A Transpersonal View of Human Development, Psychopathology and Psychotherapy

Una visión transpersonal del desarrollo humano, la psicopatología y la psicoterapia

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Abstract

The author's information theory of consciousness is utilized to present a comprehensive transpersonal view of human development, psychopathology and psychotherapy in which the different forms of psychopathology are understood in relation to different developmental tasks requiring different types of psychotherapy. This view is compared to Wilber's transpersonal view of human development, psychopathology and psychotherapy.

Keywords: Transpersonal, Development, Psychopathology, Hierarchy of ego functions, Wilber

Resumen

La teoría de la consciencia que se presenta a continuación es utilizada para presentar una visión transpersonal del desarrollo humano, la psicopatología y la psicoterapia, en la cual las diferentes formas de psicoterapia son entendidas en relación a diferentes capacidades del desarrollo, que requieren diferentes tipos de psicoterapia. Esta visión es comparada con la visión de Wilber acerca del desarrollo humano, la psicopatología y la psicoterapia.

Palabras clave: Transpersonal, Desarrollo, Psicopatología, Jerarquía de las funciones del ego, Wilber

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Introduction

Transpersonal psychiatry and psychology are often conceptualized as branches of psychiatry and psychology concerned with transpersonal states of consciousness. However, transpersonal psychiatry and psychology are not limited to the study of transpersonal states. They are encompassing approaches to psychiatry and psychology which are informed by transpersonal states and integrate them into a general psychological theory of normal, healthy and disturbed human development and experience.

The encompassing nature of a transpersonal perspective is evident in Wilber's spectrum psychology, which provides an excellent example of a transpersonal approach to human development, psychopathology and psychotherapy. In *The Spectrum of Consciousness* Wilber (1977) contends that consciousness is best understood as a spectrum of types or forms of awareness. In *The Atman Project,* Wilber (1980) shows how these forms of consciousness are ordered structures of human development that evolve through prepersonal, personal and transpersonal stages. In *Transformations of Consciousness,* Wilber (1986) he argues that the disruption of these developmental stages result in identifiable psychopathologies. Finally, Wilber (1986) contends that particular types of psychotherapy are particularly appropriate for particular developmental psychopathologies. This paper provides another example of a transpersonal approach to psychology and psychiatry by extending the author's information theory of consciousness (Battista, 1978) into a somewhat different model of development, psychopathology and psychotherapy, which is compared to Wilber's.

The Development of Human Consciousness

The first step in developing a transpersonal theory of psychopathology and psychotherapy is to extend a general theory of consciousness into a theory of the development of consciousness. A previously published theory (Battista, 1978) of human consciousness involves six forms: perception, emotion, subjective awareness, ego awareness, self-awareness, and transpersonal consciousness. This section attempts to show how these forms of consciousness are manifestations of increasingly encompassing structures that can be understood in terms of the development of the self. Six different self structures are identified, and transitions from one to the next are discussed in terms of six orders of ego functions which resolve uncertainty associated with six developmental tasks.

Table 1 shows the relationship among the six self-structures, six levels of consciousness, six developmental tasks, and six orders of ego functions (information processing functions) in comparison to Wilber's stages of development.

Table 1
Self-Structures and the Development of Consciousness

Developmental Task	***Operation (Information Processing Function)***	***Resulting Level of Consciousness***	***Resulting Self-structure***	***Wilber Equivalent Structure of Consciousness***
separation of consciousness from unconsciousness	nervous sytem development	perceptual	perceptual	sensori-physical
separation of external and internal	motor	emotional	emotional	phantasmic-emotional
separation of person from others	interpersonal	subjective (representational)	subjective	rep-mind
separation of identity from subjective sense of self	internalization	ego awareness	ego-identified	rule-role mind
separation of authentic self from identified self	discrimination, acceptance and integration	self-awareness	existential	vision-logic
separation of transpersonal self from authentic self	disidentification	transpersonal	transpersonal (realized)	psychic subtle causal

The first developmental step takes place in utero with the development of the nervous system. The peripheral nervous system has the capacity to transduce the physical environment into patterns of nervous system impulses transmitted to the central nervous system. The decoding of this sensory information by the central nervous system generates perceptions of the physical environment. Sensory information is the object of consciousness and perception is the subject of consciousness. This is the perceptual order of consciousness which comprises the first self-structure, the "perceptual-self."

The newborn infant is unable to regulate her own physiology. The resulting perceptual uncertainty is associated with distress (negative affect). The infant expresses this distress through instincts such as crying, rooting, and reaching out (Bowlby, 1982). These lead caretakers to respond to the infant's needs, ideally resulting in emotional satisfaction and secure attachment (Karen, 1994). In addition, the infant perceives changes in the external environment (Stern, 1985) and is instinctually programmed to operate on the resulting perceptual uncertainty through motor actions (Karen, 1994). These motor operations allow the infant to organize percepts into physical objects. By between two and seven months, the infant can make a distinction between her physical body in an external world of objects and the emotions of an internal world that exist in relation to attachment figures (Stern, 1985). With this distinction of internal and external, the infant has achieved a se-

cond order of consciousness, emotional consciousness, which defines a second self-structure, the "emotional self." With this achievement perceptions become the objects of consciousness organized into a physical world and emotion becomes the subject of consciousness, existing in relation to attachment figures.

The infant's organization of percepts into a physical world with attachment figures allows the infant to begin to interpersonally operate on her emotional attachments to form a subjective sense of self separate from emotion. This process is analogous to the preceding stage when the construction of sensations into perceptions allowed the infant to resolve perceptual uncertainty through action and attachment to form physical objects and experience emotion. Operating on emotional uncertainty with attachment figures takes place through interpersonal, dyadic games such as peek-a-boo and the modulation of interpersonal cues to elicit attention (Bowlby, 1982). These interpersonal operations, which resolve emotional uncertainty by allowing the child to influence and regulate her attachment figures, result in the emergence of a new order of consciousness, subjective awareness, which characterizes a third self-structure, the subjective-self. The child now experiences emotions objectively, as part of her intersubjectively conscious self (Bowlby, 1982). The attainment of this new self-structure is marked by the child's capacity to recognize herself in a mirror as "me," something that normally occurs about age two.

It is not until age five or so, when language and cognitive skills have developed enough for concrete operations to replace primary process operations, that the child begins a transition to a new self-structure--a transition that will normally not be completed until at least the time of puberty and early adolescence. This fourth developmental period is concerned with resolving uncertainty that develops from the child's being able to hold her subjective sense of self as an object. This objectification of the subjective sense of self is facilitated by people in the environment labeling her as a person with attributes--pretty, smart, athletic. Similarly, self descriptions also result from the internalization of emotions and feelings present in the environment, even if they are not verbalized. Rules and expectations about how one should behave and feel are also internalized. The child also internalizes strategies for coping with the world by observing the adults in her world. In all these cases, internalization is the information processing mechanism which the child utilizes to resolve uncertainty associated with objectifying her formerly subjective sense of self. Through internalization a child develops an identity; a concept of who she is that distinguishes her from others. In making this distinction between her identity and her conscious being, a fourth order of consciousness is attained, ego or conceptual consciousness. Attainment of this new order of consciousness and its associated self-structure, the ego-identified self, is marked by the child's ability to articulate her self attributes. In this self-structure one's being has become the object of consciousness while one's identity has emerged as the subject of consciousness, who one is.

The development of formal operational thinking marks the beginning of the fifth developmental stage, one that will last many years. In the preceding stage the child is capable of taking her being as an object, but only through the use of concrete operations. Her identified-self is the result of being told how she is or experiencing herself in actual situations. However, with the development of operational thinking, the adolescent develops the capacity to imagine how she would like herself to be, and imagine how she might behave and feel in a variety of circumstances. Imagining how she would like her self and the world to be results in the formation of ideal self images with values and beliefs. This new developmental capacity allows a young adult to begin to distinguish how she would like to be from how she is. Such a conceptual differentiation of her identified self also allows her to differentiate how she acts from how she feels, and how she thinks of herself from how she is.

These differentiations allow the emerging adult to begin to understand that identity is not unalterable, but something that can be chosen, developed, changed and transformed. Through these processes a personal, existential self is distinguished from a social, internalized self, and an ideal self is distinguished from a real self. Development in adulthood entails acting on the identity and beliefs we internalized and identified with in childhood. We begin to take responsibility for who we are. As a result it becomes possible for the person to speak of her own psychology; what her nature is, how she got to be the way she is, and what she would like to do

about it. Possibility and uncertainty about identity are resolved through discriminating self-awareness which allows the construction of an existential self. With the acceptance of one's self and affirmation of one's values and beliefs, an authentic self can be constructed. With this construction a new level of consciousness, self-awareness, and a new self-structure, the existential-self, have been attained. Identity is now the object of consciousness while the sense of being one's own true self, is what one is subject to.

The sixth stage of development involves operating on the existential-self and the discriminating, constructive nature of self-awareness characteristic of the preceding stage. For most people this is initiated by calling into question the purpose, meaning, or significance of the life, person, and work one has been constructing. Sometimes it is initiated by the realization that one is embodied and will die, a realization facilitated by the development of a physical illness or encounter with death. Sometimes it is initiated by the spontaneous experience of transpersonal states or a "higher power". In any case, the constructive nature of discriminating self-awareness must be transcended. Many techniques for this purpose have been delineated in the contemplative traditions. In some techniques the person deconstructs self-awareness by witnessing it. In other techniques, self-awareness is transcended by concentrating on an object, sound, or image until all distinctions fall away. Techniques, such as koan, emphasize contemplation on questions and concepts that require the person to pass beyond constructive, rational consciousness to enlightenment. Similarly, devotion, prayer and service can lead beyond self-awareness to the transcendence of subject-object distinction. In all these approaches, disidentification with the existential-self who thinks, acts, discriminates, labels, evaluates, and constructs takes place. Through disidentification a new order of consciousness, transpersonal, and a new self-structure, the realized-self, comes into being. Here there is no subject or object of consciousness, only pure awareness.

This model of development is summarized in Table 2.

Table 2
The Development of the Self

Development of the Self	**First Task**	**Second Task**	**Third Task**	**Fourth Task**	**Fifth Task**	**Sixth Task**
Developmental Task	development of perception	separation of inner and outer	development of sense of self	development of identity	development of authentic self	development of a realized self
Period in which takes place	in utereo	first year	second Year	2-12 years	adolescence and adulthood	maturity
Operations utilized	CNS development	motor operations on perceptions	interpersonal communication	internalization	discrimination, acceptance and integration	disidentification
Objects of conscious experience	sensory input	perceptual world	emotional attachments, emotions	personal self, impulses	identity, beliefs, roles,	personality, constructive consciousness
Context of conscious-ness	womb	physical world and caretakers	emotional attachments	family, school and community	relations with society and significant others	universe and self

Conscious-ness subject to	mother's physiology	empathy of parents	responsive-ness of par-ents	reinforcers and values of society	own capaci-ties	grace
Uncertainty re-solved	physical	perceptual	emotional	personal	personality	existential
Distinction made	conscious-ness, uncon-sciousness	inner and outer	self & other, person and thing	person and identity	identity and self	self and no-self (realized self)
Conscious capacity that emerges	perception	recogniz-ing objects, emotion	sense of self	reflective self-awareness	self-expression, self-acceptance	compassion, service and selflessness
Self-structure that emerges	perceptual	emotional	subjective	identified	existential	transperson-al
Marker of attain-ment	responsive to input	attachment (separation anxiety)	recognize self in mirror	can describe self attrib-utes	authenticity	enlighten-ment
What is integrated		percep-tions into physical world	emotions into person	qualities into identity	needs, val-ues and be-liefs into dasein	self into universal
Period in which self-structure op-erates	later in utereo through 2 years	7 months through 2 years	2 years through 11 years	adolescence through at least early adulthood	mid-late adulthood	rest of life
Result	existence formed	objects formed	persons formed	identity formed	personality realized	self realized

The Psychopathology of the Self

This section addresses the signs and symptoms of difficulties in the developmental process discussed in the previous section. Levels of psychopathology are delineated that relate to the six developmental tasks. Ego functions which indicate these levels of psychopathology are identified and empirical studies in support of this approach are referred to.

The first developmental task involves the construction of consciousness through in utero nervous system development. Difficulties with central nervous system development underlie many of the symptom pathologies of DSM-IV. However, this psychopathology frequently does not become manifest until later developmental periods. For this reason, psychopathology is understood in terms of later developmental tasks rather than in utero CNS development. Thus, the model of psychopathology utilized here is developmentally biopsychosocial rather than biological.

The second developmental task involves the separation of inner and outer through motor operations on percepts and the regulation of emotion by attachment. Success with this task results in the establishment of a stable and coherent outer world that entails intact reality testing. Difficulty with this level of development is indicated by an inability to differentiate inner from outer. Ego functions which describe an inability to differentiate inner and outer, such as hallucinations, delusions, projection, and ideas of reference are markers of a

problem with this level of the development of the self. This is the "very severe or psychotic level" of psychopathology.

The third developmental task involves the separation of conscious being from emotion, and subjective self from other, through interpersonal operations on the emotional attachments formed in the preceding developmental stage. These interpersonal operations result in the ability to regulate emotion in relation to others. Failure to accomplish this developmental task is indicated by the failure to develop a coherent personal self, the inability to separate self and other, the inability to utilize another to regulate affect, the regulation of affect through pathological means (non-intrapsychic, non-interpersonal), or the continued reliance on immature attachments. The failure to develop a coherent personal self is indicated by dissociation, fragmentation, and splitting. The inability to utilize another to regulate affects is indicated by rage attacks, grandiosity, devaluation, or schizoid withdrawal. The inability to differentiate one's self from another is indicated by projective identification and projection. The control of emotion through pathological means is indicated by substance abuse, sexual perversions, sexual or physical abuse, rocking, head-banging, and self mutilation. The continued existence of immature attachments is indicated by idealization, abandonment depression and extreme dependency. All of these behaviors and ego functions are indicative of a "severe or borderline" level of psychopathology.

The fourth developmental task involves the separation of identity from being through the internalization of attitudes and functions. These internalizations ideally result in the establishment of a positive, accurate, socially adaptive identity and the capacity to intrapsychically control emotions and impulses. Failure to successfully complete this developmental task results in a negative self image, or socially maladaptive means of relating to society. Socially maladaptive means of relating to society are manifest as a failure to modulate one's needs or impulses in relation to others, a tendency to blame others for conflicts, and a tendency to deny one's own role in generating conflict. Ego functions and behaviors which indicate this failure of adaptation are impulsivity, acting out, denial, lying, cheating, lack of concern for others, and displacement of responsibility. These behaviors and ego functions are indicative of a "moderate or characterological" level of psychopathology.

The fifth task in the development of the self involves the differentiation of identity from self, and the reconciliation of ideal self images, real self images, and internalized beliefs into an authentic, existential self. A failure in this process is indicated by maintenance of an impersonal, non-intimate social self, or an inauthentic self-structure characterized by inaccurate self images or confusion about how to be in the world. An impersonal social self is indicated by the use of intellectualization, emotional distance, denial, or disavowal as a means of coping. Confusion is indicated by use of ambivalence, passive-aggressive behavior, reaction formation and doing-undoing as means of coping. These behaviors and ego functions refer to a "mild or neurotic" level of psychopathology. Successful resolution of this developmental stage is manifest by acceptance, humor, sublimation, and integration--ego functions characteristic of healthy adult functioning.

The sixth task in the development of the self involves stilling the constructive nature of self-awareness and allowing the emergence of a realized self. Such a realized self is characterized by transpersonal states of consciousness, resolution of polarity, compassion, and altruism. Difficulties with this transition may result from the misuse of spiritual concepts to serve the defensive functions of earlier developmental stages or may emerge from the establishment of a new "spiritual" identity as a means of avoiding the difficulty of renouncing one's attachment to an ego identity. The misuse of spiritual concepts to serve defensive functions results in pseudospiritual or inauthentic spirituality characterized by inaccurate self-attributions of spiritual development to serve narcissistic and defensive functions (Battista, 1996a). Alternately, identification with the spiritual and difficulty disidentifying with one's identity results in inflation of the ego rather than its transcendence. The difficulties and problems of earlier ego identity formation become amplified in inflation. Inflation can appear psychotic-like and needs to be distinguished from psychotic states (Lukoff and Turner, 1996). Inflation can

serve the process of spiritual development by presenting developmental problems to awareness to be worked through (Lukoff, 1996; Scotton and Hiatt, 1996; Grof and Grof, 1989).

This developmental model of psychopathology defines a continuum of health and illness beginning with psychosis and progressing through borderline and characterological levels into neurotic, healthy and transpersonal psychological structures (Battista, 1981). This continuum defines a hierarchy of ego functions which is consistent with empirical findings (Battista, 1982). A factor analysis of global assessment scale ratings, as a measure of psychological health/disturbance, utilizing the levels of psychopathology defined above through an ego function inventory, was able to account for the variance in the global assessment scale ratings of a clinical population at the .001 level, providing good empirical support for this developmental continuum of ego functions (Battista, 1982 and Battista, unpublished).

Table 3 presents an overview of the psychopathology of the self.

Table 3
The Psychopathology of the Self

Developmental Task	***Level of psychopathology***	***Ego-functions that mark psychopathology***	***Ego-functions that mark success***
separation of inner and outer	psychotic very severe	hallucinations delusions ideas of reference projection	intact reality testing
formation of person and separation from other	borderline severe	dissociation, fragmentation, splitting, grandiosity, projective identification, emotional dyscontrol, idealization, abandonment depression	capacity to regulate emotion internally and or interpersonally
formation of identity	characterological moderate	impulsivity, acting out, denial, cheating, lying, displacement	positive self concept social adaptation
formation of authentic self	neurotic mild	ambivalence, passive-aggression, reaction formation, doing-undoing, intellectualization, disavowal, aloofness	sublimation, humor, acceptance, humor, integration
realize self	spiritual problems	psuedospirituality ego-inflation	selflessness, humility, compassion, love

The Psychotherapy of the Self

Each level of psychopathology outlined in the previous section requires a different form of psychotherapeutic intervention.

The healthiest transition is from an authentic personal self to a realized self through transcending the constructive nature of self awareness. This process is interior, but may benefit from a spiritual teacher, guide, or instructor. A therapist could serve as this guide, if properly trained and developed. Such a "therapy" would be truly transpersonal, and has been attempted in Jungian analysis and psychosynthesis in addition to the transpersonal psychotherapies which employ contemplative techniques. One essential aspect of therapy at this level is to open the person to the transpersonal. This can take place through the being of the therapist, or directing the person to practice techniques which lead to the transcendence of cognition. Once the person has moved along this path he or she is encouraged to continue to practice. I use a magic ring or mantra technique. In the magic ring technique, the client wears the magic ring (a remarkably gaudy, fake, red ruby ring) to remind themselves what they are doing and to get other people to ask them why they are wearing the ring. They then say the reason-- to be here now, to go slow, to allow. The mantra technique is similar and involves the development of a saying the person repeats over and over again to themselves (breathe, pay attention, allow) to remind them of their practice. Assagioli developed many interesting techniques to facilitate transpersonal development (Battista, 1996b).

Most intensive psychotherapy occurs at the level below the transpersonal--the transition from a socialized, inauthentic self to an authentic, existential self. The initial step in this process is to help the client distinguish a real, embodied self from false or ideal self images. In the neurotic, embodied experience is often disavowed as needy, immature, or frightening, and replaced by strivings for perfection, or demands for higher levels of functioning. One role of the therapist is to encourage the person to claim, honor and integrate these split off dimensions of self as the foundations for authentic life. The therapist models authentic relationship in this process and offers an emotional engagement within the limits and boundaries of the therapeutic role. Particularly important in this process is the acknowledgment and reworking of yearnings to be cared for. Resistances to these yearnings must be addressed within a context of accepting, nurturing, but circumscribed, emotional availability. See the case of Alice (Battista, 1996a).

This humanistic process of life transforming psychotherapy is particularly well facilitated by a therapist who has some familiarity with spiritual, transpersonal life. This allows the therapist to approach the individual seeking to claim her own life with compassion and empathy, not only of having been there, but of seeing the entire process in context. In this way, although existential-humanistic therapy may not be directly transpersonal, the transpersonal development of the therapist facilitates the authentic development of the client. Similarly, in dealing with more severely disturbed persons, the non-judgmental and compassionate nature of the transpersonally informed therapist will help the person to perceive and accept him or herself.

The transition from an undersocialized individual to an independent, socialized individual who can exist in mutual relationship represents another type of transition that therapists are called upon to facilitate. Such characterologically disturbed individuals are commonly brought to the therapist's office by their parents, spouse, or society rather than by their own motivation. The situation often represents a mixture of unresolved early childhood problems that relate to the preceding level of development, and the need to develop a coherent, authentic self that relates to the subsequent level of development. An example would be a youth who has been neglected or neglectfully indulged, so that she never learned to renounce her impulses or desires for the sake of the other, or long-term social success. Here the therapist is called upon to intervene in a different way from the neurotic level. At the neurotic level the therapist had to identify and support the disavowed real self to help the person construct a new and authentic way of being in the world. At the characterological level, the therapist must intervene to help the person transform her attachment to the gratification of her own needs and accept a social reality bigger than she is, in order to develop a positive, identified self. This often requires educating the client as to how the world works, persuading her to change her behaviors, and establishing social

reinforcers for modifying her behavior, as well as working with her parents to have clear and consistent expectations for the child which acknowledge her own wishes, wants, needs and capacities without tyrannizing her or being tyrannized by her. The therapist acts as an agent in the socialization process with character disorders, whereas the therapist acts to undo the internalization of poor socialization with the neurotic in more traditional psychotherapy.

Individuals with an undersocialized or impulsive self, have a self, but have not learned to regulate and coordinate that self in a mutual, interpersonal context. Similarly, neurotic individuals have a self, but this self, often disavowed, has been dominated and tyrannized by internalized social attitudes and constraints. When we go to the borderline level of psychopathology we enter a domain in which there is not a cohesive, differentiated self. The self exists in fusion, or intersubjective immersion in relation to another, although this may be defended against, as in individuals with a schizoid personality style. In individuals with dissociative disorders or borderline personality disorders, the self will be fragmented and disintegrated through splitting and compartmentalization.

Individuals at the borderline level of development require a different type of therapy from that outlined for the neurotic or characterologically disturbed individual. They need "outsight"-- the capacity to see themselves from the outside, in order to be a functional, separate person in relation to others. The neurotic needs inner sight--to be aware of her true, embodied self and to have empathy for it. The borderline needs outer sight--to become aware of how she enacts her needs in an interpersonal context. She is fused in relationship, rather than having relationships. Although providing an emphatic, understanding and even gratifying relationship may be useful, necessary and important in the therapeutic process, the critical variable is the capacity of the therapist to understand and analyze the relationship and relationship demands that the patient creates, and not take them personally. These relations may be negative or positive, and not uncommonly, alternate between these poles. In the negative form, the therapist is commonly experienced as not understanding enough, not giving enough, or may be experienced as unavailable, or destructive. The client demands understanding and attention, blaming the therapist for causing them to be upset. She needs understanding, and deserves it, because she was deprived of it--mistreated. This is true, but the way she insists on this denies the existence of the therapist as an independent person, and interferes with obtaining the very thing she desires. Many times such an insistence contains a good deal of hostility and rage which is denied, projected onto, or provoked in, the therapist. This aggression must be acknowledged and dealt with before empathic understanding can take place. Alternately, the relationship may be idealistically positive. The client idealizes the therapist or is in love with the therapist, believing that the therapist's full attention and nurturance would resolve her emotional problems. The therapist must be able to maintain her own boundaries and integrity, and separate the experiences of the client from her own self. Thus, the key to treating individuals at this level is the working through of the self-other confusion in which the person is embedded. This working through process involves empathic confrontation and understanding in the context of clear, consistent boundaries. See the case of Karen (Battista, 1996a).

The final level of psychopathology is psychotic. Here the patient is unable to differentiate inner and outer. Again the therapist is called to relate to the client in a different way. The therapist must take care of the patient. On one hand she must give her medicines to help her clarify her perceptual and cognitive processes. On the other hand, the therapist must help her cope with the demands of life--must serve as a surrogate ego so she can function in society.

This section has discussed five different developmental transitions on a continuum of health and illness: from personal to transpersonal, from inauthentic to authentic, from undersocialized to interpersonal, from intersubjective to personal, from dysfunctional to functional. Each of these transitions calls upon the therapist to focus in a different way: as guide; as engaged and authentic person; as social, interpersonal agent; as empathic analyst; and as caretaking organizer. Clients often embody all these transitions, thus demanding the

therapist have familiarity and facility in going back and forth between each of these transitions with confidence and clarity.

Conclusion

An information theory of consciousness was used to present a transpersonal theory of development which identified six self-structures (perceptual, emotional, subjective, identified, existential, and realized) which result from the resolution of six developmental tasks (central nervous system development, separation of inner and outer, separation of self and other, internalizing an identity, differentiating an authentic self from one's identity, transcending the constructive nature of self-awareness). This developmental theory was used to define an empirically supported continuum of health and illness (psychotic, borderline, characterological, neurotic, psuedospiritual) and discuss the different types of therapeutic interventions that therapists must make (caretaking organizer, empathic analyst, social agent, authentic other, guide) in order to facilitate the development of a particular individual at a particular point in time.

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