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## ***Consciousness: the missing link***

### ***Zavest: povezovalni člen, ki manjka***

#### **Abstract**

A general view of the main characteristics and usefulness of transpersonal psychotherapy is presented along with research data, with the guiding idea that consciousness is of fundamental importance to psychology and psychotherapy. Modified states of consciousness can be used as powerful therapeutic tools unveiling hidden contents of the human psyche and allowing for fast restructuring.

#### **Key words**

transpersonal psychotherapy, consciousness, development, identity.

#### **Povzetek**

V članku je predstavljena uporabnost in glavne karakteristike transpersonalne psihoterapije, kot jih nakazujejo raziskave. Vodilna ideja celotnega članka je predstaviti Zavest kot temeljno področje psihologije in psihoterapije. Spremenjena stanja zavesti so izjemno močno terapevtsko orodje za razkrivanje podzavestnih psihičnih vsebin in omogočajo hitro osebno restrukturiranje.

#### **Ključne besede**

transpersonalna psihoterapija, zavest, razvoj, identiteta

## Introduction

Transpersonal psychotherapy is a relatively new psychotherapeutic field, born, in its modern formulation, mostly from the work of Abraham Maslow (1968) and Charles Tart (1969) when they published their groundbreaking work, and from the birth of the Journal of Transpersonal Psychology in the US. The transpersonal perspective also owes a lot to the earlier work of Roberto Assagioli and Carl Jung in Europe. Furthermore, the word “Transpersonal”, adopted by Maslow, was previously used by Emmanuel Mounier (according to Descamps, 1999), meaning “going beyond the person” or transcending the person. Indeed, this was right from the beginning a pervading idea: the previously mentioned authors and others like Stanislav Grof, Jim Fadiman, Robert Frager, were well aware of the fact that many people could experience unusual states of consciousness, some of which implied intense expansion of the field of consciousness, of its contents and even the quality it had (this awareness came not only from the “psychedelic revolution” in the US in the sixties but also from the interest in “spiritual” practices such as yoga, tai-chi, meditation, trance dance and so on). After such experiences, many subjects started questioning their usual sense of identity and believed they could go further than this sense of themselves, further towards a deeper Self, or soul. Such states could be pathological but in many cases were not – people who experienced them reported positive results as an after effect. Weil (1976) has shown that during the most intense kind of positive expansion of *consciousness - cosmic consciousness states* - subjects would de-identify and dissociate from their normal mundane personalities and feel themselves as being immortal, free from the bonds of space and time, blissful, deeply connected with the Universe. Some would assert that this could not be anything but a hallucination; however, usually it did not produce any pathology, on the contrary, it gave rise to positive changes such as loss of the fear of death, a sense of appreciation and gratitude for life, and an openness to new experiences.

For the most part modern transpersonal psychotherapy is, from my own perspective, *bringing back consciousness, its study and its therapeutic use right to the place where it belongs: the center stage of psychology*. I would contend that no definition of the human can ignore the fact that we are humans only as long as we are experientially conscious, meaning that we are, so to say, aware of our own consciousness. The image of someone who sees his own reflection in a mirror, recognizes it as pointing to himself and reflects on it is a good, classic image, for human consciousness. Consciousness has been, in a way, *the missing link* in our psychological knowledge. Le-Shan (1984) made an important point that goes a little bit like this: the most perfect, intelligent, beautiful, sensual, voice-synthesizing android will never qualify as human if he is as self-aware as my refrigerator; but a very imperfect, cranky, ugly, crippled, stupid human, will – to the extent of his self-reflecting consciousness. The whole human culture does not make sense unless we acknowledge that it is meant for self-aware beings who *experience it* in the form of architecture, literature, performing arts, sculpture, painting, philosophy, even science. If we want to understand human beings, we cannot ignore the fact that they are *aware of themselves*. We do accept here the definition of Consciousness as “*the capacity to be aware – aware of mental processes such as perceptual experiences (visual, auditory, olfactory, gustatory, tactile, temperature, pain), mental images, thoughts, emotions, and one’s sense of self. It is awareness of what it is like to “be” a particular person, or animal, or organism*” (Presti, 2011). Of course defining Consciousness is a very difficult thing (see Blackmore, 2005 for a good discussion). Anyway we can consider it to be the general quality that allows us to know we exist and are experiencing something – and then awareness can refer to the specific experience we know we are going through at a given moment, for instances, “I am aware that I am writing this article while listening to a rooster close to

my window here and now?”. This is why the concept of *identity* can be and must be brought into consideration. The specific kind of human consciousness is the mirror-like consciousness, the possibility of recognizing ourselves in physical mirrors or in the social mirrors other people give us. We build identities, or individual personalities, from the way we experience ourselves and the way others see us. Indeed transpersonal psychotherapy is mainly focused on the study of consciousness, and identity as the main observable, relatively permanent, manifestation of it. Identity reflects our own uniqueness and the way we perceive ourselves as a continuity of physical and psychological characteristics over time – but for this to happen our consciousness does have to cling to a certain set of such characteristics in a process of *identification*. We believe that the integration of different models – a trademark of our field – is facilitated when we acknowledge that any human being is an *experientially conscious being* and as such is focused on his *identity* as the main *experience organizer* (see Louchakova, 2004). Identity mediates the way human behavior is influenced by both conscious and unconscious processes: any evaluation conducive to emotional responses (be it at a mostly unconscious, fast-processing, automated, level or at a more deliberate, conscious level) depends on the internal or external stimuli as they are weighed against the fundamental pattern we call *personal identity*. As Ellsworth and Scherer (2003) pointed out very clearly, emotions influence thought and are largely the product of the organism’s appraisal of its circumstances as favorable or unfavorable, novel or familiar, pleasant or unpleasant, compatible or incompatible with standards. We would argue that *identity* is a fundamental standard in what concerns human beings and the evaluations conducive to emotional responses are mostly related to it and include the way we conceive ourselves as moral, affective, cognitive, biologic or spiritual beings. In turn the states of consciousness we are in influence directly the depth and quality of the access to identity and the possibilities for changing or strengthening it. Typically, as Maslow (1968) was already pointing out, the way we think about who we are changes dramatically and positively when we undergo “peak experiences” in expanded states of consciousness. Altered states of consciousness, when positive and non-pathological, can indeed be at the origin of many deep changes in human self-concept and human societal life at many levels as recent work can show extensively (see Cardena & Winkelman, 2011). Human beings can learn how to manage conscious states in such a way that they can deal with identity contents in a much better way, identifying and de-identifying with their personality or just getting a more distanced, broader perspective about it and the implications it has for perception, emotion and behavior. This is close to what Roberts (1989) calls “tertiary thinking” and, according to our own clinical experience, is crucial to help patients develop more autonomy and a deeper sense of power over themselves instead of feeling that they are mere victims of who they are and how they feel about their circumstances.

## **What is it bringing anew to therapy?**

First, transpersonal psychotherapy specializes in inducing modified states of consciousness and using them therapeutically to understand better the psychodynamics of each individual. Initial “entry” techniques for such states can go from “classic” meditation, breathing techniques, hypnosis, trance dance, drumming, and so on, to modern ones such as biofeedback, music with embedded subliminals, binaural rhythms and flotation tanks. Such states help the patient in gaining access to deep levels of the psyche (usually unconscious), past memories, repressed contents, pre-verbal processes. They also assist with inspiration, creativity, intuition, clarity of the mind and detachment from wounds and »heavy« contents to aid the therapeutic process. The positive and pleasurable experiences that usually are part of transpersonal Psychotherapy are in themselves anti-depressive and soothing for many anxious patients. The therapist stays in close

connection with the patient, creating a space of security and acceptance for him but also, many times, catalyzing and supporting each step in the process of self-exploration (a good paradigm of how this can work is found in hypnosis, an approach that obviously works with modified states of consciousness: see Nash & Barnier, 2008 for an excellent overview). With regard to efficacy, transpersonal psychotherapy not only helps patients gain fast and deep insights, it is also conducive to positive, pleasurable experiences of peace, deep stillness and relaxation, mental clarity and a different self-perception. It also helps patients find out that they are not mere victims of their own emotional processes, as the typical tools used in transpersonal psychotherapy allow for effective conscious management of emotions. Patients learn how to focus on their emotions, characterize them, amplify and decrease them, distance from them and so on. Simultaneously, the techniques themselves are stress and anxiety relieving and so give the patients tools that empower them to reduce their troubles and gain a better perspective on their lives, their symptoms and the way out of them. Modified states of consciousness are powerful tools that help the patient move closer and away from his identity, to reframe it, change it and find new, healthier ways of functioning.

### **A conciliatory and integrative view**

Transpersonal psychotherapy acknowledges the importance of the cognitive-behavioral perspectives and their emphasis on the need for challenging irrational thinking (which also give patients tools that allow for better cognitive functioning). It also acknowledges the importance of the defenses against anxiety that psychoanalysis has so emphasized and gives the patients tools that help them (through modified, pleasurable and quiet states of consciousness) bypass such defenses and therefore gain better insights about underlying contents. However, many times they also help patients use their defenses as a sort of gates to deeper understanding about what is happening to them and why they are so anxious, vulnerable, angry, sad and so on. As an example, many times a patient will complain of muscle tension and pain – and such pain and stiffness can be used, during a modified state of consciousness, to help him gain insight about the origin of such trouble as a defense that has been built in the past to block emotion. Sometimes this will imply a full re-experiencing of past trauma. In the same way, a patient can feel a deep sadness that he does not understand in his normal state but, during a relaxation session, as he feels the support and gentleness of the therapist, perhaps he will allow himself to characterize the emotion giving it a color, a shape, a movement pattern, an age, a sound, a weight... and later he will become able to experience it and allow it to express something. At the same time, the spontaneous expression of the age “it feels like the emotion has” can give both therapist and patient clues about the moment in life it became an emotional pattern. Some inquiries and some procedures are not so different between Transpersonal and other approaches, the most important difference being in the emphasis on changing consciousness so that both the spontaneous inner wisdom and self-healing potential of the patient is released and he gets special power to change some self-concepts, behavioral and emotional patterns or other aspects of his psychological structure that are producing suffering. Modified states of consciousness can many times produce strong and emotional experiences which in turn can help produce and store in memory powerful self-restructuring. As a matter of fact, we believe that in many useful and successful psychotherapeutic modalities, change takes place thanks to intense awareness (already a modified state...) and the way it helps memorize new, creative ways. Generally speaking, we welcome and acknowledge the very important contributions from other approaches to psychotherapy and we try to integrate them into our views. We use the notion that consciousness and identity are central concepts in understanding human beings as a way of integrating many contributions from other approa-

ches as they work with key areas of human identity (mind, emotion, observable behavior, body energy) and have tools to deal with them. Such tools and insights can be used in very fruitful ways when we make use of expanded states of consciousness. As the issue of personal identity is worked on and the patient experiences himself in different ways, many times a different view of the values and the purpose of life tends to unfold. Usually, these kinds of experiences during a transpersonal psychotherapy process will also help the patients find a different feeling of connection to the social and natural world and a deeper sense of citizenship.

## **A larger view of human development and human nature**

Transpersonal psychotherapy accepts and welcomes the general descriptions of human development to be found for instance in life-span perspectives (for example Papalia, Olds & Feldman, 2001; Berk, 2001). However, we add to them the idea that the development of humans goes further than it was thought. It does not begin after birth but actually before and perhaps it goes on in the afterlife. Grof (1980, 2000) with his concept of *Perinatal Matrices* made a powerful contribution both to the field of transpersonal psychology and also to general psychology, showing the way the process of pregnancy and the powerful experience of birth can influence the formation of the human personality – a view that authors like Chamberlain (1998) have also corroborated. An important factor here is that consciousness modifying (or transpersonal) psychotherapies are especially able to help patients get in touch with prenatal and perinatal experience, as such realms are pre-verbal in nature and cannot be easily accessed through purely verbal psychotherapies. Often a transpersonal psychotherapist will induce expanded states of consciousness that will allow patients to get in touch with “lost” memories from his past as he finds and re-experiences them; doing so, the patient will be in state of going beyond who he usually feels and thinks he is, de-identifying with that, and then getting in touch with even pre-personal states and structures in a way that can be safe and potentially helpful. So many times trans-personal states can help dealing with pre-personal ones.

The previous considerations take us towards one of the interesting, but hard, areas of Transpersonal Psychotherapy: it implies the idea of going beyond the personal, transcending it in a way, but in which direction? Indeed typical authors in the field believe that there is a “higher” structure of the human being that can be accessed in a privileged way through modified states of consciousness and that it is the basis of deep creativity, intuition, values and experiences of intense joy and sometimes mystic experiences. Some take it for granted that it corresponds to the classic concept of a Soul while others will be cautious and only assert that it entails a sort of suspension of the general personal self-references and the experience of what looks like a totally different Identity. This is what a phenomenological approach shows – it corresponds to spontaneous or induced experiences as described by literally millions of human beings in many cultures and in many contexts (not just therapy). We do know that such experiences can have a deep transformative, positive impact in their lives; however the discussion of this in philosophical-ontological or parapsychological terms is beyond the scope of this article.

Transpersonal psychology assumes that perhaps a new and more complete story about human development can be told. It includes: influential events during pregnancy, birth and perinatal processes; infancy to adulthood; mature adulthood; death and dying processes; and even post-mortem ones, when we deal with the possibility of life after death and reincarnation (such possibilities are not something an open minded scientist should ignore (see Stevenson, 1997a, 1997b)). Influential authors, such as Thomas Armstrong (2007), are now presenting a different

view of human development: he describes 12 stages of human life, from pre-birth to death and dying to beyond death. He talks about the “spirit down” part of our journey into a baby’s body and a “body up” journey of human development. According to him, we are all adapting to the world and its ways as persons and remembering as souls. We develop under two influences: biology and spirit, and activities such as dance, play, theatre, arts, spirituality and religion, belong to the “remembering” activities that mainly concern our souls. Maybe the construction of a human identity is more complex and goes further than was previously (although spiritual traditions such as the Vedas from India talked about the same themes thousands of years ago). One typical stance in the transpersonal world is really a view about human beings as having a one-life biography under the influence, and as part of, the many-lives travelled by the soul. This is not so easy to test scientifically (although some works are astonishingly interesting, as quoted above – see Stevenson, 1997 a and b); however, it is now apparent that the beginning and the end of our personal biography goes further than previously considered.

### **New areas for systematic study: consciousness and spirituality**

I have already said something about consciousness as a fundamental area for transpersonal psychology and psychotherapy and we will see in the last section that some relevant research has already been done. Although spirituality has been mostly disregarded by classical psychology as a land of superstition and danger for mental health, transpersonal psychotherapy does respect it and acknowledges the powerful contributions of the spiritual traditions of the world for understanding it (through detailed descriptions and cartographies of consciousness) and managing it (through consciousness modifying techniques). Recent research has shown that spirituality can indeed be very positive to physical and mental health (Koenig, McCullough & Larson, 2001; Comer, 2004). It is a matter of regret that psychologists have ignored and/or debunked religion and spirituality for so long (and many still do), even though the vast majority of their patients are religious or have spiritual practices as important parts of their lives. A recent important work from Hitchcock & Esposito (2004) estimates that around five billion people around the world belong to some religion or have some sort of spiritual creed. Transpersonal psychotherapy is well prepared to help people in dealing with religious or spiritual experiences, dilemmas and crisis (see for instances Lukoff, 2011; Geels, 2011). One good example of the contemporary recognition of this relevant area is the category of Religious and spiritual problems in the DSM-IV-TR. All human beings face death, the fear of death and the quest for the meaning of life and transpersonal psychotherapists tend to be especially sensitive to help their patients deal with such dilemmas and help them find their own solutions. For instances, a sort of “virtual reality” experience of one’s own death can be constructed during modified states of consciousness. In the same way, a retrospect view of one’s own path through life can sometimes help a patient find a sense of personal worth and usefulness to others, so that he can accept the proximity of death with the sense of a fulfilled life. It is not surprising that psychologists connected with palliative care tend to be spiritually-oriented and tend to acknowledge relevant contributions of the spiritual traditions to help human beings deal with their own death (Kubler-Ross, 1995; Hennezel & Leloup, 1997; Leloup, 2001). This does not imply indoctrinating them (although some knowledge about Parapsychological research can in some occasions be useful as patients can be referred to relevant literature and this can be later discussed) but openly discussing their views and doubts and sometimes helping them explore the meaning of their lives. In this, authors such as Vitor Frankl are known to be close to the transpersonal area. Also some experiences that can occur during sessions are sometimes at the origin of very fruitful reflections. We have had many situations where skeptic patients were faced with somewhat “unordinary” experiences of themselves

during supposedly previous lives, or had unexpected “visions” of otherworldly realms and then this has been discussed with them, in a climate of total acceptance of their own interpretations (and these were sometimes far from implying metaphysical assumptions).

## **Relevant Research pertinent to Transpersonal Psychology and Psychotherapy**

Some specific psychometric instruments are already available in our field, allowing for measurement of concepts like “peak experiences”, “spirituality”, “spiritual well-being”, “paranormal beliefs”, “transpersonal orientation”, “self-expansion”, “mystical experiences”, “spiritual beliefs”, and “mental, physical, and spiritual well-being” (MacDonald, Douglas A.; Kuentzel, Jeffrey G; & Friedman, Harris L. (1999 a and b). They add to already existing instruments by allowing for the measurement of the effects of consciousness modifying psychotherapy. Some research demonstrates the efficacy of transpersonal psychotherapy. It includes *Case studies* (Clinton, 2006; Deatherage, 1975; Galegos, 1983; Miller, 2005; Urbanowski & Miler, 1996; Segall, 2005; Peres, Mercante & Nasello, 2005) and *Direct Research* (Clinton, 2006; Deatherage, 1975; Holmes et al., 1996; Simões, Gonçalves & Barbosa, 2003; Peres, Simão & Nasello, 2007; Peres & Nasello, 2007; Peres et al. 2007; Grepmaier et al., 2007). Although transpersonal psychotherapy is not reducible merely to meditation, meditation is dear to professionals in the field and is frequently part of their personal preparation and practices. Meditation also helps patients increase their self-awareness, helps them make a distance from, and learn to identify and dis-identify with, their identity structures and also improves attention, concentration and memory, self-esteem, general mental health, reduces anxiety, promotes general well-being (Donovan, Murphy & Taylor, 1997). There is now important evidence about the efficacy of several meditation practices in the treatment of psychological disturbances and psychosomatics, from neuroplasticity and cognitive-behavioral studies: Johanson (2006); Hirai (1989); Travis (2006); Schwartz (2002; quoted by Begley, 2008); Teasdale, Seagal and Williams (2000; quoted by Begley, 2008); Davidson (2004); Mace (2007); Segall (2005); Davidson et al. (2003); Lutz, Dunne, & Davidson, (in Press). Counterindications to meditation or negative side effects can also occur although a lot less frequently than the positive effects (Donovan, Murphy & Taylor, op.cit.) and include, mostly for intense and prolonged practices, reinforcement of neurotic mechanisms, psychotic episodes, anxiety increase, anger or tension, psychosomatic episodes and loss of common sense.

It goes without saying that human beings are better equipped for learning than any other animal species and that learning is crucial in any human environment. Psychotherapy can be conceptualized partially as a process of correcting previous learning and learning new skills. There is now abundant evidence from the field of *Metalearning* which shows that *increased awareness* increases learning, e.g. Albert (1990); Koriati (in Press); Kurz and Weinert (1989); McCombs (1989). Consciousness accelerates and improves the quality of learning - and we may underline the fact that consciousness modifying psychotherapies systematically resort to consciousness expanding techniques as an aid in the psychotherapeutic process.

Within the transpersonal approach to psychotherapy, it is accepted that there is a core, a “transpersonal self”, that is acknowledged as the main center for consciousness and whose nature could be metaphysical. As we mentioned previously, Phenomenology substantiates this to a certain extent. A number of patients describe the feeling of a new, deeper “self” within themselves when they are experiencing a modified state of consciousness. Louchakova (2004) has shown that the experienced self of a large group of people seemed to be organized in concentric layers with a

deeper self at the core. This sense of a new, deeper self-structure seems very important in the process of redefining identity in healthier ways. Stallone & Migdal (1983) observed some intense and severe, but transient psychological disturbances that can amount to “positive” growth stress when patients are able to keep a critical distance from their ailments, without totally identifying with them – as if they could withdraw into a deeper and healthier structure.

Another pertinent area of research concerns psychoneuroimmunology. Benor (2004) mentions several recent studies following the work from Simonton et al. (1980). We can infer from them that cancer patients gain consistent benefit from complementary therapies such as meditation, imagery during deep relaxation, confidence in self-healing resources and surrender to “higher powers”. Such techniques are typical of the transpersonal approach and generally imply the use of modified states of consciousness. Pert, Dreher, & Ruff (2005) emphasize the well documented research fact that emotions and stress influence the immune system (and that repressed emotions tend to damage its functioning) and in the same way the immune system influences emotional states. According to them, psychological interventions are very important even for the treatment of severe medical conditions. It seems that consciousness could be the global avenue to influencing the neuropeptide system that connects mind and body, nervous and immune system, viscera and the brain. No wonder that the famous Simonton Clinic in the USA is obtaining almost unparalleled positive results with cancer patients as it includes in its therapeutic program therapeutic groups, meditation, visualization, relaxation and a strong emphasis on patients' spirituality (Simonton, Henson & Hampton, 2002).

## Conclusion

I believe I have shown that the return of consciousness as a most relevant variable in the field of psychotherapy – a fundamental starting premise in transpersonal psychotherapy – shows great promise and has already been the bridge to important progress. I believe that in the future it will become even more relevant as we learn thoroughly how to manage it and use its modalities or states as tools for changing both overt and covert human behavior and even human physiology: a task that is now mostly in the hands of Transpersonal Psychology.

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