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The transpersonal is very personal: The transpersonal field in integrative psychotherapy practice

Abstract

This paper considers challenges and controversies associated with the transpersonal field in psychotherapy for clients and psychotherapists, how transpersonal themes or concerns might be avoided or rejected, allowed or disallowed in the therapeutic relationship. It questions attitudes and hidden underlying conflicts or assumptions such as aggrandizement and shame dynamics, and proposes how we might integrate transpersonal psychological spaces in integrative clinical practice.

Introduction

The transpersonal field is not limited to, but inevitably includes spiritual and religious beliefs and associated philosophical ideas. These form seminal shared psychological spaces concerned with core beliefs, values and experiences of human beings which have emerged within every culture in known history. An extensive body of research, mostly gathered by medical researchers, provides robust evidence how the psychological spaces associated with religious or spiritual connections impact health, recovery rates, immune functions or life expectancy (Koenig, King, and Brenner Carlson, 2012). Such findings have yet to receive acknowledgement, or lead to some psychotherapy consensus, that such psychological spaces should be a deserving concern for clinical practice. Collectively, the psychotherapy profession struggles to negotiate the science vs religion split and dualism in a constructive manner (Warnecke, 2014). As a result, we see controversy about inclusion and exclusion and a paucity of psychotherapy research. These conflict dynamics inevitably impact psychotherapy practice and cannot be ignored when we consider the transpersonal field in integrative psychotherapy.

What is in the transpersonal field ?

The term 'transpersonal', apparently first used by William James in 1905 (Mark, 2008), initially emerged in the psychotherapy realm alongside Jung's ideas and conceptions of a 'collective unconscious' (Vich, 1988), notions of 'ego-transcendent' states (Huxley, 1945), or of a 'higher unconscious' (Assagioli, 1965) among others. The 'transpersonal psychology' paradigm on the other hand, evolved during the 1960s and has its roots in the humanistic movement and particularly in formulations by the humanistic pioneer and thinker Abraham Maslow (1968). Maslow (1971) argued that altered states of consciousness, which he saw intrinsic to human nature and described as 'peak experiences', motivated people to pursue higher values or 'metavalues'. For Maslow (1971), the term transpersonal psychology identified not only a psychology beyond self-actualization but also a new frontier for motivational psychology.

In the 21st century, the term 'transpersonal' remains controversial for many (see below), which in part appears fuelled by a lack of consensus about what the word stands for, but may also reflect responses to some particular, or sometimes controversial, ideas within a diverse transpersonal field that includes a motley range of conceptions by writers such Jung, Assagioli, Piaget, Hillman, Maslow, Grof, Mindell, Wilber, or Rowan along many others. However, amongst demographic populations of psychotherapists and clients who engage with, or embrace, transpersonal ideas, the transpersonal field appears first and foremost associated with liminal psychological spaces, with phenomena, dynamics and beliefs that bridge thresholds of individual-personal and collectively shared realms whilst, at the same time, being experienced as personal by the individual, or as having deeply personal and motivational meaning for the individual. For many, this quintessentially pluralist notion of 'transpersonal' apparently also includes connections to our natural environment as well as to the realms of poetry, literature and arts, which all share a potential to transport the individual in some emotionally significant way and give rise to meaning or, in Maslow's (1971) terms, metavalue motivations and peak experiences. Empirical observations suggest an emerging consensus for perceptions of a transpersonal dimension of self-relating (or self-state) within a continuum of intrapersonal, interpersonal and transpersonal dimensions (Warnecke, 2014).

Fragmentation and polarisation dynamics in psychotherapy contexts

The word transpersonal itself and its associated meaning seem to commonly evoke a range of affective and emotional responses. Fragmentation dynamics seem common, both in the form of aggrandizements and fears, as shame reactions and fears about personal, professional or academic respectability for example. Such fragmentation dynamics may arise for clients and psychotherapists alike, and commonly emerge in the transference relationship. On a macro level, discourse about including or excluding the transpersonal field in psychotherapy, both implicitly and explicitly, appears a culturally contextualised

and major collective fault line (see below). In parallel, the matter of inclusion or exclusion commonly also seems a concern for clients, even when this may be far from obvious as the following personal anecdote may illustrate.

In 1997, I moved my private practice from South India to London and produced a leaflet, as it was common in the pre-internet days, intended to introduce key aspects of Biosynthesis (Boadella, 1987) psychotherapy in accessible, plain language. It did not occur to me to include the word 'transpersonal' since Biosynthesis, whilst making the transpersonal field a key aspect, is not defined as a transpersonal approach. And from my experience of working in South India, the presence of the transpersonal field seemed ordinary if not inevitable in psychotherapy anyway. But there was also the customary short, and slightly painful, 'about' paragraph. It felt important to write something authentic which led to the following sentence: "*I am particularly interested in the spiritual dimension of life and its place in psychotherapy*". To my complete and humbling surprise, I learned over the years that a majority of those clients who found their way to my practice with this leaflet, responded to that very sentence rather than to my laborious efforts on the text itself. Moreover, most of these clients did not actually speak about the transpersonal field in therapy or explore presenting issues with transpersonal perspectives. Apparently, they simply responded to a signal that indicated inclusion and possibilities, a good example for how the transpersonal field might hold implicit significance in the background even when remaining unacknowledged in the foreground.

Elevating polarisations of the transpersonal field

Some clients present themselves with variants of transpersonally shaped identities, which may also frame world and relationship perceptions, and most likely reflect, at least in part, a client's culture or life style choices. To the listener, such self-presentations may appear coloured by aggrandizements or idealisations, or may occasionally seem to transmit despairing qualities. It is always recommendable to respond with patience and caution to first impressions, particularly when unfamiliar with a client's

cultural and linguistic expressions or views. However, transpersonal affiliations do not evolve in a vacuum and like all life directions or choices, are rooted or connected to personal narratives and associated motivations, stories which will commonly also include traumatic disturbances or adversarial conditions. "*Man, in order to escape his conflicts, has invented many forms of meditation. These have been based on desire, will and the urge for achievement and imply conflict and struggle to arrive*" observed the philosopher Jiddu Krishnamurti (2002, preface). As such, transpersonal connections may not only present resources but may serve multiple aims or functions which might include defensive or avoidant patterns. For instance patterns captured by the colloquial expressions 'spiritual bypass' or 'seeker' archetype, the latter an apotheosis which might appear quite disconnectedly abstract.

The Buddhist psychotherapist Preece used the term 'spiritual pathology' which refers

"[…] to the way in which our emotional wounds and beliefs have the power to influence, shape, and distort the way we practice and view our spiritual path. Of particular importance is the fact that we are often blind to this side of ourselves, since these wounds live in the unconscious as our Shadow"

(2006, p. 123-124).

Furthermore Preece argues, clients may be drawn to engage with religious or spiritual beliefs and practices that somehow match or collude with the ways in which they learned to alleviate and compensate their distress.

However, whilst defensive-protective dynamics are commonly part of transpersonal self-presentations, such affiliations, beliefs or practices, defensive-protective aspects and any associated altered states of consciousness phenomena, may simultaneously constitute existential resources for people who experienced severe traumatic disturbances during their pre-verbal childhood. This might seem a challenging argument, but if considered cognizantly, we may come to appreciate how

any sensory-affective shut-down[1], a survival 'hypo-response' (Holm Brantbjerg, 2012) to manage overwhelming pain or distress, might in parallel foster heightened sensitivities for altered states of consciousness phenomena to develop. Such sensitivities and experiences may form the bedrock for a secondary development, an embrace of transpersonal explanatory frameworks to understand ourselves, and the world around us. As with all early childhood compensatory efforts, it would add insult to injury to pathologise such successful survival responses. Moreover, transpersonal connections are genuine and potent resources (Koenig, King, and Brenner Carlson, 2012). Resources we might want to recognise and acknowledge irrespective of any associated liabilities. For example any impairments to the 'lodgement of psyche in soma' (Winnicott, 1958) that developed in parallel to heightened sensitivities for subtle consciousness phenomena during early childhood periods with significant traumatic disturbances. Furthermore, transpersonal connections will not become redundant with any subsequent new development but typically remain tangible resources.

Altered states of consciousness phenomena

The term altered states of consciousness applies to a broad spectrum of phenomena including fragmented, dissociative, heightened and psychotic states (Warnecke, 2019). In transpersonal field terms and contexts, such phenomena or events are often described as mystical experiences by writers and clients alike, or perceived as some destabilising period of rapid spiritual growth, or occasionally identified as life changing events by some clients. Altered states of consciousness may appear delicate and subtly ethereal, or intense and dramatic like a crescendo at the other end of the spectrum. Newly experienced and unfamiliar phenomena will typically feature some degree of disorientation, irrespective of their subtle or dramatic appearances.

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1. 'Shut down' refers to survival responses by the sensorimotor and the unmyelinated Vagal systems (Porges, 2009), also understood as 'hypo-states' or described as 'parasympathetic hyperarousal and freeze responses'.

Both mild and severe disorientation may continue for weeks, and in some instances for years. Terminology in common use reflect varying contexts and whether they are being perceived as a crisis or not, for example:

1. Spiritual emergency (Lukoff, 1998; Powell, 2003);
2. Mystical experiences with psychotic features (Lukoff, 1998);
3. Kundalini experiences (Greenwell, 1990; Sannella, 1987);
4. Extreme States (Mindell, 1988);
5. Peak experiences (Maslow, 1968);
6. Spiritual journey / crisis (Moore, 1992).

As these descriptive terms suggest, such phenomena or states may be experienced as ecstatic, overwhelming, flooding, frightening, as a breakdown, or indeed any combination of these. Altered states may occur spontaneously and without any prior transpersonal interest of the person (Greenwell, 1990; Sannella, 1987), or may be brought about by provocative methods such as breathing techniques. Some methods consist of, or include, controversial and risky techniques, for example methods that rely on hyperventilation to alter oxygen and carbon dioxide balance to modify states of consciousness. Any use of highly provocative techniques as psychotherapy interventions should be greatly concerning.

Altered states of consciousness described above may also occur alongside or blurred with difficult to distinguish psychotic features. The psychiatrist Powell suggests to consider '[…] whether the experiences being reported can be understood as holding an existential truth that a person may need to face; in other words, do they bring the chance of a new level of integration' (2003, p. 5). In her comprehensive guide to transpersonal altered states of consciousness phenomena for mental health professionals Greenwell (1990) highlights that these will commonly leave the individual in some highly vulnerable state which will usually make hospitalisations contraindicative. In individual psychotherapy settings, stabilising, containing and grounding interventions would seem most appropriate during acute periods whilst maintaining awareness for multi-layered aspects and listening out for any emerging underlying stories and contexts that might

appear in parallel. Additional training and a supervisor familiar with such phenomena are also recommended. The following composite vignette illustrates how transpersonal phenomena might present concomitantly with major traumatic disturbances.

Andrea – a vignette

Andrea's presenting issue concerned involuntary tremors of parts of her upper body. These tremors, which initially had began after giving birth some years earlier, occurred quite frequently and posed a major challenge to employed work for her. Andrea was referred by a psychotherapy clinic because she described her experiences in Kundalini rather than medical terms and the referrer thought I would be able to engage with that aspect constructively. At the start, I was contend to maintain an open mind and accept Andrea's explanatory system for her tremors. I do not enquire about family histories with new clients in the understanding that anything relevant to the present, or to presenting issues, will move into the foreground in its own time and in ways which will be relevant to their meaning. I was also aware that childbirth is a known trigger for Kundalini type altered state experiences (Greenwell, 1990). It struck me that Andrea had apparently adjusted reasonably well to her circumstances and achieved a stable enough situation for herself before seeking help. Somehow, this seemed a key factor that enabled or allowed her to reach out for help with the tremors. I was wondering if I might be seeing what Holm Brantbjerg (2012) termed 'survival intelligence', learned, high-functioning coping skills which often utilise 'hyper-states'. Hyper psychobiological states impede emotional-reflective processing capacity similarly to hypo-responses mentioned before.

While speaking about her own children several weeks after starting therapy, Andrea revealed almost in passing her own childhood experiences of brutal and systematic violence. I responded with a gentle question to clarify what I was hearing and noted that the way she spoke sounded detached and matter of fact, a commonly observed aspect of survival intelligence patterns. Whilst appearing quite determined that nothing similar should ever happen to her children, Andrea seemed

strangely accepting of violence she had experienced, almost as if it was something quite ordinary and unremarkable. I decided to challenge this gently by allowing some expressions of my own emotional reactions to her disclosure. Andrea responded with curiosity about my reaction which opened this matter for further exploration. Within a few sessions she became engaged in an emotional-reflective process of reviewing her childhood experiences. In parallel, the tremors subsided and soon stopped altogether. It appears that the tremors might have formed a 'disturbance' (Mindell, 1985) that could be seen as a message from, or a gateway to, an exiled soul or self aspect, which became redundant once this aspect of Andrea's story and relevance to her own children became a known part of herself. The tremors' childbirth onset also seemed significant in the context of this emerging connection.

I would like to clarify, that I would not want to imply or suggest any causality between traumatic disturbances, altered states phenomena, or Andrea's involuntary tremors. Stress may arise with multiple aspects of a person's life and is cumulative in its effects. While interplay between concomitant and concurrent factors, as well as their fragmentation, should be expected in any systemic field, I would strongly suggest to leave meaning making about processes such as Andrea's to the client's psychological-emotional processing. The complex interplay between transpersonal, psychobiological and interpersonal aspects is inevitably multidimensional, multi-layered and ultimately non-separable, similarly to the well established understanding of 'psychosomatic' (Lipowski, 1984). As such, altered states of consciousness phenomena or events presented by a client are best met with as broad a curiosity as we can manage. Hillman (1976), Moore (1992), and others argue that the Psyche or Soul may present not only with metaphor, the symbolic or imagery, but also with pathos, and including madness or mystical experiences and distress. Honouring symptoms as soul expressions may be particularly pertinent when working with transpersonal field symptomatologies. Occasionally, a matrix of transpersonal contexts, psychobiological states and interpersonal dynamics may also unravel in unexpected ways.

Ernesto – a composite vignette

Ernesto, a young man in full time employment, spend much of his free time pursuing his interest in meditation. He followed a spiritual philosophy and a particular practice established by his chosen teacher. One day, Ernesto arrived quite agitated for his session. He told me that he felt terrible about having read a book by another teacher earlier that week, an act to which he attributed his acute distress. It appeared that he felt guilty for 'betraying' his chosen teacher. I noticed the compelling pull of this story and briefly considered exploring the material he presented, but decided to focus instead on the autonomic arousal I observed. I heard Ernesto out and in due time enquired: "*You sound a bit anxious?*" After a brief pause, Ernesto agreed. "*I think you're right, I feel quite anxious.*" He then continued with his deliberations on the book reading experience and his relationship with his teacher. In parallel, I noticed that he seemed to progressively calm down from his high agitation. After about 10 minutes, Ernesto took another pause and then suddenly said: "*You know, I don't quite understand why I was so upset about this. Of course my teacher won't mind if I read a book written by someone else.*" I was content to agree with his observation.

It appears that in this vignette, some overwhelming but unnameable hyper-anxiety state in search of containment became attached to a potential 'wrong-doing' story (i.e. the forbidden book reading) as a means for self-regulation. Ernesto then presented his hyper-anxiety state as an intrapersonal conflict with a transpersonal narrative. When I invited Ernesto to notice and bring the anxiety state itself into his awareness, he was able to engage his somatosensory awareness as an 'orienting function' (Jung, 1921) which supported him to orient somatically in the present moment and helped clarify his subjectivities. Ernesto could not identify an original source or trigger for his hyper-anxiety. But he could, for the first time, recognise a pattern that felt familiar to him.

Contracted transpersonal field presentations

In contrast to elevating or expansive presentations, contracted aspects may appear like obscure shadows cast on a wall in Plato's

cave allegory. Shame and fears in particular emerge in the transference relationship, but also like deeply buried skeletons or undercurrents. One day, after many years of therapy and without any apparent context, a corporate lawyer client confessed his interest in Astrology. My first thought, which I kept to myself, was: "*what's the big deal? You've been through much distress and pain and now this?*" It took me some time to embrace my countertransference and appreciate the enormity of the sins he was confessing, sins not directly related to, or arising with his presenting issues. It was a simultaneous confession of a sin against his Catholic upbringing and a sin against his materialist-rational legal world, as well as opening himself up to ridicule by baring his soul with this forbidden aspect of himself.

Similarly 'sinful' secrets appear to populate the psychotherapy profession's collective unconscious and find expression in disinterest, avoidance, antagonism as well as binary and polarised perspectives of transpersonal psychological spaces in clinical contexts. The many permutations of religion vs science splits and dualism cast a powerful shadow over a quintessentially pluralistic transpersonal psychology. While psychotherapy's collective unconscious will inevitably reflect societal tensions, it may also incorporate unresolved struggles or conflicts of our profession's influential founders and particularly Freud himself, a subject explored in depth by Vitz in his book '*Sigmund Freud's Christian unconscious*' (1988). Freud recognised how religion or spiritual beliefs may become utilised in a defensive fashion or providing as a refuge from sexuality conflicts, but also acquired a reputation for being deeply prejudiced against religious beliefs. It is less well known that Freud was also collector of religious objects, prints and photographs which has been interpreted as a deep and abiding fascination with religions and the Catholic faith (Vitz, 1988).

Seen from a meta perspective, fault lines of shadow aspects, tensions or fragmentation appear to manifest in culturally shaped patterns. For instance, Anglo-Saxon 'psych' professional cultures have historically embraced the transpersonal field, welcomed transpersonal approaches in mainstream psychotherapy and established cross modality 'special interest groups'[2] in Britain. Whereas in continental European psychotherapy cultures, the transpersonal field is more commonly viewed with antagonism, outright rejection, or became associated with unqualified or 'esoteric' practitioners. During recent discussions on the Board of the European Association for Psychotherapy (EAP), it was argued that recognition of transpersonal approaches would associate the profession with such "cowboy" practitioners and thereby "damage the reputation of psychotherapy". In a personal conversation, one representative of a Gestalt Therapy organisation told me that this organisation would leave the EAP if the Board accepted a transpersonal organisation for membership. At the time of writing, the EAP Board remains split on this issue. But Anglo-Saxon embrace of the transpersonal field has not eradicated shame and fears either. At UKCP transpersonal special interest group events, I heard from a number of colleagues with transpersonal psychotherapy qualifications, how they felt inhibited to identify as 'transpersonal psychotherapists' in public.

In contrast, polarisations arising around the word 'soul' appear to constellate quite differently. 'Soul' is shunned by the vast majority of English language psychotherapy practitioners and writers who - with some welcome exceptions such as James Hillman, David Boadella or Robert Romanyshyn for example - avoid 'soul' altogether, supposedly due to its religious associations. Associations which clearly did not concern Freud himself at a time when religion was far more prevalent in general culture. A comparative search of German language psychotherapy book titles confirms that such shame and fears concerning respectability appear to be more an Anglo-Saxon issue. Arguably, both examples create symbolic spaces for shadow aspects and polarisations to appear, albeit with unfortunate consequences. In stark contrast to the UK, complaints about 'esoteric' and unqualified, psychological practitioners seem abound in some countries where transpersonal psychology or transpersonal approaches are not recognised. By excluding the transpersonal field, client demand is

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2. UK Council for Psychotherapy, British Psychological Society, Royal College for Psychiatry

being met by unaccountable or unqualified practitioners it appears. Effects of the shame driven evacuation of the 'soul' in psychotherapy language may be less evident or quantifiable. But as Hillmann (1976) argued, a dismissal of qualities associated with psychological meanings of 'soul' has consequences for how psychotherapy is perceived and valued, both internally and in the public domain.

Challenges of deformative spiritual and esoteric practice

Integrative psychotherapists may occasionally also encounter phenomena and dynamics identified by Boadella (2013) as deformative aspects of spirituality and religion. This concerns any spiritual/religious beliefs, practices, methods or techniques which, intentionally or unintentionally, subjugate the person by attacking and destroying that person's subjectivity and 'functional ego' (Boadella, 1980, p. 76ff), for example through 'purification of the ego' (Shaw, 2014, p. 49), in the pursuit of distorted beliefs or vested interest. It is greatly concerning to hear reports how clients have felt ignored, doubted or blamed in their attempts to explore such experiences or concerns with a therapist. Similarly concerning are reports about therapists who had apparently taken part in such recruitment by, as Shaw (2014: 51/52) for example notes, with "[…] *signs of a particular group to which they are affiliated, such as photos of the leader, altars, books, recordings, incense, and other paraphernalia, on display in their offices, piquing the patients' curiosity. Or they may proselytize even more directly*". Responding to such concerns, the EAP issued guidance on 'psychotherapy and religion, spiritual practices and esoteric methods' (EAP, 2017) to help clarify 'EAP's Statement of Ethical Principles' in such contexts.

Arguably, psychotherapists have a duty of care to consider the above issues when clients engage with beliefs and practices of organisations and individuals. This need not be laborious or requiring insider knowledge. A quick internet search will flag up allegations of abuse. Second and third recommended lines of enquiry would be the issue of financial transparency as well as establishing whether ethical policies and guidelines exist, particularly so with any

organisation that offers courses, and even more so with fee charging courses. Both transparency and ethical policy facts can usually be established quite easily and provide reliable benchmarks to flag up, or assure, concerns. Commonly, cults and sects disclose financial information only after the individual has already formed a relationship with the organisation. And while respected spiritual leaders, such as the Dalai Lama (2015) for example, argue for transparent and robust ethical policies in spiritual or religious organisations, such ideas ran contrary to narcissistic beliefs in a supposed superiority of a leader's, or doctrine's, authority. It is hard to believe that an organisation such as Ridhwan, popular among UK psychotherapists, still fails this ethical policy and guidelines test at the time of writing. In some instances, risk factors may be mild or moderate for a well adjusted individual. But the potential for harm is inevitably relative to vulnerability and therefore may be quite significant for vulnerable clients. For further in-depth reading, as well as relational perspectives on cult phenomena, Daniel Shaw's chapter 'Traumatic Narcissism in Cults' (2014, p. 43ff) is highly recommended.

The transpersonal field in the transference relationship

All the common transpersonal psychological spaces considered here may appear in transference, countertransference and parallel process. Transference phenomena communicate clients' hidden subjectivities such as distressing internal conflicts evoking fear, shame or overwhelm for example. Countertransference and parallel process utilize therapists' and supervisors' subjectivities and are usually an essential psychotherapy tool, a tool Jill and David Scharff eloquently describe as '[...] the compass that guides us toward understanding of the transference' (1998, p. 241). Notably, the transpersonal field might also appear in countertransference or parallel process seemingly 'out of the blue' without any prior overt appearance or mention. For example in the form of transpersonal sensory-affective imagery that may reveal or symbolise hidden intrapsychic dynamics or liminal interpersonal spaces active in the background as the following supervision example may illustrate:

A hidden theme of 'secrets' in an integrative psychotherapy group, a theme shared in the group by several members and the therapist himself, caught the attention of supervisee and supervisor. The transpersonal field had so far not overtly appeared in this group, or only at its very margins. Various associations with the meaning of 'secrets' which might be particularly relevant to this group's process dynamics emerged. At that point, the supervisee remembered that the furnishing of the room in which this group met included a small closed vessel. Supervisee and supervisor began to wonder if that vessel might lend itself as symbolic container to hide the secrets within this group. In the ensuing conversation, the sensory-affective vessel imagery acquired further potential significance and meaning with the appearance of a 'holy grail' image, and its associations with potentially precious aspects within these secrets, which became a gateway to explore deeper layers of liminal group process dynamics but also some individual processes within this group.

Jung recognised how transpersonal sensory-affective imagery, such as the above 'holy grail' example, along with associated symbolism or archetypes, often seem of particular potency and value for navigating complex transference dynamics. In his book 'The psychology of the transference' (1946/1998), Jung considered clinical phenomena of transpersonal psychological spaces in the transference through the lens of alchemist 'Rosarium Philosophorum' poetry and their illustrations. Samuels (1985) followed similar trails when he explored Corbin's idea of *mundus imaginalis* (the imaginal world) as a potential third order of reality in the context of countertransference, which, Samuels argued, may facilitate a third form reality between subjective and objective. Such conceptions invite therapists' engagement with transpersonal imagery as potential transitional spaces or phenomena (Winnicott 1958) and any liminal intrapsychic or interpersonal processes these may facilitate or represent.

Psychotherapists also need to be mindful of cultural contexts. Transpersonal imagery and symbolism are inevitably culturally shaped and we may not easily recognise a client's sensory-affective imagery, metaphors or symbols outside our own familiar contexts. In Afro-Caribbean cultures for example, imagery of the moon might relate to a symbolic all-seeing-moon, a moon that may have been bearing witness to secrets, or of secret events such as traumatic disturbances for instance. In another example, a client with Indian cultural roots might connect the sound of thunder with sensory-affective imagery of Shiva driving his chariot, a common transpersonal image on the Indian subcontinent. Both examples may connect to peak experiences in Maslow's terminology and may offer gateways to clients' deeply personal narratives and meaning.

An integrative perspective

Individual psychotherapy practice is not the place to question the validity of explanatory systems for transpersonal experiences or phenomena (with the exception of their distortions). In integrative practise, we can ill afford to ignore, or respond in dismissive or evasive ways, when clients bring transpersonal psychological spaces into the therapeutic relationship. Transpersonal connections have personal meaning and motivations, represent and compel values or sense of direction. It would seem best psychotherapy practice to diligently follow a client's phenomenological and emotional-psychological trails. In parallel, the psychotherapist may consider meta-perspectives arising in response to the unfolding foreground in the therapeutic relationship. Meta-perspectives may suggest some intra-personal system at work in the background and in particular in conjunction with countertransference phenomena, facilitate deeper understanding of a client's presenting issue. For example:

1. How are particular phenomena or beliefs experienced by a client? Are they disorienting, containing, overwhelming or expressing anxiety states?
2. How might some transpersonal phenomena or dynamic be relevant to a client's present life in other ways and in addition to what is being named by the client?
3. Might some transpersonal phenomena or dynamics we observe also serve other and additional needs or psychological-emotional functions?

4. Might there be less stressful alternative ways for the client to meet particular emotional-psychological needs in addition to transpersonal resources currently utilised?

Meta-perspectives may also include curiosity about phenomena or beliefs a client sees as resourcing or meaningful. Attention to phenomenological detail may invite and open reflective spaces and perhaps further develop their resourcing potential for that client. It is therefore good practice for therapists to suspend their own belief systems (or indeed any prejudice) as much as possible and engage with a client's beliefs and experience as openly and constructively as feasible whilst also maintaining an authentic presence in the therapeutic relationship. The latter can be a fine line to draw, a line that may turn even more complex as we delve deeper into the matrix of real and transference relationships.

Therapist's authenticity – a vignette

Soon after starting to work with a client who presented non-religious issues, but had grown up with the Jehovah's Witness faith from birth, I began to notice my own anxieties that this client should be able to benefit from psychotherapy without becoming alienated from their religious community in the process. On reflection, my concerns appeared primarily focused on the potential loss of social community and family connections for my client and associated isolation rather than with any potential alienation from the religious beliefs themselves. My anxieties subsided about twelve month later when my client began to articulate corresponding anxieties. It felt appropriate to disclose my own similar concerns, which incidentally helped to build up our therapeutic alliance. The client's faith itself rarely moved into the foreground whilst inevitably framing contexts and shaping perspectives as we explored the presenting concerns. Occasionally, my client thought that a particular aspect of the Jehovah's Witness faith required a clarifying explanation, especially where it carried some personal meaning or history. While such beliefs might not match my own, I felt comfortable to hear my client in a receptive manner.

One day, several years into the therapeutic process, the word 'devil' took centre stage, followed by a highly charged binary explanation which felt strongly polarised and utterly non-negotiable to me. I noticed my affective somatosensory reactions and a level of discomfort I could not ignore, but took my time to include my personal subjectivities as well as meta-perspectives in considering my response. My personal position is that a 'devil', by whatever name and in any religion, represents a shadow aspect of whatever it is that people refer to as 'God'. But this is not a subject I feel significantly invested in. It seemed to me that I was reacting primarily to the polarising manner rather than the conflicting belief systems and I decided that I should not pretend that my reactions had not happened. Moreover, that I should not comply or collude with a polarised position opposite my client without an attempt to name and clarify this relational disturbance. "*So far, I have not experienced any issues or difficulties listening to you when you tell me about particular aspects of your faith. Today, I felt different with how you spoke about a 'devil' and I believe it is important to let you know. I think I struggle a little with the big polarity of good and bad you expressed.*" My client considered this for a short while and then thanked me with the words "*I noticed you seem to tense up when I spoke and I appreciate you letting me know.*" This was sufficient to repair both rupture and polarisation, and the interaction concluded with an unspoken 'agree to disagree' without requiring further detail. On reflection, it appeared we jointly succeeded with sustaining a constructive balance between relational authenticity, nurturing relationship vitality, and maintaining focus on the client's process.

Conflicting beliefs or validity of explanatory systems need not get in the way of the therapeutic endeavour. David Boadella (personal communication on 2 September 1996) was approached by a client who sought therapy for events that occurred in what the client described as a 'previous life'. After initial hesitation, Boadella decided to accept this self-referral. He reasoned that this presenting issue must be relevant and meaningful for this person's present life and therefore appropriate to explore in therapy. Boadella further elaborated how a 'past life experiences' frame might

provide a container for traumatic disturbances that may seem too overwhelming in the present.

This is a good example how a therapist might appreciate that a client brings a pressing concern, without resorting to either pathologising or colluding with the client's perceptions or explanations, with an unconditional curiosity for potentially complex and multi-dimensional narratives to unfold. But transpersonal perspectives may not just vitalise or deepen clinical practice but also related fields such a research. Robert Romanyshyn (2007) for instance proposes the integration of researchers' 'deep subjectivity' with research methodology in his book '*The wounded researcher: Research with soul in mind*'. By identifying and managing their predispositions or transferences throughout a project, Romanyshyn argues, researchers might maximise openness and minimise distortion and bias.

Conclusions

Many psychotherapists appreciate and value how transpersonal connections may contribute soulful or pluralistic-transpersonal perspectives and presence to their clinical practice, without losing sight of the core psychotherapy principle that psychotherapists' personal beliefs should not become a concern for their clients. Equally, personal beliefs or prejudices cannot absolve therapists from acquiring knowledge and skills to meet the psychological spaces clients bring to therapy. Andrew Powell (2003; 2017), founding chair of the 'spirituality and psychiatry special interest group' of the Royal College for Psychiatry has long argued to make 'spiritual skills' a core and mandatory aspect for psychiatry education, in line with similar calls by the World Psychiatric Association and the World Health Organisation. In the psychotherapy field, we have yet to recognise that the transpersonal field should be considered a universal concern for all psychotherapy approaches (Warnecke, 2014) and therefore included on all psychotherapy curricula, though not with uncritical embrace of many historical transpersonal legacies. For example archaic ideas and constructs that are reminiscent of body – spirit dualism, or of Christian and Judaic beliefs that our bodies distract us from the supernatural. The transpersonal 'transmissive

theory of consciousness' (Barnard, 1997) for instance stipulates that consciousness is inherent in the cosmos and independent of our physical senses, a construct just as binary and dualistic as the popular claim in Western cultures that consciousness is a by-product of the brain.

Psychotherapy has suffered its very own variants of dualism dichotomy since Janet and Freud first began to formulate their conceptions. The proliferation of integrative psychotherapy in the 1980s and 1990s followed by the evolving cross-modality relational paradigm have promoted rapprochement between humanistic and psychoanalytic ideas as well as growing recognition that all psychotherapy modalities and approaches have more in common than what divides them. Arguably, the transpersonal field may provide crucial perspectives towards an emerging unified psychotherapy field that could truly celebrate its diversity within. In a recent book, Sella (2018) looks to Zen perspectives to embark on a meticulous unpacking of the historical dualistic theoretical foundations of psychoanalysis, and particularly 'body-mind' dualism, which no longer match, or turned irrelevant for, a contemporary psychotherapy practice informed by intersubjective and neuro-psychobiology paradigms. It appears that transpersonal psychology has more relevance to psychotherapy at large than motivational psychology alone, or indeed the embrace of deep subjectivity in psychotherapy practice and research. Moreover, psychotherapy has much to learn about the complex concurrent relationships between adversarial conditions or pre-verbal disturbances and transpersonal connections in order to develop more in-depth understanding of their interplay and reciprocal correlation.

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