal into my therapeutic work, I am aware that, inevitably, this must be a personal reflection rather than any suggested overarching theory.

Definitions

Initially it will be useful to pay some attention to language and vocabulary in order to

disentangle the transpersonal from the spiritual from the religious. What does the choice of words indicate to us? Are the terms transpersonal, spiritual and religious in reality interchangeable? Is it our reluctance to talk of the soul that leads us to choose the word transpersonal rather than spiritual or religious in a psychological context or are we, either consciously or unconsciously, avoiding the use of the word religion because of its organisational, even 'church' connotations? Do I avoid the use of what would be considered religious language as a result of my fear of not being taken seriously as a psychotherapist? Yet I am aware that clients are much more likely to name their issues as spiritual or religious than to use the word transpersonal. So what are the origins, meanings and connotations of these words?

Transpersonal

The term 'transpersonal' was first used by Jung, who also used the word 'numinous' from the work of Rudolph Otto, to describe an experience that feels sacred, holy and out of the ordinary. Grof and Grof (1989, p.48) define the word transpersonal as "... transcending the usual way of perceiving and interpreting the world" and Clarkson (1995, p.181) includes the transpersonal in her five modalities framework, describing the transpersonal element as "... the timeless facet of the psychotherapeutic relationship, which is impossible to describe, but refers to the spiritual dimension of the healing relationship". For the individual, this may not preclude but does not require the notion of God.

Spiritual

The word 'spiritual' comes from the Latin 'spiritus' meaning the breath of life, the Greek for which is psyche as in psychotherapy. West (2004, p.144) suggests that one translation of the word psychotherapist would be 'soul attender'. It would seem that here there is some concordance across the faith spectrum as, anecdotally, when a group of Buddhists, Jews, Roman Catholics and Protestants was invited to provide a definition, they came up with a list of nine common factors suggesting that this is an experience shared by a variety of belief systems.

Elkins, (West, 2004) too, suggests that there are nine components to spirituality as follows: a transcendent dimension, a meaning and purpose in life, a personal vocation, an acknowledgement of the sacredness of life, altruism, a challenge to materialism, idealism, an awareness of the tragic and, lastly, evidence of fruits of the spiritual life. A commitment and avowal to these nine facets would seem perfectly possible without acknowledging a deity and I am sure that many psychotherapists are happy to work within this framework without any specific religious belief.

Religion

The word 'religion' however, is defined as 'a particular system of faith and worship' (Oxford Dictionary) suggesting the explicit existence of a god. In a postmodern world, individuals will hold a personal construct of the nature of the god in whom they believe which seems to me to be an area for potential misunderstanding in therapy. As with all issues of difference, the danger often lies in assumptions of mutual understanding which may be quite erroneous. Just because clients use language and terminology with which I am familiar, there is no guarantee that our understanding is even similar. For example, a client once said to me "Well you can't pray without using words" thus demonstrating that her concept of prayer and mine were very different yet, if she had not made that statement, I would have assumed that we had a shared understanding of the word 'prayer'.

I would therefore suggest that, whilst there may be many facets that overlap in the definitions of transpersonal, spiritual and religious, there are significant differences in our understanding of the nature of these ideas.

A Model Of Integration

My model of integration acknowledges the importance of the relationship between infant and primary caretaker and the influence this has on our intrapsychic and intersubjective worlds. When our earliest interpersonal experiences are negative or deficient and our needs are not met, we adopt strategies to avoid the consequent pain which, if regularly repeated and thus reinforced, become what Beitman (1992) calls our core interpersonal schema, or our belief system about our relationships and our world view. It is my belief that in therapy early deficits can be addressed, present needs identified and expressed and thus core intra-and interpersonal schemata changed.

Faith And Self Psychology

Thinking psychologically, what purpose does the transpersonal/spiritual/religious dimension fulfil? Freud's view was that, as infants begin to differentiate between self and other they move from a state of primary narcissism to one of object-relatedness. The self-psychologist Kohut (1971) suggested that there were two lines of development, one as Freud proposed and the other the lifelong development of the self. Kohut calls our intrapsychic experience of another a 'self object' and suggests that this is an essential process if we are to develop an integrated sense of self. His definition of self object needs included three necessary experiences, mirroring, idealisation and twinship. When children experience parental mirroring, they learn how much they are valued and their self-esteem develops; children also have a need for an idealised parental imago, a calm, powerful presence, in order to develop confidence in their own ability to be a potent person able to self-soothe in times of stress and difficulty; Kohut's third requirement was for a sense of twinship or merger, an identification with some parental qualities which nurture a sense of being like other people rather than

an outsider. Kohut proposes that in adulthood we seek others (self objects) who will meet the childhood deficit of these three experiences. As my own faith changed during my psychotherapy training I found myself asking whether God could be described as the ultimate self object. Without a sufficiently internalised intrapsychic experience of God, can I ever maintain “the cohesion, vitality or integrity of the self” (Corbett 1996, p.26)? For those clients whose deficit of mirroring, idealisation and twinship has been particularly significant, can anything other than such an experience of God ever meet their needs? Does God represent the ultimate idealised parental imago?

Working With The Borderline Client

Reflecting on my belief that the client experiences self object transferences in the therapeutic relationship, I question whether the reparative experience in therapy can ever be sufficient for the borderline client. In “Healing the Borderline” Greenberg (1995) describes the yearning presented by clients with a borderline diagnosis — a yearning for sufficient parental support and a yearning for a perfect other which may be projected on to the therapist. This yearning seems to be a reflection of the existential yearning that I, personally, recognise as having a spiritual basis. Lorna Smith Benjamin (1993, p.93) describes borderline clients as “... so determined to save themselves by merging with a cosmic care giver that it is difficult to find a core that can be expanded into a self...”. She goes on to comment on the likelihood that the borderline patient will coerce nurturing from the therapist until the latter, (who after all is not God), experiences burnout. For such clients, perhaps only repeated intrapsychic experiences of an all-powerful God will come near to what Corbett describes as “... (that which keeps us) feeling glued together and enhances our sense of wellbeing... (to) act like scaffolding for the developing personality” (Corbett 1996, p.26).

When working with Linda over a period of three years, I recognised in the pervasive pattern of instability in interpersonal relationships, the marked impulsivity in behaviour, a propensity for self-harm, the rage and the inability to self-soothe, the characteristics of

a borderline structure. I sensed that the self object transference of mirroring, idealisation and twinship in our relationship was unlikely to be enough to meet her needs. Linda held particularly strong religious views and would frequently refer to the Bible to support her actions and attitudes or as a defence against unwelcome exploration. I became increasingly uncertain about how I could work with Linda, what our goals were, what I might be offering in what I conceptualised as a countertransferential response to her lack of self-agency. We spent some time developing more effective self-soothing skills and reducing negative impulse responses.

Then, bearing in mind the genuine nature of her faith and seeking to understand what was going on for her, I invited her to explain to me how she perceived the nature of her relationship with God to be similar to — or different from — any of her other relationships. This led to her talking to God in the therapy room, expressing her feelings of desolation, her conviction that she could not be lovable and her sense of being leprous and an outsider. Despite being slow and painful work, this experience led to her being able to sustain a more robust sense of self and to stay in psychological contact with me as we addressed underlying issues from her past. During this process we were able to integrate faith issues into our work in a way that felt honest and authentic rather than in an attempt at avoidance or displacement.

Are Faith Issues Seen As Pathological?

In my experience, clients are often anxious that faith issues will be considered pathological if brought openly to therapy, a fear that is supported by Simon Dein (2004) who suggests that “Many psychiatrists see religion as primitive, guilt-inducing, a form of dependency, irrational, having no empirical base”. However, he goes on to suggest that the provision of the specific diagnostic category of religious or spiritual problem (DSMIV V62.89) is an attempt to encourage mental health professionals to address such issues seriously rather than dismissing them as irrelevant or pathological. His plea is for greater collaboration between psychiatric and religious professionals with better training in — and

openness to — each other's disciplines. Such increased knowledge, greater understanding and mutual respect would be equally welcome in the psychotherapy world in order to build bridges between the two professional communities. Reflecting on this call for greater collaboration, I am aware that, with clients' consent and in their interests, I might contact a GP or psychiatrist but would hesitate to suggest approaching their religious or spiritual leader.

Trauma And Abuse

My integrative model is based on the primacy of the therapeutic relationship in which clients can rebuild shattered assumptions about themselves and develop new perceptions and understanding of faith. The therapist can provide a safe environment in which to explore the sense of abandonment or rupture. I am drawn to the role of therapist as a witness who bears testimony to the trauma of clients who have experienced emotional or spiritual abuse in a religious context. As with other types of abuse and trauma, for example the Vietnam veterans returning to the US, clients discover that the disregard and lack of recognition they experience from those to whom they turn may be more wounding than the original trauma, thus compounding the original hurt. I, as therapist, can bear witness to the clients' pain and validate their suffering.

A significant proportion of my clinical work is with clergy and laity suffering from a variety of religious or faith issues in whom I recognise some of the symptoms of trauma and abuse. Judith Lewis Herman describes traumatic events in the following terms: "They shatter the construction of the self that is formed and sustained in relation to others. They undermine the belief systems that give meaning to human experience. They violate the victim's faith in a natural or divine order and cast the victim into a state of existential crisis" (Herman 1992, p.50). Whilst my clients may not have experienced physical violence such as rape, torture or being held hostage, they do describe their suffering in words that reflect such an existential crisis. They use words such as abandoned, abused, helpless, hopeless and, above all, betrayed. Herman comments "In situations of terror, people spontaneously seek their first source of...

protection... (they) cry for their mothers or for God" (op. cit. p.52). So what goes on for us when it is God Himself, embodied in organised religion, who seems to have abandoned us? How can we integrate that experience into our schemata? When traumatised we lose trust in ourselves, in others and in God.

If God is the ultimate self object, then a sense of His abandonment could be perceived as the ultimate betrayal. Whilst I am aware how profoundly painful such experiences can be, the degree of distress often seems disproportionate to the events described which could be seen as consistent with abandonment by the ultimate self object — if even God can't be trusted, who can? In an attempt to make some sense of these often disproportionately painful experiences, I conceptualise my clients' narrative in terms of a form of trauma. As with other forms of trauma there is a tendency for clients to withdraw from much of their social world, feeling unacceptable and excluded, yet to rail against friends for their neglect. If I cannot trust God to be constant, then how can I trust anyone else? There seems to be a profound sense of self-loathing, failure and shame.

Such trauma was the experience of Polly, a client in her sixties, who had been abused by a priest in her childhood during the war. He had ensured her silence by fears of hell fire if she told anyone — an image that for her had become inextricably linked with her experience of the flames and explosions of the blitz in London. She had suffered post trauma symptoms such as flashbacks and nightmares for years yet had continued faithful religious observance all her life. A particularly powerful flashback, evoked by the smells of fusty vestments in a dark vestry, brought her to therapy. As the work slowly progressed, we were able to explore both the effects of the abuse itself in terms of her sense of self and her life story and also the effect on her perceptions of her relationship with the God to whom she still turned.

As well as questions of faith, I regularly find myself working with people who have, for example, been asked to leave a church congregation or who are experiencing a sense of being scapegoated by their church community. I also meet examples of emotional or spiritual abuse within religious communities, either from

clergy to laity or vice versa. My observation is that this can have a profoundly shaming effect which undermines the individual's sense of self.

Shame

For me, therefore, working as a therapist with clients who bring spiritual — and sometimes specifically religious — issues, I am constantly facing issues of shame. For many of my clients these have been evoked by some aspect of Christian doctrine or ideology. The focus of Christianity seems to have been sin, guilt, atonement, forgiveness, salvation. As Stephen Pattison (2000) points out, until recently theologians have paid little attention to shame as a significant factor in human experience although he refers to Bonhoeffer's writing (1964) and goes on to summarise shame as "... a marker of the ontological condition of being no longer united with God" (2000 p.192). It is therefore not surprising that clients presenting with religious issues show signs of deep shame.

Pattison describes his own experience of a sense of uncontrollable exposure in the confessional (op. cit., p.71) and lists other symptoms of acute shame identified by others in this field such as a sense of being judged by the self as well as by others, difficulty in communication, isolation, alienation, despair, paralysis and a desire to hide, disappear, flee, as well as physiological signs of shame such as blushing and head hanging. The work of Bradshaw (1988) suggests that shame is the result of an early sense of abandonment and, similarly, Tomkins (1987) and Kaufman (1993) propose that shame represents the destruction of the interpersonal bridge between infant and care giver.

If shame is at the root of many issues, I need to conceptualise and understand what they are presenting. I ask myself how I can meet their needs and how together we can identify what will be most helpful for them. As pointed out by Gilbert and Evans (2000 p.83) "Many psychotherapists are moving away from one particular approach... but rather are looking at what is most effective with a particular client group or... a particular client at a particular stage of therapy". It is my belief that an integrative approach of enquiry, attunement and involvement and my demonstration of

the core conditions can provide a reparative experience at a relational level in the context of the ongoing therapeutic relationship.

The Therapeutic Encounter

Does working in this field demand a different approach from any other specific area? In an age when religious knowledge and practice is increasingly diminishing, it seems harder to find a common language to explore questions of the soul in a psychological context. When there is mutual suspicion between therapist and religious leader, it seems difficult to address issues of psychological and spiritual uncertainty. In my work within a Christian context, I often hear clients expressing a sense of personal failure either in coming for counselling or in taking medication and, indeed, in some cases they have been advised against so doing by pastors and clergy.

When working with clients bringing transpersonal issues, I am often aware of some special quality in our relationship, our intersubjective encounter. This is, necessarily, difficult to put into words as I see it as a co-created outcome of our meeting at an unspoken level — what, in spiritual language, might be recognised as 'light speaking to light' or in specifically Christian religious language, 'the Christ in me meeting the Christ in you'. In bringing all of myself into the therapeutic moment, I am aware that something mysterious and charismatic occurs. Buber himself uses specifically Christian language "The Thou meets me through grace — it is not found by seeking (p.11) thus I and Thou become I-Thou." He adopts I-Thou as a primary word denoting intimate relationship saying "... the spheres in which the world of relation arises are three... first, our life with nature.... Second, our life with men (sic)... Third, our life with spiritual beings" (Buber, 1923, p.6). What happens, then, to the prospect of an I-Thou relationship when we deny, ignore or remove the element of the spiritual from our work as therapists? Amongst some counsellors there seems to be a notion that an I-Thou moment is 'merely' an intense moment of mutual insight or empathy but, without the element of the spiritual, this does not seem to me to reflect Buber's intention.

I often ask myself whether this is different from other transference and countertransference encounters and suspect that it may be although I find defining what that difference is to be impossible. However, I recognise how important it is that I pay attention to my own spiritual needs in order to have the resources to bring to this therapeutic encounter. I am also aware of the difficulties of bringing these numinous moments into the therapeutic relationship when words feel limiting and inadequate. What I do know is that I hold my own personal practices for spiritual development as being central to this process; I need to ensure adequate and appropriate self-support, for example time for some form of meditation, reflection, study and retreat if I am to be fully available to my clients for this work.

If I believe, as I do, in the primacy of the therapeutic relationship and acknowledge, as I do, the importance of the intersubjective space between client and therapist in which together they can explore conscious and unconscious processes and co-create new meanings, then part of what I bring to this dialogue is my own belief system, albeit usually unspoken. Just as my age, my race, my gender, my sexuality are part of who I am, so is my faith. If I am unwilling to acknowledge to myself the effect this has on my world view, and on me as therapist, then I would suggest that my clients may be unwilling to bring spiritual issues into the therapeutic work. For example, I noted with interest that a very experienced therapist colleague who had been brought up in a culture where spiritual or religious issues were forbidden, reported that she had never had a client present with spiritual issues whereas my experience is much more in line with Jung's famous statement that "Among all my patients in the 2nd half of life... there has not been one whose problem in the last resort was not that of finding a religious outlook on life.... This of course has nothing whatever to do with a particular creed or membership of a church" (1933, p.264). As Palmer comments "For Jung, then, it is not the presence of religion which is a symptom of neurosis but its absence" (1997, p.92).

One of the most difficult aspects of this work is that of forgiveness, both of self and other. I recognise that, for clients whose religious

belief is predicated on doctrines around the need both to give and receive forgiveness, this can feel an almost insurmountable stumbling block. If, traditionally, clergy have emphasised the centrality of the doctrine of forgiveness, then perhaps it is here that the therapist can offer something different, acknowledging what a struggle this can be and offering support in the painful process of examining what this means for the client.

Conclusion

Whilst I recognise that my therapy practice may be unusual in the proportion of clients who present with such issues, the fact that so many people come for therapy as a result of deep wounding in religious circles indicates that incidents of emotional or spiritual abuse are not numerically insignificant. And, of course, we have accounts of such persecution throughout history including the treatment of so-called witches and the work of various inquisitions. Why does this area of human experience so easily evoke suspicion and hostility?

I have heard it said that therapists are the priests of the 21st century. I suspect that this does an injustice to both priests and therapists. Whilst there may be some similarities in the work of seeking to explore and understand metaphysical issues, I see the nature of the role as being fundamentally different. Priests are often expected to provide specific advice and guidance in a way that would be seen as inappropriate in therapy where the aim is to encourage and support autonomy. A priest friend recently expressed to me his surprise at the slightly hostile response he met when addressing a group of therapists. I felt sorry that this had been his experience yet wondered whether it was a reflection of their understanding of their respective roles.

It is the essence of the transpersonal to be difficult, if not impossible, to describe and I am aware of many other facets of this subject to which I have not paid attention, in particular the history of the mystics of all traditions in the past and the part neuroscience will play in the development of our understanding in the future. For me, the following poem

by Catherine of Siena distils the integration of 'soul work' and psychotherapy:

That Skill

A thorn has entered your foot.
That is why you
Weep at times at night.
There are some in this world
Who can pull it out.
The skill that takes they have
Learned from Him.

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Nigel Copsey

Giving A Voice To Spiritual Yearning

Abstract

In this paper, the author draws upon his experience over ten years working within the mental health services in the most diverse area of inner London. He argues that psychotherapy services should learn from mental health services and expand their understanding of spiritual yearnings, whilst at the same time moving into partnership with 'spiritual communities' who would provide safe support for clients embarking on this journey.

Introduction

"I have found that word 'STOP' has been an essential tool. When I do stop and keep still, and let everything fall away, then in the silence of complete emptiness there comes the realisation that there is not a great black hole at the bottom of existence; rather, my life, chaotic as it may seem at the moment, is built on solid ground, and the silence and emptiness, thought dark in appearance, are seeded in a rock of reality" (Jeremy Bootwood in *The Courage to Bare Our Souls*).

Mental Health Foundation (1999)

I have chosen to begin with a quotation from a unique collection of writings from users of mental health services. It was ten years ago that this landmark project was sponsored by the Mental Health Foundation. It was the first ever user-led research project. Using qualitative research methodology, the 'Strategies for

Living' project brought together the findings drawn from 400 users. The project explored all areas of the experience of those who use mental health services. To the genuine surprise of the researchers, nearly half of those involved in the project described spiritual and religious beliefs as being important to their lives. The research clearly demonstrated that the experience of breaking down, facing depression, becoming anxious or psychotic had a strong spiritual dimension.

This important research began a series of trends within psychiatry which has transformed the focus within the provision of mental health services from outright hostility and apathy to an environment today where the spiritual and religious needs of those facing mental distress are supported. There are a number of reasons for this. Firstly, our large cities are now multi-cultural environments. In the area in which I work, the white population is now a minority. The large number of new communities now settled across East London has brought with them a richness of spiritual tradition which has meant that we now live in a culture permeated by spiritual values. The complexity of this new cluster of communities was for many years ignored by mental health services. However, it soon became clear that spiritual values were an integral part of the culture. The two could not be kept separate. The recent outcry within the Muslim community concerning the depiction of the Prophet in a cartoon is an example of this new culture in which we live.

In addition to the change that is taking place within our cities, there has also been a growing

movement within psychiatry exploring the importance of spirituality. The Royal College of Psychiatrists now has a rapidly growing special interest group. The Bishop John Robinson Fellowship based at the Maudsley has pioneered research and dialogue in this field. There have also been in recent years a number of high profile enquiries following tragedies that have highlighted the failure of mental health services to respond to the spiritual and cultural needs of users. Each year there are now numerous conferences and workshops devoted to this one subject.

A further reason for this current change is the disillusionment with the medical model of care. The traditional diagnostic model is being questioned. The current trend is to respond in a holistic way recognising that the simple method of diagnosis and treatment is too simplistic. Although medication has its place, it is only one aspect of care. In addition, the impact of the psychological therapies is now greater than it has ever been.

It is hard to adequately convey the dramatic change that has taken place over a decade. The history of psychiatry has been to pathologise religious and spiritual experience. This very western, scientific, paradigm is still dominant within psychiatry. However, there is now a debate and dialogue between these two belief systems which is changing the context of care.

It is not just in the field of psychiatry that this change has been taking place. In the disciplines of psychology and psychotherapy a similar movement has been evolving. It was common ten years ago for trainees on a psychotherapy programme not to be exposed to the subject of spirituality throughout their training. It was a taboo subject only to be mentioned, as with psychiatry, within the context of unhealthy experiences. It was only theories such as psychosynthesis that incorporated the transpersonal in an overt way.

It is important to recognise these changing patterns in the provision of psychological care. Our context is a society in constant flux. We now live in a community where 'spirituality' is spoken of and acknowledged by a majority of the population. It has been my experience working within mental health care over this

last decade of change that within psychiatry many of those experiencing mental distress are able to explore deep inner experiences which touch at the very core of spiritual experience. My aim in this paper is to draw on some of those experiences to offer a number of principles which can be used as a framework to respond to religious and spiritual longings.

Spirituality And Religion

Until recently anything to do with the transcendent or God came under the umbrella of religion. We were all very comfortable by what was meant by the term. The majority of those engaged in therapeutic work had little understanding of the differences between religions or even within religions. At least we recognised that religion had a core set of beliefs, a strong tradition and a set of rituals followed by the adherents of that particular group. There was also a code of ethical behaviour by which to live. As with psychiatry, there was little attempt to integrate religious experience within the psychotherapeutic model. Indeed, religious experience was often seen along with Freud and many humanistic thinkers as unhealthy. The focus was to understand the intrapsychic reality. With the growing movement away from organised religion, there evolved a recognition that human beings have a 'spiritual longing'. This is evidenced by the majority of the population who believe in the importance of prayer and that there is a meaning to life beyond themselves. Over the last ten years there has been a growing recognition that it is possible to have spiritual needs without expressing them within an organised religion or religious belief system. Those needs might include faith, hope, belief, peace, connection, being alive, a meaning/purpose to life, praying and love. All of these yearnings form part of the human spirit. For some they find a 'home' within a religious tradition. For the majority, there is a deep need to explore them outside of such a context. At one time, all hospitals and mental health services had chapels and Christian chaplains. Now they have prayer rooms and representatives of all the major faith traditions. Instead of departments called 'chaplaincy', they are now called 'spiritual care'. This is a recognition of the universal spiritual longing.

We have learnt in the developments of services within the NHS that those of us engaged in psychological practice need to appreciate the complexity of the link between spiritual longings and religious expression. In a multi-faith culture, we now have the privilege of being exposed to the richness of the many spiritual traditions of both east and west. We are recognising that there has been an arrogance on our part which has seen the western paradigms as being superior to the traditions of the east. A simple example of this is the Buddhist tradition. Although the language is very different, it is clear that in the spiritual tradition of Buddhism there is a depth of psychological wisdom. This knowledge was absorbed by writers like Perls and integrated into a psychological system. Living and working in a society where spiritual traditions underpin the culture challenges us to understand those traditions. I would like to replace the term 'transpersonal;' with 'spiritual'. I would like to focus on this universal longing — the need for meaning in life. The spiritual traditions that underpin the great cultural traditions of the world provide a rich resource. A simple example is that leisure centres now provide courses in meditation and yoga.

I long for psychotherapy to follow the challenge presented to us in the NHS: to move away from a focus on religion and instead to explore the spiritual traditions underpinning the cultures within our society. To use Lewin's language, the field has changed. As psychotherapists we need to engage with these changes. This means that we need to engage in dialogue with our friends from these cultures and learn about their spiritual richness. There has been a tendency within psychotherapy in recent years to focus solely on the 'New Age' traditions of spirituality. This very narrow focus needs to be expanded if we are to engage fully with spiritual traditions. This engagement is essential if we are going to provide a safety for clients to explore their spiritual longings.

Let me illustrate with an example. There is a very large Jewish community in London. The range of spiritual tradition is wide with ultra-orthodox at one end of the spectrum moving along to progressive and liberal Judaism. There is also a strong tradition of secular Judaism. In essence this means that although many 'secular' Jews are not 'observant', they

incorporate into their lives the richness of the Jewish spiritual tradition. The very important spiritual traditions that underpin their lives are foundational and give meaning to their lives. As therapists, we need to be able to understand these longings as they expedience them.

Another example would be the growing adherence to traditions of prayer and meditation drawn from the eastern traditions of spirituality. The discovery of this rich tradition is now incorporated into the lives of many.

The implications of such a move into the 'spiritual' longings of clients will mean that, as therapists, we need to feel more 'comfortable' with our own 'longings' and also to be willing to explore these traditions not only with clients themselves, but also to reach out to these traditions which form part of our society. This will involve reading the spiritual texts, visiting the different faith communities and joining in dialogue with those for whom these spiritual traditions are normative — those for whom life is sacred. We will also discover that for many, these spiritual traditions are expressed within religious organisations. I believe that it is more important to understand and value the spiritual traditions that have given life to these faith communities before we seek to understand the organised religious groups themselves.

As we engage in such a journey of discovery, we will come to realise both the richness and the complexity of the spiritual and religious traditions within our culture. Let me end this section with an example. Within East London, the Asian communities have reproduced their cultural and spiritual traditions which in many instances follow cultural norms from the Indian subcontinent. Perhaps the most obvious example of this is the role of young women and the expectations placed upon them especially with regard to family responsibilities. For many there is a clash of cultures: the western individualistic versus the Asian focus on community. This cultural tradition is often reinforced by spiritual tradition, for example, the prohibition of 'free-mixing'. If a young woman seeks to find her 'truth' outside her community (both cultural and spiritual), she will bring shame on both herself and her community. To understand the complexity of this dynamic and to support a client through

such an 'impasse' requires a great deal of patience and skill. Another example might be a client who is seeking to discover spiritual truth outside his or her cultural tradition. Such a journey would not be supported by the community which might hold to deeply held rigid belief systems. The simple point I am making is that to be alongside someone who is seeking spiritual truth requires us to be willing to join them in the complexity and richness of their spiritual longings.

Support

The core finding from the 'Strategies for Living' project was that the mental health services failed to support users in their spiritual journey. Indeed, other research indicated that such a quest was thwarted by pathologising spiritual experience. I am advocating that whether it be within mental health services or within psychotherapeutic practice, we need as practitioners to expand our thinking to provide the 'safe place' where it is possible for someone to be truthful in their spiritual search without being judged. There is a long tradition of shaming those who engage in such a quest. It is also true that those who originate from rigid spiritual traditions are discouraged from such an exploration. I am advocating a change in culture which 'supports' such spiritual longings whilst at the same time recognises the need for safe relationship in which a client is supported to explore and if necessary to struggle. In contrast to the transpersonal traditions, I am not advocating a fixed system or theory. Instead I am arguing for a willingness to reach out and join with someone whatever their yearning. A key goal would be to support the client to choose. Too many have been told that they ought to believe a set of truths without question. Supporting a client to explore these spiritual and cultural truths within a safe relationship enables them to give meaning to their lives.

We now reach the most difficult place in therapy. No form of psychological therapy exists on a vacuum! The client leaves the 'safe space' of the relationship and continues to live out that yearning within society. This is perhaps the most radical aspect to this paper. If we take such yearnings seriously, then we need also to engage with the wider community outside

of the session. We will need to know which communities will provide the appropriate support for someone who is embarking on this quest. Unless a client is able to know that he/she is supported by as community outside of the therapeutic session, then the search will cease. S/he will again believe that such a quest is a shameful act. The implications of such a move from individual therapy to the social context of the wider community clearly goes far beyond the traditional boundaries of therapy.

However, in the same way that mental health services have had to engage with the wider community to discover appropriate support for the needs of users, I believe that psychotherapy services also need to move from the therapy room and engage with the wider community. I realise that this is a radical proposal.

The Radical Option

As I have already stated I believe that the debate on 'spirituality' has been too narrow within the psychotherapeutic community. The 'transpersonal' discussion has been limited to a very narrow area: the focus has often been solely on interpreting some quality of the 'spirit' within the therapeutic relationship which reaches beyond psychological explanation. Many therapists have limited their discussions to 'new age' spirituality. This focus seems to be a reflection of the personal beliefs held by therapists and trainers. In both psychiatry and psychotherapy, spiritual belief that has its roots from within faith communities is often seen as unhealthy. For this radical change to take place we need to begin with ourselves. All of us who are therapists, supervisors or trainers need to be in touch with our own spiritual longings and to be aware how they influence the way in which we work. If for example I have a very clear belief as to the nature of unhealthy faith I need to know how that belief influences me whilst I am working with someone who draws inspiration from that very belief that I judge to be unhealthy. Let me illustrate this dilemma with an example from my own setting. I strongly believe that women should have a voice equal in power to men. However, I often work with women who believe that it should not be so and that they should submit to the authority of men. My starting point must

be to understand the spiritual and cultural traditions that influence someone to make that choice. I need to learn to respect that difference. If I am unable to do this then I fail to be in a mutual relationship with them. I need to be willing to place my own spiritual tradition within a relationship that enables me to learn from another even when that belief is very different to my own. It doesn't mean that I have to change my views although it might!

Let us now move to the next stage of this proposal. Both psychiatry and psychotherapy have drawn on the western individualistic tradition. However, the majority of spiritual traditions within our country flow from a community context where an individual can only be understood within the context of community. This change of focus is very difficult for us to comprehend if we are immersed in western culture. Gestalt theory draws upon the psychological theory of Lewin who originated the idea of 'field theory'. This theory simply states that we are all interconnected. We all form part of a 'field of experience'. If we are going to be able to understand another person we can only do so by understanding that person in relationship to others in his/her field of experience. Seen from this viewpoint we can begin to understand the complexity of someone who is a member of a community that has a strong spiritual and cultural identity. In order for me to understand the spiritual yearnings and struggles of those who have their roots in the communities of our country we need to leave the consulting room! We need to go out into the 'field' and learn from those who are part of our world. I believe that one of the reasons why so few members of those communities either seek help from us or join our training programmes is because we have not reached out to them with a spirit of humility willing to learn. In both the psychiatric and psychotherapeutic communities we have failed to engage with the very spiritual traditions that form part of our society. We have remained embedded in our western and transpersonal traditions. We need to leave our comfort zone and risk reaching out to our friends to discover new riches. When we do this we will be rewarded by discovering spiritual traditions that go back many thousands of years. We will also discover that there are many movements which have emerged from all these traditions that do

not align themselves to any organised religious group but are exploring spiritual truths in new ways. The Hindu and Buddhist communities have many such groups. As therapists we are in a unique position to reach out in this way as we are skilled at joining with others. Our horizons will expand and we will learn new truths. As I am describing this process I am aware that I am in fact describing the role of a researcher. Good therapy is good research. I will also discover 'safe communities' who will be able to support those who want to continue their spiritual quest outside of the therapy session. As I write I am thinking of a man from the West Indies who was brought up within Christianity but who has long since abandoned any religious affiliation. Whilst on an acute ward his spiritual quest was awakened again within the Christian tradition. As a result of the contacts that we had established with members of the black Christian community, we were able to create a small community for him once he left the hospital. Those who support him respect his spiritual needs and will not demonise his mental illness.

Conclusion

I have argued in this paper that both psychiatry and psychotherapy have for many years only lived within a western individualistic paradigm which has focused on spirituality within a context of pathology. In the last decade there has been a movement within psychiatry which has resulted from the changes that have taken place within our multi cultural society. Mental health services have been forced to wake up to engage with the spiritual and cultural traditions that now form part of our society. In contrast, psychotherapy trainings have primarily focused on what has been described as the transpersonal. I have argued that psychotherapists need to expand their understanding of spirituality to include all the spiritual traditions that form the foundations of our society. In order to achieve this, we need to adopt an attitude of respect and be willing to engage in dialogue with those who draw their inspiration from very different traditions to our own. In taking this step we will be able to discover the importance of safe community and find new ways of supporting the spiritual yearnings of those we seek to help. This will not be a journey that all will desire to embark upon. I

do believe that if there are sufficient therapists and trainers who are willing to expand their understanding and experience of spirituality grounded within the rich faith traditions of our country we will be able to offer a model of psychological support to the majority in our community who yearn for spiritual meaning.

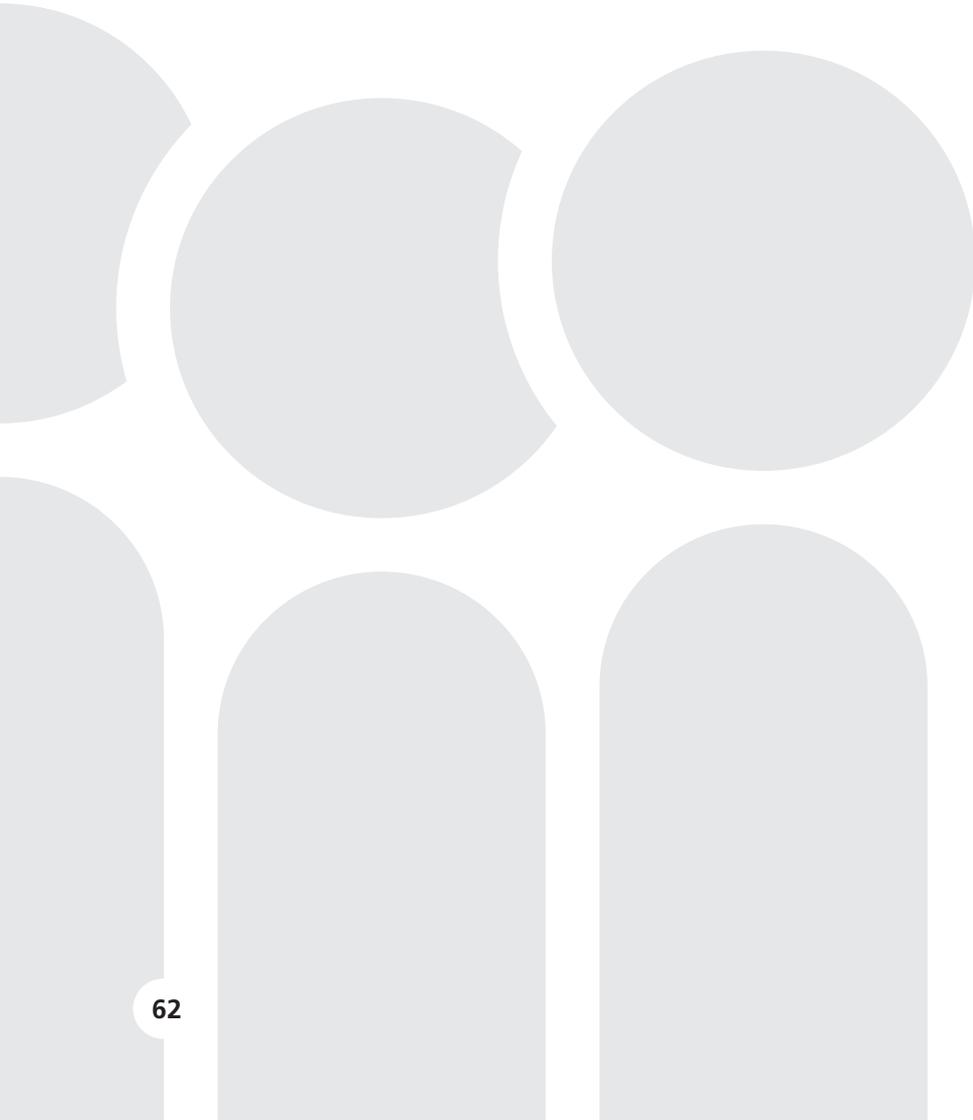
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Ita Courtney

Personal Integrative Framework

Editors' Note

This material (somewhat abridged for the purposes of this journal) constitutes the theoretical section of a dissertation submitted for the degree of MSc in Integrative Psychotherapy (Metanoia Institute/Middlesex University). The student is required to give her own framework for integrative practice.

Introduction

“It may be that each person who develops his own system of psychotherapy writes, in the final analysis, his own case history” (Frankl, 1988, p.8).

My study of psychological theories, dating back to 1997 and now more recently as an integrative psychotherapist in training, has been both a searching exploration and a personal journey. My ideas on how people become the way they are, stay the way they are, and how they can change, have been rigorously questioned, and continue to evolve in the light of my daily clinical practice and ever challenging case load. Skovholt and Ronnestad (1995) refer to this journey as the evolving professional self.

Like Carl Rogers, one of my earliest and a much respected mentor, I have found myself staying particularly close to the earthiness of real experience; proceeding as it were from the bottom up rather than the top down — that is, being grounded first in my immediate observations of therapeutic work, my own and others' (Rogers, 1980: x). This emphasizes what

Neimeyer (1993) refers to as clinical observables as the foundation for integrative models rather than the more abstract levels of formal theory and belief systems. Theoretical formulations are thus rooted in the reality of real life encounters with real people, as together we tackle the problems of living. In this way, I owe much to my individual clients who have allowed me in on intricate tapestries of life stories unravelled in the psychotherapy room. This has stretched my understanding, enriched my knowledge base and resonated too with my own story and experiences. Winter and Maisch (1996, p.48) describe this process as the accumulation of concrete experiences through a “cyclical movement in which practice and reflection both develop by mutually informing one another”.

Taking a wider philosophical view and being inclusive in my belief structures has allowed me to integrate across the schools. Whilst drawing on psychodynamic and cognitive-behavioural theories, I do so from a humanistic standpoint which underpins my value system and informs the work I do in providing a helping relationship. I believe in the uniqueness of human beings and their intrinsic capacity to change and grow, given favourable conditions. It is an optimistic view summed up by Hjelle and Ziegler (1992, p.42) as “an ultimate concern with... the dignity and worth of man and an interest in the development of the potential inherent in every person”. It has also been described as that which emphasizes the “uniqueness of the individual, the quest for values and meaning, and the freedom inherent in self-direction and self-fulfillment” (Hjelle and Ziegler, op. cit. 45).

With broadening clinical experience and a growing ability to think dialectically, I also hold something of an 'ironic vision' accommodating the idea of both good and bad existing at the same time. Stein (cited in Fear and Woolfe, 2000, p.336) describes it as "a clear view of contradictory principles and a tolerance for the tension created by our attempts to accommodate them". The essence lies in its ability to encapsulate and hold contradictions, to see beyond them and to marry them together into some form of harmony and synthesis.

Relationship As Central Factor

Our need for others is the need of an experiencing 'I' for another experiencing 'I' to make contact with (Gomez, 1998, p.1).

I believe that the basic structure of a person's internal world is to a great extent formed within the first few years of life and is created through relating. The person's need to relate to others is placed at the centre of what it is to be human. Thus the relationship, with its internal and external aspects, is the central factor in both my personal theory and practice of psychotherapy.

Fairbairn's (1952) notion of libido as primarily 'object-seeking', Balint's (1937) concept of 'primary love', Winnicott's (1960) concept of 'ego-relatedness' and Guntrip's (1961) 'personal relations' implied that the child's need for relatedness is an instinctive source of motivation. This proposition contains the essence of Bowlby's (1988) argument with Freud. We seek relationships, not in order to work off instinctual libidinal and aggressive ideas but more simply because we need to interact with others if we are to develop a sense of who we are. "Our physical and psychological security depend utterly on our connections with other people" (Holmes, 2001, p.1).

Nicola Diamond (1996) commenting on Winnicott's famous statement: "There is no such thing as a baby. What there is the caregiver-child relationship" (1960), points out that the fundamental meaning of this idea is that the primary unit of existence is not the individual but the relationship. This point of view challenges the constraints of a classical Freudian notion that from the first there is

an internal world without context. Instead, it embraces a view that takes account of there being two people interacting and influencing one another and is always profoundly related to context. Moreover, developmental research increasingly informs me that babies are born into a relationship of mutual influence and regulation and that the 'self' (and indeed the functioning of the brain itself) is relationally constructed (Schoore, 2003).

As I consider the self as essentially social, it follows that not only do relationships make us human but it is through relating that we are motivated, develop social and emotional literacy, hence mature, and so derive meaning in life. Indeed, the very nature of being human I believe is to seek after an infinite variety of connections, whether they are for security, merger, pleasure or dependency.

As a relational psychotherapist my focus is not on the individual as a separate entity whose desires clash with external reality, but on the interactional field, within which individuals establish and maintain connections with others. Thus desire, orgasm, bodily experiences — all I believe can be considered in the context of relatedness.

I resonate deeply with Buber's: "I'm against individuals and for persons" — a man primarily concerned with an intersubjective existentialism, or what he preferred to call the "inter-human dimension of existence" (Hycner and Jacobs, 1995, p.116). I locate mental distress therefore not as a consequence of failures to resolve conflicts around the satisfaction of instinctual drives, but as a consequence of conflicts connected to "not-good-enough attachments" (Schwartz and Pollard, 2004, p.114). My personal model of Integrative Psychotherapy is thus an attachment based relational-conflict theory (as opposed to a drive-conflict theory), which I base on an in-depth relational perspective as well as on solid developmental theory. This is anchored in a fundamental personal belief that the individual has both an innate sense of self and an inborn need to relate. To ignore developmental antecedents whilst focusing exclusively on concurrent psychological and relationship factors would risk for me — literally and figuratively — leaving the

baby out of the bath water. This foundational component of my overall integrative framework has and continues to captivate and fascinate me, not only in formulating client problems but also in undergirding and supporting the principles I consider in establishing the psychotherapeutic relationship.

Drawing extensively on object relations perspectives, it has become all the more evident to me how personality formation and the development of the self are related primarily to the child's experience in relationship with his/her mother/care giver. Fairbairn (1952, p.17) for example suggests that the child needs to be "treated as a person in his own right", to feel loved and to feel that "his love and his need to relate is accepted" by his mother. Winnicott saw the infant as developing within a "facilitating environment" of responsive maternal care, and formulated the importance of the opportunity to be "alone in the presence of the other" (Winnicott, 1967, p.571). The 'good-enough' mother, through her empathy and intuition does not impinge but adapts and responds sufficiently to the child to facilitate the growth of the infant by making herself available as a 'usable object'.

It follows that who we sense ourselves to be and how we perceive ourselves, emerge from this relational context. Each encounter with another — the way they are and the way they make us feel — provide information that we use to build a picture of ourselves. The feeling states we experience in infancy gradually form our models of who we are, influencing and shaping the nature of the interactions we have with others. These unconsciously acquired, non-verbal patterns and expectations have been described by various writers in different ways.

Leading attachment theorist John Bowlby (1969; 1988) called them 'internal working models' to designate the learned component of an interpersonal motivational system. The developing child builds up a set of models of the self and others, based on repeated patterns of interactive experience. These 'basic assumptions' (Beck et al. 1979), 'representations of interactions that have become generalized'/ RIGs (Stern, 1985), 'role relationship models' and 'self-other schemata' (Horowitz, 1988), form relatively fixed representational models

which the child uses to predict and relate to the world. Safran and Segal (1990) call this learned component 'interpersonal schema' in order to emphasize it being a cognitive structure. Such working models include a view of self and of the other coloured by an emotional tone, either positive or negative. This means that the inner pictures we draw on to guide our behaviour are images that conjure up how it feels to be with another person. In families which neglect or criticize their children, there can be a fundamental uncertainty about the worth of the self. The internal working model here is one of inner worthlessness or even badness anticipating a critical or neglectful other. The insecurely attached child in this scenario will be relationally cautious with a view of self as ineffective and unworthy of love, and of the other as untrustworthy.

As we develop from infancy on, we continuously build a library of internalized emotional experiences which over time converge to shape what Beitman, (1992) calls our unique 'core interpersonal schema' or basic mind-set concerning relationships. They provide the information we then use to interpret other people's behaviour and to shape our own response. In this way the person ensures that the world conforms to his/her preconceived expectations and defensive strategies thus keeping it 'safe' and familiar, if uncomfortable. A client of mine abandoned at birth for example continues to expect rejection, tending to be very vigilant for signs of it in current relationships. Forever interpreting ambiguous situations to meet expectations, she consequently acts in ways that generate rejection by others through anger, aggression or in closing down and withdrawing. It is the strength of these early acquired relational 'maps' that explains our willingness to stay in dysfunctional relationships, and our tendency to repeat painful narratives in our adult relating — the so called vicious circle or self-fulfilling prophecy that traps us into using the same old out-of-date, and often dysfunctional responses over and over again. Both personal and professional experience teaches me just how hard these are to break. It is as if the person has his/her own unconscious 'drama' or 'script' (Berne, 1961) that s/he repetitively recreates. Script tellingly has its origin in needs not met (Erskine and Moursund, 2004) and

is developed to compensate for and ease the discomfort of unmet needs. Each time the script pattern is repeated, it becomes more ingrained and rigid, and the script-bound person's relationships become more brittle, shallow and less satisfying to either of the participants. Contact — that vital relational component — is reduced and what pseudocontact there is reinforces and perpetuates internal distortions, defensiveness, fragmentation and isolation.

For Mitchell, human dysfunction means being stuck in a maladaptive relational matrix. He offers the story of Penelope in Homer's *Odyssey* as a metaphor for understanding the tension between the desire to change, yet holding firm to familiar/familial relational ties. Like Penelope, each of us weaves and unravels, constructing and adapting our relational world to maintain the same dramatic tensions, perpetuating the same longings and struggles (1988, p.275).

By contrast, if a person was fortunate enough to grow up in an "average expectable environment" (Winnicott, 1989, p.195) then s/he is more likely to store an internal working model of a responsive, loving, reliable care giver and of a self that is worthy of love and attention and will bring these assumptions to bear on all other relationships (Holmes, 1993b, p.79).

"For me, a good-enough mother and good-enough parents and a good-enough home do in fact give most babies and small children the experience of not having been significantly let down. In this way average children have the chance to build up a capacity to believe in themselves and the world — they build a structure on the accumulation of introjected reliability. They are blissfully unaware of their good fortune, and find it difficult to understand those of their companions who carry around with them for life experiences of unthinkable anxiety, and a deficit in the department of introjected reliability" (Winnicott, 1989, p.196). A basis of 'introjected reliability' is thus likely to predispose a person to seek out other similar rewarding relationships in adult life.

What appears then of critical importance to secure attachment is the quality of interaction. The picture painted by contemporary infant researchers (Stern, 1985; Brazelton, 1982; Emde, 1983) is of an alive, vibrant infant actively

engaged in mutual dialogue with its mother (self-regulating other), in the co-creation of his/her own development. There is 'behavioural synchrony in which "infants and parents mesh their behaviours in delicately timed mutual interchanges during social interactions"' (Emde, 1989, p.39). There is reciprocal interest in the other's thoughts and feelings. This is of course the basis of forming a good relationship. The effect of this mutual interaction "is to bring the child and the mother figure close together and to maintain them there" (Bowlby, 1969, p.304).

From around seven or eight months, babies recognize that other people have minds and subjective experiences. These other people are also authors of their own actions. This realization opens up both a wider sense of self and the notion that there is a domain of intersubjectivity in which people can relate (Stern 1985, p.27).

When the two parties are interested in and aware of the other's mental condition and when they are prepared to acknowledge and respect that condition, we have the makings of an open, effective and accurate relationship. An appreciation of the other person's point of view and state of mind encourages empathy and reciprocity, co-operation and regard. Mutual understanding promotes good communication between mother and child. The child not only feels secure and valued when she is understood, she experiences the kind of stability and consistency that allows her to develop a coherent sense of self and sound working models of other people. All of this helps promote social understanding and further increases the child's sense of well being, security and efficacy.

The focus on the intersubjective nature of secure attachment I find particularly well supported by the research of Stern (1985) in which he describes how the mother 'shares' the affective states of the infant by a complex process of attunement. The attunement behaviours of the mother do not merely mirror or reflect by rote the outward behaviour of the infant, but get to what lies behind the behaviour to the "quality of feeling that is being shared" (Stern, 1985, p.142). The matching of the behaviour is 'cross-modal' in that the mother, matches the infant's movement with sound; the significant match appears to occur, not on the level of

behaviour, but on the level of inner state (Stern op. cit.). The mother attunes and responds to the child's rhythms, to the intensity of his expression, to the vibrancy of his activity so that the child feels met on an emotional level in this delicate 'dance'. It is this intersubjective process that leads to a firm sense of integrated selfhood in the child. At the same time, the parental response holds up a mirror, so to speak, to the child's feelings, enabling them to begin to say to themselves, 'this is what I am doing, this is what I am like', thus I believe providing the first building blocks for 'self-reflexive function' (Fonagy, 2001), a version of the psychoanalytic notion of 'insight'.

I have found such developmental research of enormous support in my clinical work, with the mother-child relationship serving as a model for the psychotherapy relationship. "The direct relevance of developmental attachment studies to the psychotherapeutic process derives from the commonality of interactive right-brain-to-right-brain emotion-transacting mechanisms in the caregiver-infant attachment relationship and in the clinician-patient therapeutic relationship" (Schore, 2003, p.48). Studies of empathic processes between the intuitive attuned mother and her infant demonstrate that this affective synchrony is entirely non-verbal and that resonance is not so much with his mental (cognitive) states as with his psychobiological (affective-bodily) states. Similarly, the intuitive empathic therapist psychobiologically attunes to and resonates with the client's shifting affective state, thereby co-creating with the client a context in which the therapist can act as a regulator of the client's physiology (Schore, 1994). I believe human development and repair of self cannot be adequately understood apart from this "affect-transacting relationship" (Schore, 2003, p.4).

From a neurobiological research point of view Schore emphasizes how crucial that the mother's interaction be appropriate and supportive, helping the child to regulate his/her affect so that the appropriate 'wiring' can occur. Genetics no doubt are responsible for the existence of the neuronal structures, but their connection or wiring is "experience dependent" on the mother's support during critical stages of the development of self-regulation in the brain [10–16 months], (Schore, 2003, p.4). Thus I

believe it is futile to speak of nature or nurture but of nature and nurture: one can not occur without the other. The mother's availability is as vital neurologically as it is psychologically (Schore, 1994; 2003). Schore's work thus opens up the possibility that psychotherapy may be effective by changing the wiring.

The converse of course is also true. When the caretaker is for example repeatedly emotionally unavailable or even over-involved in ways that do not relate to the infant's affective states, then mutuality and sharing are replaced by forms of misattunement. Daniel Stern aptly calls these early intersubjective disturbances 'missteps in the dance' (1977), commenting on the mother being so in need of a response, that she becomes blind to her baby. This intrusive interaction reveals the mother's anxious attachment to her baby. In contrast a preoccupied caretaker runs into the danger of not appropriately arousing her baby into a state of aliveness. The baby will be emotionally understimulated as in cases of maternal depression (Murray et al., 1996). In extreme cases of emotional neglect the infant's brain and interpersonal skills are retarded in development, which in turn can affect physiological responses to stress in later life. It is also the case that somatic disorders are connected to disturbances in the intersubjective relation i.e. "a dysregulated self-in-interaction-with-a-misattuning-other" (Schore, 1994; 2003, p.24).

Change And The Process Of Psychotherapy

Psychotherapy is both a practice based on a theory of knowledge and an intuitive art (Nolan, 2002, p.24).

I believe that all clients have within themselves an intrinsic capacity to change and grow.

Bollas (1989) calls this tendency an urge to articulate the true self or to elaborate the potential of the personality, which he calls the 'destiny drive'. As just discussed, natural development is blocked or distorted in response to relationships which have trampled upon the individual's innate and basic need for positive regard, leading to the creation of a self-concept and accompanying behaviour which serve as a defence against attack and

disapproval. As the client enters therapy, my task therefore is to create new conditions of relationship, where the growth process can be encouraged and the stunting or warping remedied (Mearns and Thorne, 1988). I believe it is the nature of this new relationship environment and my ability to create it that are central to the therapeutic enterprise.

This process involves an undoing of the incongruent, disunited view of the self, by providing a healthy significant other, who, instead of giving selective positive regard, gives positive regard unconditionally, thus allowing the client to regain a true sense of self. According to Bozart (1993), unconditional positive regard is the most potent agent of change, releasing the client's actualizing tendency and capacity for self-healing. Another essential growth-producing condition is my own genuineness as a psychotherapist, who being fully myself in a 'real relationship' (Clarkson, 1990) with the client, conveys it is OK for him/her to be too. The third facilitative attitude is empathic understanding, a process in which I seek to understand the client's world from his/her point of view, endeavouring to communicate this in a language attuned to those current feelings. Mearns and Thorne emphasize this is not a "technique" of responding to the client, but "a way-of-being-in-relation to the client" (1988, p.41) — "a profound human contact capacity" (Vanaerschot, 1998, p.69). Rogers summarizes the conditions as that of the client's being psychologically fully "received" by the therapist. The process that follows is a predictable continuum from "fixity to changingness, from rigid structure to flow, from stasis to process" (Rogers, 1967, p.131).

It is as I consistently hold these attitudes in relationship with clients that they are able to move towards a more positive perception of themselves and to the point where they are able to be in greater contact with the promptings of the true/organismic self. Thus my personal starting point as a psychotherapist is in providing a secure base, both in the therapeutic setting and relationally (firm boundaries, security, constancy and continuity) from which the client can begin to explore insecurities and choices. This sustained intersubjective experience of being on the receiving end

of my concentrated listening and empathic understanding tends in my experience to develop a listening attitude in the client towards him/herself. The significance of this is not simply that the therapist is internalized, but s/he is internalized as a "good object". Quoting Cashdan: "In the course of treatment, the therapist is, in the words of Kohut, 'internally transmuted' into a source of worth and self-esteem. The growing sense that one is desirable and worthwhile forms the basis for the client's restructuring of his/her inner world and of relationships in the external world. A fortified self, strengthened by the incorporation of a good inner object..." (1988, p.143).

Thus as a relationship-oriented psychotherapist, I believe it is the quality of the relationship I can form with the client that is fundamentally restorative. Essentially I am offering those conditions for growth that were lacking in the client's childhood — consistency, reliability, vitalizing attunement, even the missed experience of having feelings recognized and acknowledged by another person, particularly of having strong feelings tolerated by another person. When the client and I fail for example to understand each other, or disagree about something important and there is 'rupture' in the relationship (frequently associated with shame and terror) I aim to demonstrate that relationships can be 'repaired'. I use this as one of my key therapeutic skills, providing for the client a very different experience to the entrenched insecure-making responses s/he has come to expect and in adult life perhaps helped to create. Schore (1994) calls this the 'disruption and repair' cycle, emphasizing the regulatory qualities of the therapist in being able to restore good feelings through emotional contact and being able to put the difficult thoughts and feelings into words. The client can experience shame or terror and not be full-of-shame or terrorized. The intermeshing of the client's intense need of the 'symbolic love' contained in what the therapist offers, and the therapist's response can result in transference phenomena of extraordinary intensity (Malan, 2002, p.216). This often occurs in the context of certain interactions that are best suited to mobilize specific internal working models (Diamond and Marrone, 2003, p.171). If such feelings can be vented, I can link them to past experience where it is known, or provide

occasion for phenomenological enquiry into past disappointments. Throughout, I aim to be reliable enough to allow such feelings of vulnerability to be voiced whilst attending to each aspect of the relational pattern: the past, the internalized one and the re-externalization in the transference. Bowlby (1988) believed that remembering disturbed attachment events with their associated emotions in the context of a healthier long-term attachment relationship with an empathic psychotherapist, is one of the main determinants of psychic change. At this point there is a 'shift' towards understanding, and a slow reorganization of internal working models of self-other relationships through the relationship with the therapist. "This creates its own working models, which hopefully are more positive and can be integrated with existing models or exist alongside them as alternatives" (Cortina and Marrone, 2003, p.321).

Research would indicate that the formation of new 'internal working models' is probably accompanied by, and indeed rooted in, the restructuring of neuronal pathways in the pre-frontal cortex and limbic systems described by Schore (1994). This is accomplished by the repetitive affective interactions that take place in sessions inducing "literal structural change in the form of new patterns of growth of cortico-limbic circuitries, especially in the right hemisphere which contains representations of self-and-object relationships" (Schore, 1994, p.468). Above all in this process of change — there is a moment of meeting between a less defended and more insightful client and a reflective empathic psychotherapist.

Conclusion

In my view therapeutic change is a product of a growth-facilitating psychotherapeutic relationship, with a dual emphasis on the dialogical-interpersonal and the dialectical-intrapsychic relationship (Hycner, 1993) I form with the client, becoming itself the main source of change. Old traumatic experiences are re-enacted in the therapeutic relationship but responded to differently, and out of this new co-created relational experience comes growth and changes in present/future relatedness to others and the world in general. The resulting increase in the freedom of choice enables the person to

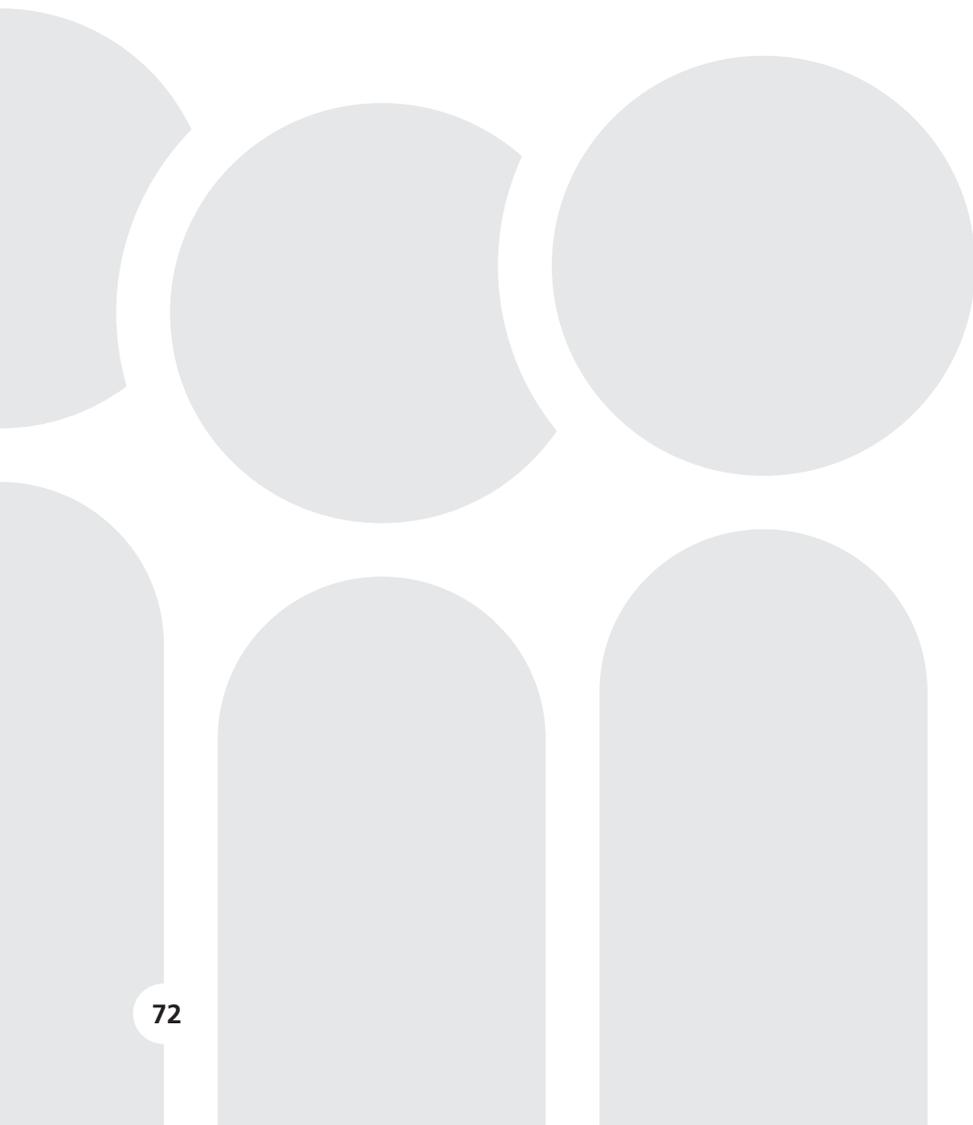
operate more flexibly and spontaneously. In my own clinical experience I have at times witnessed profound change in the person's frame of reference (or beliefs), physiology, behaviour, emotions and interpersonal relationships. In the words of Casement: "true aliveness is rediscovered, as creativity is released from what has been blocking it, and as patients recover the capacity to be more fully themselves and to be playful" (1999, p.176).

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Book Review By Lesley Brown

The Future Of Training In Psychotherapy And Counselling; Instrumental, Relational And Transpersonal Perspectives By John Rowan

Published by Routledge: Hove and New York, 2005, Paperback. Pages 251, ISBN 1-58391-236-3.

In *'The Future of Training in Psychotherapy and Counselling'* John Rowan does not forecast what is going to happen, instead he questions the current state of training and demonstrates how it will have to adapt if it is to meet future needs and challenges. In discussing training two themes seem to emerge, the movement towards professionalism and accountability, and the movement towards the inclusion of the transpersonal. Drawing on research and practices from a wide range of therapeutic fields Rowan presents a fresh new framework for looking at the whole question of training. This book challenges the reader to reconsider their own views on the purpose and value of training and offers a range of creative possibilities that many will not previously have considered.

Rowan points out that training has been historically narrow and that trainees have been indoctrinated with the 'ours is best' teachings of a particular school, which has left them being less than effective. Integrative therapy trainings have sought to offer remedy but according to Rowan, "There are certain approaches that cannot be melded, moulded or fused into one, and there are others that can but many believe that they are integrating when they are only alternating." The reason he gives for

Integration being impossible is that the actual notion of the self is different in each case.

Essentially Rowan says that there are three ways of doing therapy and that any examination of training has to look at all three. Each way makes different assumptions about the self, about the relationship and about the level of consciousness involved in doing therapy. These ways are described as the Instrumental, the Relational and the Transpersonal and he says that any training that focuses on just one of the three ways lacks an all-encompassing therapy.

In the instrumental the emphasis is on successfully curing the patient or client; "the body is to be disciplined by the mind, much in the manner of a rider on a horse". Some key words used are 'formal assessment', 'technique', 'treatment goals', 'empirically validated treatments', 'homework' and so forth. It is basically seen as an I-it relationship rather than an I-thou relationship. Under this heading he includes: some cognitive-behavioural approaches, Egan's approach and some of the workings of the Freudians and Jungians.

In the relational the emphasis is on authenticity and intimacy and more scepticism of the idea of cure, but openness to personal development. Some key words are 'authenticity', 'intimacy', 'presence' and so forth. The Humanistic approaches are seen as working in this way along with some psychoanalysts, existentialists

and many Jungians. Rowan's view is that this perspective does not emphasize enough "the sense that the body and mind are a unity".

The third way is the transpersonal and it has two parts to it, though the second part is mostly to do with therapist development. In order to work in the transpersonal way Rowan sees it as essential to have had some experience of what Wilber (2000) calls the 'subtle level of psycho-spiritual development'. There is less emphasis on boundaries and more on a "willingness to let go of the usual aims and all assumptions" that allows for a linking with the client in embracing the spiritual quality of being. Rowan's ideas of the transpersonal seem to be heavily influenced by the ideas of Ken Wilber and by Buddhist philosophy. Some key words are 'transcendental empathy', 'resonance', 'inter-being' and so forth. Representative of this way are the transpersonal and psychosynthesis approaches and some Jungians.

Rowan uses a table to summarise this approach, gives reasons for his placing and offers well thought out arguments as to why some of the orientations cannot be integrated. No doubt this should whip up some lively debate and I imagine that would please Rowan for he seeks to raise consciousness.

There is more focus on the transpersonal but not at the expense of the instrumental and relational and Rowan shows a detailed and commanding knowledge of the literature covering these perspectives. The focus is because he sees the transpersonal as being neglected in the education of therapists and one reason he gives for this neglect is that it does not fit in with academic circles.

It is not that I disagree but I am uncertain whether Rowan is correct about the neglect of the transpersonal in present day training. This uncertainty is because I have limited knowledge of and access to the many training centres up and down the country. However I do know of some who offer person-centred, gestalt, psychodrama and integrative training who do include the transpersonal. Martin Buber (1923) features in reading lists across many orientations and for him, 'one does not experience the spiritual by transcending mundane reality, but rather one enters the

spiritual domain through an I-Thou meeting with an otherness'. Hycner and Jacobs's (1995) dialogic/self psychology approach recognizes the importance of the transpersonal, 'It is inconceivable to me to steep myself in a dialogical approach without recognizing a spiritual or transpersonal dimension'. Perhaps Rowan sees the transpersonal as being neglected when instead of it being interwoven throughout a course it is slotted in to a seminar or one weekend, which I imagine may happen in some places.

I would have liked Rowan to offer his views on what psychosynthesis and transpersonal orientations might be neglecting in their training. I did wonder, whether readers might be left with the impression that those who work with a transpersonal perspective continually take clients up mountains to meet wise people. This would be similar to those therapists who have the impression that a gestalt practitioner continually asks clients to hit pillows.

At intervals throughout the book what he calls 'dialectical interpolations' are offered. They are discussions on paradoxes such as, 'We know and do not know how children develop', 'We are and are not dealing with a distinct individual', and 'We can and cannot take our own culture for granted'. I have to say that I found the term 'dialectical interpolations' a real turn off but I really enjoyed the content and his ability to demonstrate how holding both sides of the paradox is so valuable.

There are chapters with headings we might expect to see such as: do we need training? supervision, written work, ethics and research. I admit that my heart sometimes sinks when I see headings like this, topics which I have come to call, 'the usual suspects'. What I did not expect was to be fascinated by Rowan's radical approach that clearly demonstrated how his three perspectives logically have to respond to each topic. In the chapter entitled, Do we need training? Rowan suggests that it is not so much about the acquisition of knowledge, but rather the gaining of wisdom. How do we train for wisdom to be gained? Rowan may well be wise and he displays a lot of gained knowledge, interlacing his work with about 500 hundred references. Maybe we have to first gain a lot

of knowledge so that we are then able to let it go and sit with our clients in uncertainty.

An important issue that Rowan raises is how the body is to be treated in therapy and the implications for training. He gives examples of three levels on which we can experience and deal with the body and summarises the literature of these levels. He brings in views on the body as far apart as Saint Francis who called it 'brother ass' to Boadella (1987) 'Religion has used the word God for the inexhaustible depth and ground of being... we need to help the person to find his inner ground, his essence'. Rowan rides 'the wave of the future' and spells out his thinking on the relationship between the spiritual and the body. Most importantly he has some interesting things to say about 'spiritual materialism', which in my mind is something we therapists and trainers need to pay attention to.

Rowan's style of writing is methodical and thorough and because of that in parts it is heavy going, but stay with it for there are many golden nuggets. It is at its most juicy when he is writing about the transpersonal, "We are more than just three-dimensional creatures crawling about the surface of the earth. We are infinite and extra-ordinary too, and to leave this out is to leave out too much."

The transpersonal is not a new interest for Rowan, for the past thirty years he has been writing about it and urging for it to be included in therapy education. During that time the trend towards acknowledging that we have a spiritual side, a spiritual nature that needs to be taken care of has grown strong. Rowan's aim is to enable therapists of whatever persuasion to use the transpersonal in their work when it is appropriate and fitting. This book is different from his others in that it is offering a necessary framework for including the transpersonal. It also offers a way for therapy to continue its movement towards a professionalism that is accountable. This book will be of interest to trainees, counsellors, psychotherapists and trainers of all orientations and I strongly recommend it.

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Book Review By Jane Rosoman

Counselling In Different Settings: The Reality Of Practice: Edited By Maggie Reid

Palgrave Macmillan 2004

Newcomers to the world of counselling now have a guidebook. It sets out to describe the context of counselling practice, that the new counsellor may stumble upon or perhaps set out to find. For the seasoned traveller there is much that is familiar as well as the occasional unexpected view.

Maggie Reid had the idea to capture counsellors' experiences in different settings, with the purpose of producing a guide to the opportunities for paid employment, whether by a portfolio of activities or commitment to one setting.

Contributors were chosen from the respondents to an advertisement placed in the BACP counselling journal. They were then asked to write a chapter under specific headings and to a deadline. Several potential contributions were lost at this point!

The task allotted to each writer was to describe a typical day, my route in, a client story, evaluation, continuing professional development, conditions of work, future developments, top ten tips, a question and a bibliography. Whilst this format provided a comprehensive map, it also led to repetition and more stringent editing would have improved the book. That counsellors open doors, walk upstairs and make coffee contributes nothing. Equally, the poor quality photographs of each contributor merely

reinforce stereotypes. The counselling tribe is instantly recognisable in its habitat of the counselling room, workshops and conferences.

For those who like a bit of history, the development of counselling is documented in the section designated *Not For Profit* or perhaps better known as *The Voluntary Sector*. Relate, formerly Marriage Guidance, was founded in 1937 and has always focused on the couple relationship. Highgate Counselling Service came onto being in 1960, founded by William Kyle who went on to found Westminster Pastoral Foundation. The Women's Refuge Movement begun by Erin Pizzey was a product of the feminist thinking of the late 1960s and the Social care and Counselling Agency founded in the 1990s, emerged from the work of a mental health charity with much broader aims. Relate selects and trains its own volunteers using a range of theories from psychodynamic practice, communication theory and counselling practice. The Highgate Centre is also a training centre and teaches not only counselling theory but also psycho-dynamic practice with reference to the theories of Jung and the Post Freudians. The Refuge and the Counselling Agency are not training agencies per se and from the bibliographies provided, suggest they share a much more politicised focus with reference to feminist writing and far broader thinking about issues of working with diversity. This is hardly surprising when the links to Social work are much closer than with Relate or Highgate. What they all have in common is a commitment to providing

counselling, both brief and longer term, to their communities at low cost or no charge. This is all useful information to a newcomer thinking about where they may wish to work.

The section on Health settings has an overview by Pat Seber from BACP and the affiliated Health Care Faculty. Other sections would have benefited from a similar overview. This section is unequivocal in its support for some kind of professional regulation, National Training Standards and career paths of paid employment. Whilst primary care counselling has established itself across the country, Jill Brennan writes honestly about the struggles to establish counselling in a clinical psychology department. It is a story of persistence, professional rivalry and prejudice. The attractions and the frustrations of counselling in Primary care are described in detail.

What is clear from reading the section on Counselling in Educational Settings is that to succeed as a counsellor, a prior training as a teacher is a prerequisite, for work in schools. Counsellors in Universities have gained more recognition and are paid as university lecturers. In this setting, paid employment is the norm but there are limited career pathways. The role of the school counsellor is stretched to include a variety of roles, movingly described by Linda Sheffrin. The issues of professional boundaries crop up everywhere. Counselling in Further and Higher education also reflects the difficulty of maintaining therapeutic boundaries in this setting when students may have other pressing problems. It appears the pressure to become a welfare officer as well as a counsellor is felt in some of these institutions. The complex psycho-social problems of students of all ages, are well described and the role of the counsellor is to support the student to deal with the problems getting in the way of effective study.

Interestingly, one of the counsellors in the section on Workplace Counselling has made the journey from welfare officer to counsellor supported by her employers. The role is to support the staff in a large social service department. Workplace stress, trauma and burnout are the issues in this workplace, not forgetting all the other troubles people may bring to work, grief, relationship difficulties, debt, and violence and that is just the staff!

Employee Assistance Programmes are one of the fastest growing areas for counsellors. This is brief work with employees who are able to access counselling as part of a package of employee benefits purchased by the employing organisation from a specialist provider. Elspeth Schwenk writes a lively account of her practice in this area, including coaching and consultancy as well as training. There are clearly opportunities for those with a pioneering spirit, keen to embrace new challenges. Even those of a more conservative disposition have found EAP work a useful adjunct to private practice. Guidelines on providers and web sites could usefully have been added here.

The last setting described is Freelance and Independent Work, in some ways it is a strange choice to leave this to the end as the majority of counsellors earn their living from private practice and it is in this setting that so much of the counselling work, training and innovation happens. The chapter appears to be tacked on as an afterthought. This section also contains one of the most interesting pieces, on Pastoral Counselling. Alistair Ross writes well about dilemmas faced by those whose beliefs may put them at odds with aspects of the BACP Ethical Framework. The discussion of beliefs and values was refreshing and honest. He also writes about professional registration and the boundaries set by professional bodies which include some and exclude others, notably the majority of pastoral counsellors.

The chapter on working with drug addiction in a residential setting appeared misplaced in this section. The fact the worker was self employed on a long term contract in an organisation suggests that no-one was up to date on Inland Revenue regulations on self employment.

A final chapter attempts to provide an overview and draw this collection of experiences together. The questions posed, could usefully have been asked at the beginning of the book, to guide the reader, rather than leaving them to the end to serve as a conclusion. The conclusion reached is that a career in counselling is more likely to happen by chance and that professional pathways are developing slowly but have a long way to go. Some pertinent questions are glossed over. What does it mean to the

development of a profession if some of the workforce volunteers work without payment?

Overall the range of counselling activities covered is impressive and demonstrates what a broad term counselling is, covering many ways of being with, and understanding the client and their particular dilemmas. Some of what is described will be very familiar to all psychotherapists and counsellors and in some settings the work is underpinned with strong beliefs and values shared by a few. It would have enhanced the book to have had beliefs and values made explicit throughout. Ten top tips were in the main anodyne and occasionally alarming, be accountable and responsible and use agency policy and procedures are the foundations of practice, and hardly useful tips to be discarded if they turn out to be inconvenient. Nevertheless, despite its shortcomings, this book is a brave attempt to chart the field and will be welcomed by those who are just beginning as counsellors.



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