

THE HEART OF HEALING:  
SPIRITUAL DIMENSIONS OF COUNSELING AND PSYCHOTHERAPY

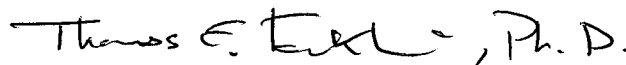
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ABSTRACT

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The primary purpose of this paper is to theoretically explore the work of counseling and psychotherapy from a spiritual orientation. The central premise suggests that there is a dynamic spiritual dimension of the human experience that may be penetrated through counseling and psychotherapy. Accessing this spiritual dimension is said to provide significant insight, healing, and growth. It is therefore considered the heart of healing. The four common factors known to be responsible for positive outcomes in therapy are shown to parallel key elements of traditional healing. This offers clues to recognizing and affirming spiritual dimensions of healing. An overview of transpersonal psychology provides important theoretical models for understanding such spiritual dimensions of human consciousness. Therapeutic factors, including the therapeutic relationship, therapeutic techniques, and the therapeutic environment are further discussed from a

spiritual and transpersonal orientation. Concluding remarks reiterate the importance of therapists developing an active spiritual life as a foundation of spiritually oriented counseling and psychotherapy.

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## CHAPTER ONE

## Introduction

We humans are deep and complex beings. When looked at closely and carefully, it is not difficult to recognize that human beingness is something profound, perhaps even, in some ultimate sense, an incomprehensible mystery. What are we, truly? Definitive answers, if any are to be found, possibly lie in some “cosmic dimension” beyond the reach of human experience and understanding. Yet, faced with this ultimate mystery, we find ourselves driven to search for understanding, meaning, and purpose—indeed, as if our very life depended on it. And in many ways it does, though it seems we inevitably and always fall short in our effort to find definitive answers to life’s ultimate questions. Even so, our ignorance of *The-Big-Answer* doesn’t preclude a deep felt sense of appreciation, awe, and wonder for whatever it is we, in fact, are. We know in our heart of hearts that life and being is significant and precious, even sacred.

As we open ourselves to this sense of the sacred mystery of life, we embark on a spiritual endeavor. To be sure, this spiritual endeavor is not the exclusive domain of religion or philosophy. The spiritual quest for understanding, meaning, and purpose easily infuses all dimensions or realms of life, whether or not we choose to label it as such. This is particularly true of the realm of psychology. Indeed, for those who choose to formally participate in this realm, it is crucial that we be reminded that the root of the word *psychology*, comes from the Greek, *psyche*, meaning “soul.” We are involved in a spiritual endeavor. This is especially true for those of us involved in counseling and psychotherapy. To join intentionally with another in order to engage his or her inner being, with the hope of enhancing inner health and harmony, is soul work. It is the purpose of this paper to explore the spiritual dimensions of this important soul work of counseling and psychotherapy.

Exploring spiritual dimensions of counseling and psychotherapy is not new. Since the 1960's, with the emergence of humanistic psychology followed by the crucial development of transpersonal psychology, systematic study and research in the area of spirituality within the broader field of psychology has been continuous with significant theoretical development still ongoing. Fully accredited graduate schools have arisen, such as the California Institute of Integral Studies, the Institute for Transpersonal Psychology, the Naropa Institute, and JFK University, that emphasize study in spiritual psychology and spiritually oriented counseling and psychotherapy. Textbooks and other professional literature written for a mainstream academic and professional audience have also been published in recent years that specifically address the integration of spirituality in counseling and psychotherapy. Examples include: *Incorporating Spirituality in Counseling and Psychotherapy: Theory and Technique* (Miller, 2003); *Integrating Religion and Spirituality into Counseling: A Comprehensive Approach* (Frame, 2003); *Spiritual Resources in Family Therapy* (Walsh, F., 1999); *Spiritual Presence in Psychotherapy: A Guide for Caregivers* (Steere, 1997); and *A Spiritual Strategy for Counseling and Psychotherapy* (Richards & Bergin, 1997). Indeed, interest in the spiritual dimensions of counseling and psychotherapy is growing. It is significant to note that in a study that compared the personal lives of psychotherapists with research psychologists (Radeke & Mahoney, 2000), a remarkable 3 out of 4 psychotherapists experienced their work as a form of *spiritual service*, whereas only 1 in 4 researchers did so. That a full 75% of psychotherapists experienced their work as spiritual service is significantly revealing. It points directly to a spiritual dimension within the human endeavor of counseling and psychotherapy and is reason enough for continued exploration and discussion.

### *Statement of the Problem*

The primary purpose of this thesis was to explore the work of counseling and

psychotherapy from a spiritual orientation. The underlying premise suggests that there is a dynamic spiritual dimension of the human experience that may be, at times, penetrated through the endeavor of counseling and psychotherapy, and is fundamentally responsible for the therapeutic healing that may take place. Though it is possible to penetrate this spiritual dimension unknowingly, and thereby benefit from its healing dynamic, to be aware of it, and to consciously open oneself to this spiritual dimension, enhances the possibility that the sought after healing and transformation will occur. Through this exploration, the intention was to present an orientation to therapeutic counseling that recognizes, pursues, and integrates such spiritual dimensions. It is felt that this orientation may best serve the holistic well-being of clients.

An additional purpose of this process was to explore, clarify, and sculpt my own personal values and beliefs for application to my professional goals as a psychotherapist. As my spiritual life has grown and developed and taken on greater personal import, I have often experienced an inner urge to orient toward things spiritual. As I move forward in my career development in counseling and psychotherapy, I cannot help but to see and experience this endeavor from a similar spiritual perspective. In the process of writing this thesis, I have allowed myself liberty to express some of my own thoughts and feelings regarding this spiritual orientation as a means of clarifying my position for my own benefit. At such times, it will likely be obvious by its philosophical tone. I ask that the reader patiently see it for what it is.

Finally, in writing this thesis, numerous compelling issues and examples have been presented. It is hoped that one or more of these may intrigue some readers into pursuing their own exploration of the spiritual dimensions of counseling and psychotherapy. Perhaps something beautiful and significant will be discovered that could be shared with others.

The methodology for this process was primarily a review of specifically chosen literature

in psychology and psychotherapy, with an emphasis on the still emerging field of transpersonal psychology with its explicit efforts to explore and describe spiritual dimensions of human consciousness. A synthesis of this literature is attempted that begins to present a spiritual orientation to counseling and psychotherapy. Metaphorically, it has been a matter of painting a picture using carefully chosen colors in order to achieve a desired creative expression. In keeping with this metaphor, perhaps it is most useful to stand back at a slight distance and take it in as a whole. It is hoped that a familiar image may begin to emerge.

This review and synthesis of literature was not intended to be based in empirical research as defined by mainstream, western science. Though it is not based in solid research, research findings are referenced at times for specific ends. Practical application is also little offered, so in this sense it is mainly theoretical and even philosophical. Much of what is discussed is intended more for the heart and less for the head. In matters of the spirit, the real test of validity is one's own subjective experience. I will confess up front that, in large part, it is indeed my own subjective experience that has led the way in the compilation and organization of the following material. If the reader is in any way intrigued by what is presented, he or she is encouraged to go into the matter directly for him or herself, and discover through personal exploration and experience whether there is anything of value here. This may indeed be unconventional, particularly in the eye of western science and modern academia. But as Antoine de Saint-Exupery expressed in, *The Little Prince* (1943), "It is only with the heart that one can see rightly; what is essential is invisible to the eye" (p. 70).

The exploration that follows begins rather pragmatically with a brief overview of findings that illustrate the core factors that appear responsible for positive outcomes in psychotherapy. This is followed by additional literature discussing key elements found in healing methods of

traditional cultures. Significant parallels between psychotherapeutic factors and elements of traditional healing are then drawn. It is suggested that these parallels offer clues that begin to reveal spiritual dimensions within the endeavor of counseling and psychotherapy.

Definitions of the term *spiritual* will next be offered. Attention will then shift to the body of this thesis, a theoretical overview of literature from the field of transpersonal psychology. A return to discussion of the therapeutic dynamic from a spiritual orientation will then take place.

## CHAPTER TWO

### The Heart and Soul of Change

When embarking upon a potentially abstract and theoretically lofty exploration into the spiritual dimensions of counseling and psychotherapy, it is useful to begin with a grounded look at what is currently known to work in therapy. Significant research has illustrated that there are four basic factors that are primarily responsible for positive outcomes in all forms of psychotherapy (Hubble, Duncan, & Miller, 1999). As will be shown, these four factors also hold important implications for revealing spiritual dimensions of counseling and psychotherapy.

#### *The Four Factors*

In Hubble, Duncan, and Miller's, *The Heart and Soul of Change: What Works in Therapy* (1999), published by the American Psychological Association, 40 years of outcome research makes clear that psychotherapy and psychologically based intervention does indeed work. They present four core factors common to all theoretical models and therapeutic techniques that account for positive outcomes in therapy. In brief, the four factors include: (a) *client/extratherapeutic* factors (inner and outer strengths/resources available to the client) accounting for about 40% of outcome variables; (b) *relationship* factors (the therapeutic alliance between therapist and client) accounting for 30% of outcome variables; (c) *placebo, hope, and expectancy* (client's belief that the therapeutic procedure or ritual will be helpful) accounting for 15% of outcome variables; and (d) *model/technique* factors (therapeutic model employed) accounting for the final 15% of outcome variables. It should be clearly and explicitly stated that these four common factors are what are shown to be primarily responsible for positive outcomes in all therapy, with the actual *differences* in therapeutic approach producing no significant difference in outcome. A closer look at each of these factors will prove useful.

What clients bring to therapy and the healing process, the first of the common factors, cannot be overstated. Tallman and Bohart (1999) state that “the client’s capacity for self-healing is the most potent common factor in psychotherapy. It is the ‘engine’ that makes therapy work. . . . Therapy facilitates naturally occurring healing aspects of client’s lives” (p. 91). In their review of outcome research, Tallman and Bohart conclude that what has been repeatedly illustrated is that clients are the primary agents of change in therapy. They also point to research comparing professional therapeutic intervention and self-help approaches used by individuals which show that both modalities fair equally well in resolving problems. In fact, individuals often overcome their own problems, and seek professional help only when their own efforts have not proven effective. Tallman and Bohart also assert that when the contribution of the client in the development of the therapeutic alliance, as well as in the inner process of hope or placebo, is acknowledged, what the client brings to therapy is seen as even more significant. The thrust of their argument is that individuals have the innate capacity for problem resolution, change, and self-healing, and that any variety of approaches can be utilized to activate or facilitate this natural inner healing process. This, of course, may or may not include professional therapy.

The second factor, the therapeutic relationship, has been frequently researched and consistently shown to contribute significantly to positive outcomes across therapeutic approaches (Assay & Lambert, 1999). Results also indicate that the theoretical/therapeutic approach was not as significant an outcome variable as the client-therapist relationship. Basic client-centered therapeutic conditions such as warmth, empathy, positive regard, and genuineness have remained central to positive outcomes in therapy. Bachelor and Horvath (1999) suggest that the quality of the therapeutic relationship is not a result of positive progress in therapy but is, instead, an *active* factor in producing therapeutic change. They also emphasize the significance of empathy as a

core component of the therapeutic relationship. What this points to, of course, is the healing power of genuine, caring relationship. This will be discussed further, later.

The role of hope, expectancy, and placebo, accounting for 15% of positive outcome, are of equal importance in the process of emotional healing and change as therapeutic technique (Assay & Lambert, 1999). In fact, this factor in healing is notable in all forms of healing intervention, including medical and psychological, as well as religious or faith based healing. People turn to various healing modalities seeking help. The degree to which they believe, or come to believe, that they will indeed be helped impacts outcome (Snyder, et al., 1999). Clients in psychotherapy have shown improvement after a single initial interview or even after a promise of treatment. This, again, points to the inner healing agency of the individual, activated by the promise of help. Renewed hope is healing.

The final common factor is therapeutic technique. As stated previously, all techniques fair equally well in their contribution to positive outcomes. It is not so much a matter of which technique to use, but rather that a technique *is* employed. This is to say that a model that theoretically accounts for the arising of the problem, with its associated technique for overcoming the problem, is therapeutically beneficial in that it provides a framework for understanding and addressing the problem. As Hubble, Duncan, and Miller (1999) state, “most therapeutic models or tactics share the common quality of preparing clients to take some action to help themselves” (p. 10). In addition to any actual benefit attributed to the specific technique employed, use of the technique increases the confidence of the individual. In this sense the technique can be viewed as a healing ritual. Through the confident presentation of the model and the skillful application of the technique, the client comes to trust in the professionalism of the therapist and the efficacy of the therapy. Having a framework for understanding and engaging

their own problem as facilitated by the therapist, a client's inner self-healing capacities (factor one) become activated. This also brings a sense of renewed hope as described above, further contributing to the placebo effect.

### *Elements of Traditional Healing*

David Kinsley's compelling work, *Health, Healing, and Religion: A Cross-Cultural Perspective* (1996), explores the world of traditional medicine and healing. In this cross-cultural study, Kinsley presents important themes and characteristics that are common to many healing traditions, including ways in which these characteristics are directly linked to religious concerns and practices around the world. In addition, he illustrates how similar characteristics are found in the practice of modern western medicine. Notable for the purposes of this paper, these healing themes found in traditional cultures directly parallel recent research in psychotherapy that has resulted in the recognition of the four common pan-theoretical factors responsible for positive therapeutic outcomes as just discussed.

As with the first of the common factors in psychotherapy, the role of the client/patient is central in the traditional-healing process. "Healing often explicitly aims at galvanizing *patients' own healing powers* [italics added]" (Kinsley, 1996, p. 196). A crucial factor in this process is the direct involvement of the patient. This is particularly important in psychotherapy, with greater involvement of clients leading to more positive outcomes. This essentially means that the patient is put to work to heal him or herself, and without this high-level participation, healing does not occur. Such participation, of course, takes place within the context of the healer-patient relationship. Here, empathy, confidence, and trust characterize this healing relationship (Kinsley, 1996) in the same manner as the therapeutic relationship in psychotherapy (second common factor). It is the relationship alone, the healer-patient dynamic, that is the stage for healing to be

enacted. A critical aspect of this healing dynamic is found in the placebo effect and in the generation of hope and expectancy (third common factor). It is significant to note that Kinsley repeatedly uses these terms in identical manner to their use in *The Heart and Soul of Change: What Works in Therapy* (Hubble, et al., 1999). He speaks of combating demoralization and engendering hope in patients as crucial in the healing process. The setting and context of the healing experience, as well as the person-of-the-healer (i.e., confident, aura of competence, etc.), further contribute to the placebo effect. Finally, the use of symbol and ritual, along with the assigning of meaning and context as a means of understanding illness, as found in traditional healing processes, parallels the impact of the model/technique factor in psychotherapy. Hubble, Duncan, and Miller (1999), in fact, choose to interpret *model/technique* more broadly as “therapeutic or healing rituals” (p.10). Such “ritual” helps create the context for understanding and meaning-making that is fundamental to healing. Throughout the conclusion of his work, Kinsley (1996) outlines key themes to the healing process, returning again and again to the centrality of meaning-making in healing. Development of a meaningful framework for illness through symbol, ritual, and belief powerfully impacts and engages the patient, and activates natural capacities to heal.

That central characteristics of traditional healing reflect so closely the conclusions of modern research on effective psychotherapy is both remarkable and critical in that it confirms the findings of each individually, as well as points to a possible universal dynamic in healing. Together, they also affirm what this author has called *spiritual dimensions* of counseling and psychotherapy. When reviewed carefully from a spiritual orientation, the above findings can be distilled even further to arrive at the powerful role of consciousness in the healing process. Relationship, intention, self-awareness and self-reflection, insight, meaning-making, belief, and

hope, all converge between and within the patient and healer in a manner that taps into a dynamic and powerful dimension of being that activates healing, growth, and increased awareness. This dimension, when accessed as a shared experience between two individuals, becomes even more dynamic, the power to heal and grow enhanced through their encounter. This points us to the heart of healing.

## CHAPTER THREE

### Defining Spiritual

Given the centrality of its use within this paper, it is appropriate at this point to offer definitions of the term *spiritual*. Richards and Bergin, in *A Spiritual Strategy for Counseling and Psychotherapy* (1997), define spiritual as “those experiences, beliefs, and phenomena that pertain to the transcendent and existential aspects of life (i.e., God or a Higher Power, the purpose and meaning of life, suffering, good and evil, death, etc.)” (p. 13). The American Counseling Association’s Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), as cited by Miller (2003), defines spirituality in the following way:

Spirit may be defined as the animating life force, represented by such images as breath, wind, vigor, and courage. Spirituality is the drawing out and infusion of spirit in one’s life. It is experienced as an active and passive process. Spirituality is also defined as a capacity and tendency that is innate and unique to all persons. This spiritual tendency moves the individual toward knowledge, love, meaning, peace, hope, transcendence, connectedness, compassion, wellness, and wholeness. Spirituality includes one’s capacity for creativity, growth, and the development of a value system. Spirituality encompasses a variety of phenomena, including experiences, beliefs, and practices. Spirituality is approached from a variety of perspectives, including psychospiritual, religious, and transpersonal. While spirituality is usually expressed through culture, it both precedes and transcends culture. (p. 6)

An important distinction must be made between spirituality and religion, with spirituality understood as an individual inner experience, personal, spontaneous, and private in nature, and religion as a social institution of beliefs, structured teachings, dogmas, and theologies. Though

there can be obvious overlap between spirituality and religion, it is possible to be spiritual without being religious, and vice versa.

In exploring spiritual dimensions of counseling and psychotherapy, the author wishes to denote an even broader, more inclusive understanding of the term *spiritual*. Spiritual is to be understood as the core existential truth of being human, however poorly understood that may be. By this definition, it will, of necessity, comprehensively embrace all possible dimensions of being human, including physical, psychological, relational, sociological, and transcendental, as well as any others that have been or could be indicated and labeled. In this sense, *spiritual* is all-inclusive. To say “spiritual” is to attend to the largest, most comprehensive truth of our existence. It embraces the whole of human beingness and the full range of possible human experience. It also embraces the vast context in which we find ourselves—the ultimate mystery of creation, the mystery of beingness itself. By using such an absolute connotation when exploring the *spiritual* dimension of counseling and psychotherapy, the intention is to enter into the therapeutic endeavor with the largest possible foundation as the basis for understanding and engaging the life process, the life experience. It also holds this largest possible foundation, this core existential truth of being human, as experientially accessible, and a powerful and effective pathway toward health, growth, understanding, and well-being.

Very importantly, the term *spiritual* also points to those hidden forces that move and shape us, and our reality, that are little understood and often not recognized. The role of consciousness, the interconnection of mind and body, and the impact this has on our state of wellness or disease are areas of current exploration. The potential healing and transformative power of relationship and of love are particularly crucial areas of concern for those engaged in counseling and psychotherapy. These factors of consciousness and mind, relationship and love

have, of course, already been alluded to in the previous discussion of what works in therapy.

An exploration into the spiritual dimensions of counseling and psychotherapy could continue in a number of directions. One critical perspective, the field of transpersonal psychology, with its integration of western psychology with the collective spiritual wisdom of the world's religious and spiritual traditions, continues to forge ahead into theoretically new and compelling territory.

## CHAPTER FOUR

### Transpersonal Psychology

Transpersonal psychology, as a development within the broader field of modern psychology has, since its inception, explored spiritual dimensions of human awareness or consciousness. Important theoretical work has arisen that attempts to comprehensively address dimensions of human experience heretofore pathologized, or entirely ignored. In exploring spiritual dimensions of counseling and psychotherapy, the contributions and insights of transpersonal psychology are of vital importance.

#### *History*

In order to understand transpersonal psychology it is perhaps appropriate to begin with its historical roots. Arising out of the humanistic psychology movement of the 1960's, transpersonal psychology, sometimes referred to as the fourth force in psychology, can be viewed as a product of the times (Chinen, 1996). Humanistic psychology (the third force behind psychoanalytic and behavioral/experimental psychology), with its phenomenological, person-centered approach to understanding the human experience, was experientially receptive for further exploration. As is commonly known, the sixties were a time of extreme experimentation that included social and political movements, birth of the human potential movement, the development of a counter-culture exploring alternative lifestyles, and widespread use of consciousness-altering drugs. It was also a period of influx and popularization of eastern philosophies and spiritual traditions which, significantly, provided similar consciousness-altering experiences without the use of drugs. These 1960's cultural influences thoroughly permeated the world of humanistic psychology.

A growing interest developed within humanistic psychology in the altered states of

consciousness produced by both drugs and eastern spiritual practices. Around the mid-sixties, Anthony Sutich, founding editor of the *Journal of Humanistic Psychology*, gathered with others of like-mind to discuss what at the time were called “trans-humanistic” topics (Chinen, 1996). It was an acknowledgment that these altered-states were often authentic, significant, and potentially healing. Parallels were drawn between certain drug induced states and those states achieved through spiritual practice. Additionally, some leaders from eastern spiritual traditions appeared to exhibit behavior that observers considered remarkable in their apparent level of selflessness, love, compassion, creativity, and inspiration. Such individuals were seen to be exemplars of human development beyond that which was considered normal. This triggered further interest in spiritual and altered states of consciousness, as well as these advanced levels of human development.

Given that such experiences and states of consciousness were heretofore pathologized within the general field of psychology (e.g., psychoanalytic interpretation of spiritual experiences as regression to union with the breast), the early leaders of the transpersonal movement recognized the need to rescue such experiences from this negative interpretation (Cortright, 1977; Walsh & Vaughan, 1993). Following the lead of Maslow (1971), they instead began viewing them as *peak-experiences*, or momentary glimpses into higher or more expansive states of awareness worthy of study and understanding within the discipline of psychology. Contrary to pathologizing this realm of human experience, scholars began to consider them as potentially meta-healthy, and indication of advanced levels of human development. Outlining the primary motivation underlying the development of transpersonal psychology, Scotton (1996) states:

Our current sciences fail to examine the data concerning, build theories to explain, and work therapeutically with spiritual experiences and experiences of nonordinary reality.

Existing research shows that such experiences often indicate higher than usual levels of functioning and that the increased ability to attain spiritual and nonordinary experience correlates with development beyond the average. (p. 3)

As shown above, these peak-experiences were often described as *spiritual* by those experiencing them. Study was conducted of sacred literature, and personal explorations of various spiritual practices like meditation were undertaken. Cross-religious studies were also conducted and a perennial philosophy developed as a synthesis of the wisdom of the world's great religious and spiritual traditions (Ferrer, 2002). A central pillar of the perennial philosophy described the singular nature of spiritual reality with the various religious and spiritual traditions representing the multiple paths to this ultimate truth. Centered upon this perennial philosophy, renewed interest in spirituality arose.

From this study of spirituality and associated altered states of consciousness, a spiritual psychology began to emerge. A recognition grew of the significance of certain descriptions of the inner workings of the human being found in sacred literature. Some of this literature included maps of levels of consciousness, and stages of human development toward higher levels, along with methods for achieving them. From within these models our psychological self is seen as a surface expression of a much more vast and multidimensional field of consciousness (Cortright, 1997). This more comprehensive field of consciousness is described as spiritual in essence.

Scholars and theorists of psychology, then, began to present the significance of the world's sacred wisdom literature, along with the perennial philosophy, in light of the understanding of modern psychology. The result was the newly emerging field of transpersonal psychology, a synthesis of western psychology with the spiritual wisdom of the world (Ferrer, 2002).

### *Transpersonal Defined*

A definition of *transpersonal* is in order. Most simply, *trans-personal* means, “transcends personal,” or “beyond the personal/ego.” It refers to the human experience of certain altered states of awareness or consciousness that transcend or are more expansive than our common, but apparently limited, personality/ego consciousness (Cortright, 1997). Transpersonal psychology, then, is the formal psychological study of consciousness, particularly transpersonal experiences, including the implications such potential experiences pose for human development and societal well-being. Additionally, Cortright also emphasizes a second meaning of *trans* as “across,” as in “across the ocean.” This connotation suggests that transpersonal psychology is not only concerned with the transcendence of the ego or personal self, but also with the movement “across the personal realm” (Cortright, 1997, p. 10). Therefore, transpersonal psychology remains interested in the various aspects of the self studied by traditional psychology, but also pays great attention to the larger context in which the psychological self arises, including the transpersonal experiences of expanded states of awareness that provide insight into both the personal realm and the larger context of consciousness/spirit.

### *Transpersonal Theory*

Transpersonal psychology cannot be said to rest within a single unified theory (Cortright, 1997). As a field of study, transpersonal psychology is relatively young, diverse, and evolving. Ferrer’s recent book, *Revisioning Transpersonal Theory: A Participatory Vision of Human Spirituality* (2002), is a clear example of the dynamic nature of current theoretical thinking as seen in his scholarly efforts to challenge and recast such basic, core foundations of transpersonal theory as the perennial philosophy, held dear by many since the formative “trans-humanistic” discussions with Sutich and others in the mid-sixties. Even so, basic assumptions can

be indicated throughout much of the transpersonal literature.

Perhaps first and foremost, as stated above, transpersonal psychology is the formal psychological study of consciousness. Here Freud's studies of the unconscious, and Jung's theories of the collective unconscious and the archetypes, are considered to be early influences (Ferrer, 2002). For transpersonal psychology, consciousness reaches far beyond the more familiar realm of human personality. Incorporating descriptions of reality expounded by the religious and spiritual traditions, particularly of the east, consciousness is considered to be the very foundation and essence of all existence. Consciousness, in this sense, is equated with spirit, the ultimate divine source, the very ground of being. Very importantly, it should be understood that human awareness, or consciousness, is not something separate from that ultimate ground of being, not other than spirit. All our human experience ultimately sources from, and rests in consciousness/spirit. Therefore, our essential nature is seen as spiritual (Cortright, 1997). Transpersonal theory states, then, that any exploration of ourselves, including psychological, is an exploration of consciousness and, therefore, a spiritual endeavor.

The multidimensionality of consciousness, as outlined by Cortright (1997), is another common thread in the diverse tapestry of transpersonal theory. Exploration of, and research into alternate states of consciousness, whether drug induced, a result of spiritual practice or technique, or arising spontaneously, has always been an aspect of transpersonal psychology. Ken Wilber (1977, 1996, 2000), a leading theorist in the field, has developed models outlining a full spectrum of consciousness, including spiritual dimensions, that are potentially accessible to human experience. Referring to this multidimensional nature of consciousness, Cortright (1997) states that "the normal, ordinary consciousness most people experience is but the most outward tip of consciousness" and that "spiritual experiences often catapult a person into realms and

states of expanded consciousness that reveal how limited and restricted normal consciousness is” (p. 16).

A notable example of this is Stanislav Grof's (1988) own exploration of alternate states of consciousness through LSD experimentation. Grof, a transpersonal theorist, conducted clinical research in psychedelics for two decades in Czechoslovakia and the United States, and concluded that if used properly and skillfully psychedelic substances could be powerful tools for psychiatry and psychology. In his own personal experimentation with LSD, Grof opened to other dimensions of consciousness that illustrate expanded awareness beyond the norm. In one compelling psychedelic episode he describes reliving the experience of being in the womb of his mother with full awareness and complete sensation. This included the felt sense of floating in the amniotic fluid as a fetus, the direct sensation of being connected to the placenta by the umbilical cord, and even the clear sensation of the flow of blood from mother to fetus through the cord. He continued to describe the experience of becoming smaller and smaller, while simultaneously feeling boundary-less as he floated in a beautiful star filled universe like an astronaut still connected to his source of life support. Grof's experience shifted back to the earth as he then experienced the timeless dimension of life on earth supported and nurtured by “Mother Earth,” and completed the experience with a deep “gratitude for the miracle of life and the gifts of nature” (Grof, 1988, p.15). Grof's description is an example of a possible dimension of awareness clearly outside our normal awareness, the experience of which can have significant impact on an individual. Though certainly out of the ordinary, it does provide an example of the multidimensional nature of consciousness and the transformative potential of nonordinary states of awareness.

Another example, perhaps less dramatic yet equally instructive, is Valle's (1989)

description of qualities he recognizes in *transpersonal awareness* arrived at through meditation. These qualities include: a deep stillness and peace arising from a sense of *am-ness* or *is-ness*; an all-pervading feeling of love and profound contentment which embraces everyone and everything just as it is; a greatly diminished and sometimes entirely absent sense of “I” marked by the dissolving of the sense of separate perceiver and that which is perceived; a shift in spatial awareness that includes a loss of limited body awareness and a sense of the infinite; a feeling of timelessness that touches the *eternal now* where hours are experienced as moments; and, finally, bursts of insight into awareness, fully formed and without apparent antecedents. This is a description of a state of expanded awareness that represents an experiential release from the ego’s time and space bound (and perhaps anxiety bound) condition into a state of unbounded (though temporary) freedom that is also pregnant with understanding and wisdom. Valle suggests that this is the state that mystics throughout the ages have attempted to indicate.

Recognizing the importance of understanding such alternate states of consciousness in order to more fully understanding the nature of the human psyche, transpersonal theorists have made great effort at developing models that help conceptualize this multidimensionality of consciousness. Wilber (1977, 1996, 2000) has laid out a ladder/climber approach in his attempt to conceptualize the structures of human consciousness. It is a developmental/evolutionary model in which the individual moves through several stages of development in an upward climb toward ever more expanded levels of consciousness. Within this model there are three major stages of human development, the *prepersonal*, *personal*, and *transpersonal*. Each is further broken down into three sub-stages. The *prepersonal*, the first major stage, takes place from birth, through infancy, to early childhood. It is defined by the undifferentiated ego of the infant and the gradual development of a sense of separate self. The second major stage, the *personal*, moves from

childhood, through adolescence, to young adulthood, a period when the sense of self develops through stages toward a healthy ego capable of functioning independently and harmoniously within society. These first two major stages are not significantly unlike Erikson's classical psychosocial stages of development. But Wilber theorizes that human development does not complete itself here with a healthy, functioning ego. Accounting for this further evolutionary development, he posits a third major stage, the *transpersonal*. This major stage is distinguished by the potential for further human development in a direction that begins to, and eventually succeeds, in diminishing and transcending the ego. It is here that the individual human consciousness continues to expand, open to, and ultimately identify with dimensions of awareness previously unimagined, or perhaps only glimpsed through "peak-experiences." Though Wilber's hierarchical model is sometimes challenged by other transpersonal theorists (Ferrer, 2002), his work represents a significant and comprehensive effort to account for and conceptualize the multidimensional nature of consciousness revealed through spiritual and transpersonal experiences, in the sacred literature of the world's wisdom traditions, and as exemplified by the saints and sages of the past and present who have and are exhibiting extraordinary qualities and capacities.

Transpersonal psychology makes a further assumption that reflects Wilber's model of developmental toward the transpersonal. Not only do we have potential to continue development through transpersonal stages, we humans have natural urges that move us in that direction. Cortright (1997) states it very clearly that these are "valid urges toward spiritual seeking" (p.17). Indeed, this urge has expressed itself in all cultures and in all historic periods and represents higher inherent impulses of the human being in addition to, for example, the base instinctual drives described by Freud. This urge manifests as a natural and necessary existential search for

understanding, meaning, and purpose. Huston Smith, one of the foremost scholars of religion, makes a strong and impassioned case for both the existence and the importance of this spiritual impulse in his latest book, *Why Religion Matters: The Fate of the Human Spirit in an Age of Disbelief* (2001). Maslow's (1971) hierarchy of needs also illustrates this impulse toward higher levels of increasingly refined development, culminating in *self-actualization*, though transpersonal theory indicates further, higher levels of development.

This point is an integral and crucial component of transpersonal theory because it accounts for the evolutionary development of consciousness of the human being, seen as a journey toward the fulfillment of higher and higher level needs, finally completing itself in its highest aspiration of spiritual fulfillment (Cortright, 1997). Given the importance and power of this urge toward spiritual seeking to shape and move individuals, cultures, and civilizations, it is a noteworthy omission of traditional psychology in its failure to adequately address this significant force at work within human consciousness. Transpersonal psychology, again, is a developmental response within the general field of psychology to this lack, based on the recognition that spirituality is a major, perhaps primary, force. For transpersonal psychology spiritual seeking is an inherent part of our nature and needs to be acknowledged and cultivated. To fully and comprehensively understand the human experience, particularly human development toward increasingly more healthy, whole, and transcendent states of being, it is imperative to deeply explore this dimension of being human.

### *Transpersonal Therapy*

In exploring the psychotherapeutic dimensions of transpersonal psychology a number of additional theoretical assumptions can be indicated. Firstly, according to Wittine (1989), the transpersonal approach addresses the full spectrum of identity. Wittine uses a model that parallels

Wilber's three major stages previously discussed. For Wittine these include the egoic, existential, and transpersonal stages. Each client must be approached according to the stage or level of their current need or condition. A primary task of transpersonal psychotherapy is identical to most other approaches of psychotherapy in their efforts to facilitate the development of a stable, cohesive, and healthy egoic identity. Once this stable egoic identity is established, an individual can embark on the further journey of unfolding his or her existential self. This involves the realization of one's true inner individuality, reflective of Maslow's *self-actualization* wherein one achieves his or her highest-level potential and full self-expression. And yet, the self does not complete itself here. True wholeness of self arrives in the awakening to a deeper level identity that ultimately transcends the sense of personal-self, no matter how actualized and great it may have become. This is a stage where an individual turns toward the universal and spiritual dimension of his or her being, the transpersonal. Though seemingly separate stages of development, Wittine stresses that these levels are interpenetrating and that all levels may need to be addressed simultaneously, depending on the needs and concerns of the client.

In *Integral Psychology: Consciousness, Spirit, Psychology, Therapy*, Wilber (2000) also describes a psychological model that illustrates these many interpenetrating levels of development. In a truly comprehensive sweep, Wilber incorporates and integrates all the major theories and models of psychology and psychotherapy, including spiritual models, going so far as to describe the appropriate application of each of the major therapeutic approaches (e.g., cognitive-behavioral therapy) to corresponding pathologies that may have arisen due to a developmental disruption at a specific stage. In this way he illustrates how each theory, with its corresponding therapy, is correct and effective when appropriately applied to the corresponding pathology. As with Wittine, therapeutic work on more than one level of development is possible

and, at times, even required, in order to facilitate that individual's ongoing development toward higher and more healthy levels of being. For Wilber, this always culminates in transpersonal stages of development

Another stance of transpersonal therapy places high value on going inward to open oneself to transpersonal awareness. By turning within, contact with a deeper source of wisdom and insight becomes possible and this insight becomes a catalyst for growth (Cortright, 1997). Turning inward we open ourselves to self-understanding. A primary goal of transpersonal therapy, then, is to enhance consciousness and increase awareness of the unconscious through an intentional turning within. Fundamental to this is the belief that consciousness or awareness itself can be curative. This, of course, echoes assumptions within existential and humanistic approaches.

Within the transpersonal context, though, inner contact is made not only with the unconscious where old imbedded patterns, tensions, and anxieties may be discovered and hopefully resolved. It is also contact with a much more expanded dimension of our being, or perhaps more accurately, with *being-ness*, wherein insight and understanding arise and all things are resolved just as they are. This is reflected in Valle's personal description of meditation and the resulting transpersonal awareness discussed above. Such inner contact has a significant health benefit. It is born of a spiritual orientation that allows for the natural spiritual impulse to be supported and consequently "puts one into greater alignment with the healing forces of the psyche and the universe" (Cortright, 1997, p.19). Cortright further states that the condition this creates is optimal for psychological integration and cohesion. Mental health, then, is a product of contact and connection of the surface self with deeper spiritual dimensions. Transpersonal therapy facilitates the enhancing of this inner awareness (Wittine, 1989). Honoring the spiritual

impulse, turning inward, and making contact with a deeper source of wisdom and guidance are, from a transpersonal perspective, quite possible and clearly beneficial. Stated more strongly, it is the very basis of the highest levels of mental health. Techniques used to facilitate contact with deeper and more expansive dimensions of our being will be discussed later.

As with all forms of psychotherapy, the therapist/client relationship is critical. Here, the transpersonal context determines the nature of this relationship and particularly how the client is viewed (Cortright, 1997). Central to this, the therapist views the client just as he or she views him or herself—as an evolving being. The experience of life is seen as an evolutionary journey of ongoing emergence toward higher levels of human being. Without exception, we are all on this journey, individually and collectively, such that the therapist, for a time, enters upon the path with the client. Metaphorically this can be viewed as two individuals walking together along the same ascending trail of human development toward the pristine, snow-capped transpersonal-peak beyond. For a period, the therapist will guide the way up the trail, but the client clearly will not progress along the way unless equally, and very personally, engaged in the journey him or herself. Because of this, the therapist is more a partner on the journey than a director. Further in keeping with this metaphor, the therapist, too, is partaking in a personal journey of ongoing evolution and a process of awakening (Wittine, 1989). The client offers the opportunity for the therapist's own introspection, healing, and development. The therapeutic relationship, therefore, is a vehicle of awakening and transformation for both the client and therapist. It is viewed by the therapist as a mutually beneficial relationship. Ultimately, as Wittine indicates, the client is not viewed as being separate from the therapist. On the deepest dimensions he or she shares in the same *being-ness* and is united with the therapist in the same evolutionary journey. Recognition of this view by the therapist opens the therapeutic relationship to significant forces of healing and

growth. Cortright (1997) adds that this view is held while remaining appropriately mindful of maintaining critical professional boundaries.

A further crucial point for transpersonal therapy centers on the role of the therapist's consciousness in establishing the transpersonal context. It is the therapist's own spiritual awareness that determines the transpersonal orientation. The following passage states this succinctly:

Therapy can be considered transpersonal insofar as the therapist seeks to realize the Self, the deep center of Being. . . . What differentiates transpersonal therapy from other orientations is neither technique nor what clients talk about. The difference lies in the centrality of the therapist's consciousness and his or her spiritual orientation to life. The therapist's state of mind and orientation inform his or her therapeutic stance. (Wittine, 1989, p. 278)

The therapist's spiritual orientation to life, then, requires the therapist to be fully engaged in his or her own journey of awakening. This spiritual engagement translates into the very awareness that the therapist brings to the therapeutic relationship and, therefore, the tone of the relationship itself. The therapist's consciousness becomes a force in and of itself that impacts the client in a manner that facilitates further opening and growth (Cortright, 1997).

The following discussion by Rowan from his book, *The Transpersonal: Psychotherapy and Counseling* (1993), illustrates such a spiritual orientation. He speaks of psychotherapy as being a bridge that leads us into the spiritual realm. Psychotherapy, and its various goals of the healthy, whole person, self-actualization, becoming more conscious, etc., has always remained somewhat vague in where these goals lead. Rowan suggests that it has always lead to spirituality, an encounter with the numinous, the sacred, the divine. He further states that psychotherapy is a

process of daring to open up to what is inside, itself a spiritual endeavor. Once we open ourselves to accept our spiritual nature then the whole enterprise of psychotherapy changes from, as he says, “patching wrecks, or even realizing potentials” (Rowan, 1993, p. 2), to removing barriers that keep us from the divine.

### *Summary*

Arising out of the recognition of the significance of spiritual dimensions of human experience and human consciousness, transpersonal psychology developed as a synthesis of the wisdom of the world’s religious and spiritual traditions with the understanding of modern psychology. It is considered a formal psychological study of consciousness, with particular focus on transpersonal and spiritual dimensions of experience, including the implications such potential experiences pose for human development and individual and societal well-being.

Within the study of transpersonal psychology, consciousness is considered to be the very foundation and essence of all existence, and is equated with *spirit*. Our essential nature as human beings is, therefore, spiritual. Further, consciousness is recognized to be multidimensional in nature, with the ordinary, normal consciousness that we commonly experience being only the most outward tip of consciousness. In this sense, our psychological self is seen as a surface expression of a much more vast and multidimensional field of consciousness. Even so, the full spectrum of this vast, multidimensional field is considered potentially accessible to human experience.

Transpersonal models of human development further illustrate this potential, showing that humans possess the potential to grow into higher stages of development, resulting in greater access to transpersonal and spiritual dimensions of consciousness. Not only do we have the potential for transpersonal development, but we also experience natural urges that move us in

that direction. This has been described as valid, universal urges toward spiritual seeking, manifesting as a natural and necessary search for understanding, meaning, and purpose. Highest levels of human health and well-being are correlated with these advanced stages of development.

Therapeutically, transpersonal psychology places high value on going inward to open oneself to transpersonal awareness. Doing so enables contact with a deeper source of insight and wisdom. It has also been stated that such contact puts one into greater alignment with the healing forces of the psyche and the universe. This contact and connection of the surface self with deeper spiritual dimensions is therefore considered the very basis of the highest levels of mental health.

For transpersonal psychotherapy, the therapeutic relationship becomes a vehicle for opening to these deeper spiritual dimensions. Here, the awareness of the therapist is considered central. Indeed, the consciousness of the therapist is considered a subtle force in and of itself that impacts the client deeply, facilitating further opening and growth. Very importantly, the therapeutic relationship is described as a shared evolutionary journey of awakening, growth, and healing for both therapist and client. The shared experience of deeper dimensions of being profoundly touches all involved. Finally, it should be reiterated that such dimensions are fully accessible to each of us as human beings.

The actual nature of these deeper spiritual dimensions, along with the subtle healing and transformative energies contained within them, may never be fully comprehended. Of course, this must be stated for human consciousness and human beingness, also; the actual nature of being human may always remain beyond our capacity to understand. Even so, transpersonal psychology, utilizing both the discipline of western psychological study and the wisdom and understanding of the world's spiritual traditions, offers crucial framework for beginning to recognize, experience, explore, and engage these profound dimensions of being. The significance

of this work for comprehensively addressing and exploring the vast context of our human experience cannot be overstated. Within it is contained the possibility of healing and transformation for each of us individually, as well as for all of us collectively. This, of course, has profound implication for the work of counseling and psychotherapy.

## CHAPTER FIVE

## Discovering Spiritual Psychotherapy

The preceding review of transpersonal psychology is admittedly highly theoretical. Even so, it is possible for such theoretical thinking to be grounded and affirmed in direct experience. The following two examples of Richard C. Schwartz, and Carl Rogers, involving their own separate and independent discovery of a spiritual dimension within their work of psychotherapy, are compelling. They are not offered in any sense as proof of the theoretical claims of transpersonal psychology, but simply as thought provoking, subjective clinical examples that reflect many transpersonal themes. And yet, given that the experiences and conclusions of Schwartz and Rogers arose independently of the field of transpersonal psychology, significant validating connections can be made.

*Example One*

The example of Richard C. Schwartz, Ph. D., is notable in the 20 year evolution of his own experience of family therapy from theory/model driven therapy to one that is explicitly described as *spiritual* (Schwartz, 1999). Although raised nonreligious and trained in science, the experience of working with clients in a psychotherapeutic setting led him, overtime, to reevaluate the nature of psychotherapy. His eventual arrival at the spiritual dimension of psychotherapy arose out of the development of his own work on the *internal family systems* model (IFS), a synthesis of family systems thinking and the multiplicity of mind model in which the “parts” of one’s personality are identified, separated, and explored. Working with clients on separating the various voices or sub-personalities, Schwartz happened upon what he came to identify as the *Self*, the core or essence of the individual that remained after all parts were separated. This Self appeared to be the individual’s truest nature, free from all the fears, anxieties, angers, and

woundedness of the personality. Equating this Self with the *soul* described in many of the spiritual and religious traditions of the world, Schwartz came to recognize the healing qualities of compassion, nonjudgmental witnessing, and insight that naturally arise out of Self. He states, “I came to an awareness of its existence accidentally and have achieved a deep conviction in its existence in everyone only after years of experimenting” (p. 226).

As Schwartz facilitated his clients’ encounter with the Self in therapy sessions, many came to describe their experience as spiritual. The unveiling of the Self brought a sense of stability, wellness, a transcending of personal problems, and an opening to the meaningfulness of life. At times this was accompanied by feelings of bliss or rapture, as well as physical sensations of warmth and pulsating energy. Very importantly, stepping out of the sub-personalities and coming into their core Self, clients experienced a new clarity of personal life experience, and a healing release of problems. In Schwartz’s words, “Helping people separate from and observe their feelings, fantasies, delusions, narratives, interpretations, body sensations, and the influence of other people—turning down the inner noise such that they can taste the Self—*will* produce greater perspective and equanimity” (p. 232). This is cited as being highly therapeutic and healing.

In order to highlight and maximize Schwartz’s subjective reporting of his evolution as a psychotherapist, he will continue to be quoted at length. He concludes:

I have come to view therapy as a spiritual experience for my clients and for myself. When everyone involved is in the embrace of the Self-to-Self connection and the energy of the Self fills the office, the work is effortless and I feel blessed to participate. . . . Many of my clients are quite expressive of their gratitude for helping them feel more connected to one another and to spiritual energies or experiences. They report the feeling that their lives

have more meaning; they are changing their lives in ways that are more aligned with their deeper intuitions; they do not have to engage in huge inner battles to create these changes; and they are better able to remain the “I” in the storms that rage around them. (p. 238)

### *Example Two*

Carl Rogers, founder of person-centered therapy, also eventually arrived at a similar spiritual perspective on psychotherapy. In a book chapter he authored titled, *Client-Centered Therapy* (1986), the basics of his theory on psychotherapy, including the 3 core psychotherapeutic conditions of genuineness or congruence of the therapist, unconditional positive regard for the client, and empathic understanding, are briefly outlined. It further states that the foundation of the person-centered approach is also built on a basic trust in the person possessing vast resources for self-understanding, growth, and healing. Rogers then goes on to describe another characteristic of psychotherapy that he had only come to recognize in his later work. Again, to maximize Rogers’ subjective reporting, he will be quoted at length:

When I am at my best, as a group facilitator or a therapist, I discover another characteristic. I find that when I am closest to my inner, intuitive self, when I am somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness in the relationship, then whatever I do seems to be full of healing. Then simply my *presence* is releasing and helpful. There is nothing I can do to force this experience, but when I can relax and be close to the transcendental core of me, then I may behave in strange and impulsive ways in the relationship, ways which I cannot justify rationally, which have nothing to do with my thought processes. But these strange behaviors turn out to be *right*, in some odd way. At those moments it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship

transcends itself and becomes a part of something larger. Profound growth and healing and energy are present. . . . I realize that this account partakes of the mystical. Our experiences, it is clear, involve the transcendent, the indescribable, the spiritual. I am compelled to believe that I, like many others, have underestimated the importance of this mystical, spiritual dimension. (pp.198-199)

This “mystical, spiritual dimension” points to the very heart of healing of counseling and psychotherapy. It is compelling to note that the recognition of this spiritual dimension came to both Schwartz and Rogers only after literally decades of work as psychotherapists and theorists. Even so, once recognized, they came to view this spiritual dimension as the essence of psychotherapeutic healing. Both spoke of the need for a deep connection of the inner spiritual self of the therapist with the inner spiritual self of the client, and the power of this profound joining to bring healing and growth. That they both arrived at spiritual language to describe this core experience is also significant. Clearly they had penetrated to a depth of experience that transcended what theoretical psychological language could describe. In doing so, they opened to dimensions of consciousness and human spirit that offer profound potential for transforming the lives of all involved. Again, the examples of Schwarz and Rogers are offered as reflections of transpersonal themes previously discussed. They may also be viewed as personal testimonials, from two prominent individuals in the field of psychotherapy, of the direct experience of spiritual dimensions of counseling and psychotherapy and the transformative healing impact they provide.

## CHAPTER SIX

## When Two or More Gather . . .

As previously discussed, 40 years of outcome research shows that psychotherapy does work. When two or more gather in the unique shared space of the therapeutic encounter, healing does transpire. The four common factors shown to be responsible for positive outcomes in therapy also appear to offer important clues into a universal dynamic of healing, as reflected in elements of traditional healing. As with Schwartz and Rogers, our understanding of this universal healing dynamic is enhanced by the recognition of the deeper spiritual dimensions of consciousness.

The natural, innate capacity for problem resolution, change, and self-healing that clients bring to therapy (first common therapeutic factor) can be said to arise from within the creative matrix of consciousness of the individual, though the inner mechanisms of this innate capacity are not fully understood. The healing impact of placebo, hope, and expectancy (third common factor), also works within the matrix of consciousness of the individual, triggered perhaps by some aspect of the therapeutic encounter. Again, the mechanisms responsible for this healing impact are not fully understood, though the therapeutic impact *is* clearly recognized. In addition, an individual's inherent potential to open to deeper dimensions of being (e.g., transpersonal awareness, soul or Self), thereby accessing healing energies, insight, and growth as described within the transpersonal literature, as well as by the examples of Schwartz and Rogers, also points to the mysterious forces at work within an individual's field of consciousness. In these recognized ways, what the client brings to therapy is significantly profound. It is the work of therapy to harness and activate these inherent healing capacities.

Within the context of the work of counseling and psychotherapy, it is the therapeutic

relationship (second common factor) primarily, and the use of therapeutic techniques (fourth factor), secondarily, that provide the possibility and means for activating the client's natural healing capacities. For this reason, further discussion of the therapeutic relationship, and therapeutic techniques, from a spiritual and transpersonal orientation, follows. An additional discussion of the role of the therapeutic environment will also be explored.

### *The Therapeutic Relationship*

Human relationship is the very heart of the psychotherapeutic encounter. Of the four common factors contributing to successful outcomes in all therapy, it is the relationship, the relating and interacting of therapist and client, that defines psychotherapy. It is the very foundation and context for everything that potentially takes place as "therapy." Within this context of relationship, hope may be generated and understanding and healing may arise. There is an unseen power that arises within the dynamic of two individuals coming together in shared experience. The therapist as healer comes with an offering of his or her own being as witness and as heart-presence. When the therapist-healer is fully present to the life and being of the client, a true joining takes place that impacts the client deeply and profoundly. As already discussed, within the deepest dimensions of being human, the therapist and client share in the same *beingness*, and are thus, at the core, already united in a common evolutionary journey. Facilitating an opening to this deeper shared dimension is the work of the therapist. Through the therapist's own opening of his or her heart of awareness to the dimension of shared beingness, the dimension of *soul* or *Self*, the two in relationship may naturally open together, consequently finding themselves within a powerful and empathic experience of communion. Significant forces of healing and growth become here available to them both as "therapeutic relationship."

In Jackson's, *Care of the Psyche* (1999), much exploration is made of what he identifies

as the *bedrock* of psychotherapy—"the healer-sufferer relationship" (p. 37). The healing traditions of ancient Greece are discussed including the writings of Hippocrates, the author of the Hippocratic Oath and Precepts, which are referred to even to this day in the field of medicine. Central to this discussion are the themes of friendship and love of humanity, integral components of the therapeutic relationship and of the process of healing. "For where there is love of man, there is also the love of the art [of healing]. For some patients, though conscious that their condition is perilous, recover their health simply through their contentment with the goodness of the physician"(Hippocrates, trans. 1923, p. 319). This speaks strongly to the power of love and goodness and the healing dynamic that arises when the healer approaches the patient with the disposition of genuine caring. Jackson (1999) additionally points out that

"The healer brings experience, knowledge, the influence of status, and healing capabilities, *but also a capacity to sense and to resonate with the patients suffering* [italics added], which capacity has often been denominated sympathy and compassion over the centuries (with the notion of empathy introduced in many twentieth-century views of the clinical context)." p.39

Rogers'(1980) "unconditional, positive regard" also points to the therapeutic qualities of the counselor/therapist that significantly contribute to the healing of the client. Jacquelyn Small, in *Becoming Naturally Therapeutic: A Return to the True Essence of Helping* (1989), discusses several such qualities, including genuineness, empathy, warmth, respect, and immediacy. The following additional characteristics elaborate the list further: trustworthy, reliable, moral, harmless, and impeccable; congruent and authentic; generous, giving, and helpful; sympathetic, caring, concerned, and compassionate; humane, accepting, non-judgmental, and fair. A therapeutic practitioner also possesses an inner silence and an aware presence that is open, alert,

attentive, attuned, receptive, sensitive, intuitive, even meditative. Finally, it should be added that such a therapeutic individual can be identified by his or her benevolence and goodwill, as well as by his or her commitment and dedication to serve others. All of these descriptors point to a basic loving nature that in and of itself is therapeutic and healing. Cited within *Care of the Psyche* (Jackson, 1999), the statements of Theophrastus Bombastus von Hohenheim, known as Paracelsus (1493-1541), beautifully reflect this theme of love; “The true and just physician is known by his love and by his unfailing love for his neighbor”; “The art of medicine is rooted in the heart. . . . If your heart is just, you will also be a true physician. No one requires greater love of the heart than the physician. For him the ultimate instance is man’s distress”; and finally, “. . . cure the patient by the charity and love with which God has endowed man” (p. 48).

Indeed, love is the driving force of the therapeutic relationship. It is the force responsible for the opening to the dimension of the soul-to-soul encounter, contact of the spiritual-self of the therapist with the spiritual-self of the client. Opening to this deeper shared dimension of being is, in and of itself, significantly healing for both. It is also the very foundation that all other therapeutic work is built upon. For this reason, it is impossible to overstate the significance of the therapeutic relationship, and the spiritual dimension of love required to establish it. Though absolutely central to the healing work of counseling and psychotherapy, a loving heart-presence is not the product of theory or technique. Instead, it arises naturally out of the genuinely caring disposition of the therapist. From where it arises, or in what manner it impacts, is not possible to say. Ultimately, it is a matter of the heart—and the deepest spiritual mysteries of being human.

### *Therapeutic Techniques*

When arising from its spiritual core, psychotherapy does not rely so much on technique as on heart-presence, intuition, and spontaneity. Discussing the role of technique, Karasu, in an

article titled, *Spiritual Psychotherapy* (1999), states that “the spiritual therapist has no technique of his or her own” (p.158). He goes on to explain that this is “because spiritual therapy is a way of *being with* someone in a soulful manner that targets the spiritual center” of the person (p.158). This speaks, again, to the primacy of the therapeutic relationship. Even so, there are therapeutic techniques unique to a spiritual or transpersonal orientation that help facilitate possible openings to deeper, spiritual dimensions of being. What such techniques have in common is their aim of enhancing or shifting awareness into domains of consciousness not commonly accessed or used in normal everyday functioning. This is viewed as desirable in their potential effect of increased insight, understanding, and healing.

Most commonly known of these is meditation. A number of approaches or styles of meditation exist, each with a somewhat unique result (Cortright, 1997; Walsh, R., 1993; Washburn, 1988). All involve a turning inward and a degree of concentration that enhances awareness. As with Valle’s previous description of his meditation-triggered *transpersonal awareness*, an altered state can result, perhaps identical to the mystical experience of saints and sages throughout time. With this come contentment, love and compassion, and insight. Such an experience can be significantly therapeutic and life-transforming.

Very importantly, meditation practice can result in a more interior, enhanced and awakened awareness, or consciousness (Cortright, 1997). This can be a great aid in the inner journey engaged through the process of psychotherapy. An enhanced inner awareness can bring the client more in touch with emotions, thoughts, and felt sensations that are critical for self-awareness and self-understanding, and ultimately for healing. Additionally, this enhanced awareness can have an *uncovering* effect in that repressed material may rise to the surface of consciousness where it can be explored and potentially resolved. Finally, an enhanced and

awakened awareness can provide an opening to significantly healing spiritual dimensions of being.

Holotropic therapy is another notable technique developed by Christina and Stanislav Grof as a method of inducing powerful altered states of consciousness (Grof, 1988). The core of holotropic therapy is the use of rhythmic breathing to induce the altered state. The basis for such breathing patterns stems from practices found in various traditional cultures and religions, such as shamanic journeying, yogic breathing, certain tantric practices, and others. Positive results of a holotropic session may include accessing repressed memories and experiences, and physical release of psychosomatic symptoms. This arises as the individual taps into the healing energies of the psyche and enhances the body-mind connection through the altered state.

There are several more techniques used in greater or lesser degrees in transpersonal therapy. Guided-imagery therapy employs the client's imagination in exploring and resolving inner emotional conflicts (Foote, 1996). This involves, as the name implies, the guidance of the therapist in leading the client to explore, through active imagination, fantasies, dream worlds, drawings, meditations, etc. An enhanced self-awareness can result that leads to a reconciliation of previously unconscious conflicts and blocks. Similarly employed are visualization and active imagination. Lucid dreaming is another technique that focuses on developing the capacity to be conscious and active in one's own sleep-time dreams (Walsh & Vaughan, 1993). Dreams, since Freud and Jung, have always had a place in psychotherapy as doorways to the unconscious. Lucid dreaming develops this doorway further by remaining fully aware throughout the dream sequence, even to the point of influencing the direction of the dream, in order to maximize access to unconscious material. There are also a number of body-centered approaches that stem from the body work of Wilhelm Reich (Cortright, 1997). Based on the assumption that feelings and

emotions are rooted in the physical body, body-centered techniques are employed to increase awareness of the body as a means of unlocking and releasing emotional energy throughout the body. More traditionally based body-centered practices include hatha yoga, t'ai chi ch'uan, and Aikido (Frager, 1989). Again, in the most general sense what all spiritual and transpersonal therapeutic techniques hold in common is their aim of enhancing or shifting awareness into spiritual dimensions of consciousness.

A final comment should also be made of the role of the more traditional spiritual or religious themes and practices of prayer, forgiveness, unconditional love, surrender, devotion, and selfless service to those less fortunate. Such themes and practices may prove powerful tools for engaging the spiritual lives of clients. As with the other techniques discussed above, engaging clients on these deeper levels also enhances awareness and facilitates openings to spiritual dimensions of being.

### *The Therapeutic Environment*

When discussing general therapeutic dynamics of counseling and psychotherapy, it is also worthwhile to consider the impact of the *therapeutic environment*. This includes both the therapist and the actual physical environment where therapy takes place. The intention is to provide an environment that positively contributes to the possibility that the client will experience some therapeutic impact relative to his or her presenting condition. So the intention, by way of attending to the therapeutic environment, is to help create an opening for this therapeutic impact. This could be described as an opening of awareness, an opening of the heart, a heightened state of awareness, a heightened state of self-awareness, and also an opening to what might be called the sacred or the holy. What is strived for is an enhanced environment that is particularly conducive for therapy to take place. This enhanced environment itself impacts the

client as well as the therapeutic process. Upon entering into such an enhanced environment, the individual may more naturally turn inward, may subtly shift from a superficial orientation to the world and daily experience, to a deeper level orientation that is distinguished, at least in part, by an increased desire to explore personal life experiences, problems, and issues; an increased capacity or willingness to open to difficult emotions; and a greater sincerity regarding life, generally.

Significant attention should be paid to the physical space (office) where therapy is to take place. It should be open and inviting, comfortable and safe, even cozy. Ideally, a client would have two or three choices of furniture to sit upon, allowing for personal disposition and mood. Natural lighting should be utilized, though slightly diffused on bright days. Table and floor lamps are to be used to supplement natural light, with a general avoidance of ceiling lighting, particularly florescent. Natural wood furnishings and trimmings are important both for their beauty and warmth, as well as for their earthy, grounding influence. Vibrant living plants and flowers will also contribute a grounding influence while bringing health promoting, balanced life-energy to the room. The space should be made beautiful with art and photography, particularly depicting the beauty of nature. Sacred art, like depictions of prayerfulness or contemplativeness, symbolized divine light (e.g., sunrise over a flower garden), or peace and joy, may also be utilized. In addition, well placed inspirational quotes can promote a mood of introspection and upliftment. Such sacred art and quotes of inspiration should be of a non-religious or neutral character in order to remain inclusive to all belief traditions as well as to the non-religious. Generally, the artwork and furnishings should be comfortable, warm, uplifting, and inspiring, and convey a sense of well-being, goodness, and peace.

Overall, the therapy room should convey a warmth and softness that both nurtures and

soothes. Gentle, meditative, healing music very softly played in the background will certainly contribute an ambiance of healing, peace, and well-being, and can also be used in session to stimulate and heighten awareness, and facilitate a turn inward. Of course, it is always important to check-in with the client to determine whether the music is found to be pleasant or helpful. Even when not appropriate for the therapy room proper, well chosen peaceful, healing music played softly in the entrance way and waiting area will contribute to the client's transition from the often busy, noisy world outside, and prepare him or her for the introspective work about to take place.

Given the ambiance of the counseling center described above, clients will likely look forward to arriving for counseling and cherish the time spent in this healing environment. They will find it a place where they are able to open up and let go. It will be seen as a place to get in touch with things more meaningful, even things sacred or holy. The counseling environment will be viewed as a "special place," a sacred place that restores balance in their lives. When created and maintained with intention, even new clients upon first entering will sense this specialness, though they may not consciously identify it as such. Yet, they will be impacted as if stepping into another dimension, a sacred space, like the feeling of entering a beautiful sanctuary or temple. They will come to view it as a place to heal and grow. This is perhaps the main point. The therapeutic environment should be representative of health, wholeness, balance, and peace, and even evoke a subtle sense of the sacredness of life, as well as the sacredness of the client as an individual. Great attention should be paid to every detail in its arrangement.

Perhaps more subtle and difficult to describe, there is also an *energetic* or *vibrational* component to the therapeutic environment worthy of mention. Here, as described in the transpersonal literature, the consciousness of the therapist(s) is crucial. By this is meant the

overall attitude, disposition, and attunement of the practitioner. It is a matter of maintaining an appropriate intention. As with the physical environment, the therapist him/herself should emanate an ambiance of balance, wellness, and peace. The therapist also conveys an openness and warmth that is palpable and comforting to all who arrive for counseling. There is also a quality of depth and meaningfulness that, though quite subtle, is significantly conducive to drawing others naturally to a similar depth of exploration and meaning-making. Even upon entering the therapeutic environment, the intention of the therapist is to shift into a deeper, more expanded mode of being as a means of maintaining, as well as of enhancing, the therapeutic vibration of the space. The therapist may even think to him or herself, "I am about to embark upon the sacred work of engaging the heart and soul of another." Such an attunement increases the possibility of drawing the client toward healing spiritual dimensions of being.

It should be explicitly stated that the counseling office should not be clinical. Think of the contrasting experiences of sitting in a doctor's office, and sitting in a cozy, thoughtfully decorated living room. It is not difficult to discern the differing impact these two environments have on one's state of mind. To the extent possible, the therapeutic environment should more closely resemble a comfortable living environment, enhanced by well chosen furnishings that intentionally contribute to comfort, peacefulness, and wellness. This, in itself, is therapeutic. By way of example, a similar orientation has been applied in the past decade to the experience of childbirth as evidenced by the current prevalence of birthing rooms and birthing centers that recreate a warmer and more homey atmosphere. Such mindfully designed birthing environments are in sharp contrast to the operating room births of previous decades. It represents a notable shift from an illness based medical model of care toward a health and wellness model that honors and supports natural human processes. This orientation is vital in psychotherapy and counseling in

that it encourages an openness and ease that helps facilitate the inner work of exploration, insight, release, and healing.

## CHAPTER SEVEN

## Conclusion

The central premise underlying this exploration has suggested that there is a dynamic spiritual dimension of the human experience that may potentially be penetrated and accessed through the endeavor of counseling and psychotherapy. It has also been stated that this spiritual dimension is primarily responsible for the therapeutic healing that may take place. Even further, the highest levels of mental health are seen as a product of contact and connection of the surface self with this deeper spiritual dimension of being. This spiritual dimension is therefore considered the very heart of healing. Again, the compelling examples of Schwartz and Rogers highlight the therapeutic significance of recognizing and accessing this healing spiritual dimension within the endeavor of counseling and psychotherapy. As quoted previously, Carl Rogers stated, "I am compelled to believe that I, like many others, have underestimated the importance of this mystical, spiritual dimension" (1986, p. 199).

A realization such as this has profound implications for the entire discipline of psychotherapy, from theory to practice. The field of transpersonal psychology, for nearly three decades, has contributed significantly toward developing an understanding of human consciousness that recognizes spiritual dimensions of being human. The work of psychotherapy would surely be advanced by integrating such understanding into training and practice. This process, of course, ultimately rests with the counselor or therapist as person. For this reason, concluding comments will be focused here.

For counseling and psychotherapy to open to a spiritual orientation, it is necessary to move well beyond theory. Therefore, it should be reiterated that opening to a spiritual orientation requires a therapist to embark upon his or her own journey of spiritual awakening. This requires

that the therapist respond to his or her own natural, inner spiritual prompting, and allow his or her own spiritual life to grow and mature. The material presented here was admittedly theoretical. Ultimately, such lofty (and wordy) exploration has no significance whatsoever apart from being grounded, very personally, in direct experience. The path of spirituality has to be our own.

Most assuredly, one can begin to recognize the deeper dimensions of one's being described variously throughout this work. Fortunately, the direct experience of such dimensions reveals their beautiful simplicity. The soul work of counseling and psychotherapy need not be complicated. It is more a matter of showing up with an open, attentive, and caring heart, than mastering fancy techniques or articulating abstract theory. "It is only with the heart that one can see rightly." Open the heart. Pay attention. And see what happens.

The question may ultimately be, "How present am I able to be with this person?" Opening to spiritual dimensions of therapy simply requires being fully present, and more aware. It does not require sophisticated esoteric technology. It does require tuning-in to the therapeutic moment with a loving heart.

For this reason it is recommended that individuals who wish to conduct spiritually oriented therapy partake in regular spiritual practices. Heart opening practices are particularly important, such as loving-kindness meditations, or selfless-service work with those in need. Self-awareness practices will also enhance present-moment awareness and heighten sensitivity to the environment. Prayerful and devotional practices help to deeply attune to the sacred dimensions of being. There are a plethora of such spiritual practices available and typically one can find information and guidance with little searching. Such personal practices will certainly prove beneficial when working therapeutically with clients. Indeed, the present-moment spiritual life of the therapist is the very doorway for clients to enter deeper healing dimensions of their own

being.

Three-fourths of psychotherapists already experience their work as a form of spiritual service. It is hoped that by continuing the exploration of the spiritual dimensions of counseling and psychotherapy, the larger disciplines of psychology and mental health may more fully awaken to, and embrace, a spiritual orientation. In this awakening something truly significant and beautiful awaits.

Only by opening our hearts  
can we find God's blissful world around us.

*Mata Amritanandamayi Devi*

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