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The Use of Image in Conflict Resolution: Presentation of the Elouroboros Model <i>Eleni Hounta and Athena Chatzoulis</i>	7
Las Constelaciones Familiares de Bert Hellinger: Estudio de Caso <i>Margarita Ortiz-Tallo y Gabriele Gross</i>	19
Understanding Non-Rational States of Consciousness and its Implications for Counseling <i>Dohee Kim-Appel and Jonathan K. Appel</i>	29
Holotropic Breathwork Can Occasion Mystical Experiences in the Context of a Daylong Workshop <i>Iker Puente</i>	40
Special Topic on Compassion	
Compassion is Good for You <i>Stanley Krippner</i>	51
Opening the Heart: Compassion in Sufism <i>Robert Frager</i>	56
Secular Compassion Training: An Empirical Review <i>Gonzalo Brito</i>	61
Reflections on Compassion	
Ego and Spirit, the Head and Heart of Compassion <i>Michael Washburn</i>	72
Larger than Life: A Personal Journey of Encounters with Compassion <i>Kaisa Puhakka</i>	79
Developing Compassion for the Homeless <i>John Battista</i>	86
Entrevista	
Aportaciones a la Psicología transpersonal: Entrevista con Claudio Naranjo <i>Claudio Naranjo e Iker Puente</i>	92

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Investigación Transpersonal

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The Use of Image in Conflict Resolution: Presentation of the *Elouroboros* Model

El Uso de la Imagen en la Resolución de Conflictos: Presentación del Modelo *Elouroboros*

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Abstract

The present paper discusses the importance of creative and visual methods of communication in conflict resolution. It is argued that through the use of photography in multicultural environments, the emergence of certain emotions and existential issues occur, which lead to new insights. The proposed model, named *Elouroboros*, aims at resolving personal and interpersonal conflicts through the use of image. In this case we explore the potential of resolving interpersonal conflicts, through the creative processing of certain issues. The data produced is based on seven high schools visited, in the center of Athens, in Greece.

Keywords: visual communication, creativity, conflict resolution, photography, image

Resumen

En el presente trabajo se analiza la importancia de los métodos creativos y visuales de comunicación en la resolución de conflictos. Se argumenta que a través del uso de la fotografía en entornos multiculturales, la aparición de ciertas emociones y temas existenciales ocurre, lo que conduce a percepciones nuevas. El modelo propuesto, llamado *Elouroboros*, tiene por objeto resolver los conflictos personales e interpersonales a través del uso de la imagen. En este caso exploramos el potencial de resolver conflictos interpersonales, a través del tratamiento creativo de ciertos temas. Los datos producidos para esta investigación, se basan en siete escuelas visitadas, en el centro de Atenas, Grecia.

Palabras clave: comunicación visual, creatividad, resolución de conflictos, fotografía, imagen

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Introduction

The word 'conflict' was initially used by scientists like Charles Darwin, Sigmund Freud and Karl Marx, in order to depict the notion of a 'competitive struggle' (Deutsch, 2002: 308). However, there were early attempts by many scientists to address the constructive nature of a conflict through cooperation (Vallacher, Nowak & Coleman 2013). In this paper, we explore hypothetical and latent conflicts, which are presumed as a promising way of creation or a motive for connection.

Many times, in the process of conflict resolution a mediator is addressed, in order to resolve the conflict (Tidwell, 1998). According to Sherman (2003), however, the role of mediators has been overemphasized and, as he says, we must take into account that mediators are ordinary people and cannot remain completely neutral, independent or confident. Furthermore, they can affect the mood and the dynamics of the group (Sherman, 2003).

Following the above considerations, the objective of the present study is to, empirically, explore alternative ways for resolving conflicts, by using more creative and flexible methods, which can be adapted in regard to the needs of each occasion. Creativity has been widely used in psychotherapy in order to facilitate the therapeutic process (Case & Dalley, 2013). In art therapy, creative imprints of thoughts, feelings, and ideas can also lead to self-realization (Rubin, 1999). However, in this case, it is explored how the 'image' can play the role of a mediator, in conflict situations, which can lead to self-realization, outside of a therapeutic environment.

The choice to replace the mediator with the use of an image derives from two basic facts. First, from the power of the images that affect our everyday lives now more than ever (Grau & Veigl, 2013); and second, from the power of mental images that have been affecting the lives of indigenous people for thousands of years, through ceremonial visions (Tupper, 2002). In the first case, the image has a tendency to be exploited in order to affect people's views, whereas, in the second case, images are a vehicle to truth or healing (Beyer, 2009). This proposal is an attempt to theoretically bridge these two worlds, the

modern and the traditional, through a common vessel: *the image*.

Finally, it is argued that, through the creative use of the image, individuals or groups should be able to settle their differences, relying more on their own effort, rather than solutions imposed to them by others, gaining their autonomy. This gives the opportunity to individuals who belong in a minority group to stand up for themselves and confront other individuals who are able, due to power relations, to manipulate conflict resolution procedures in favor to their interest (Deutsch, 2002).

Photography in Psychotherapy

Photography was first used as a therapeutic medium by Dr. Hugh Diamond in 1856. Unlike the diagnostic tests in which several images are presented to the patient in order to assess the psychological distress (Rorschach, TAT, etc.), photography is used by many psychiatrists and psychotherapists as a means of therapy (Walker, 1982).

The feelings that emerge when observing an image, are inevitable. The optical part of the brain is much more primitive, thereby a picture reaches the 'heart' of feelings much faster (Walker, 2002). The pictures help the person to relax and release any emotions that are oppressed and difficult to express. Using the photo as a pretext, the person begins to approach, discover and communicate feelings and memories that may have been buried for years and may address issues that require analysis or resolution (Weiser, 2008).

Judy Weiser, working with deaf and indigenous teenagers in the United States, describes, through her experience that both groups, although primarily dominant in the right hemisphere of the brain, were trying to adapt to the rules of a 'society of the left hemisphere'. It is very difficult for a child born with a dominant right hemisphere to live in a society dominated by the left (Weiser, 1983). Therefore, images are in favor to the people that are dominant in the right hemisphere of the brain, in any society.

Furthermore, during the engagement with one or more images, many clients are completely absorbed by the process (Walker, 1986). According to the words of Nuñez:

Our creative self has something divine, because when we create we have such a deep connection with ourselves that we can even anticipate the times and predict what will be and what human beings will need in the future. This should be the social role of the artist. (Nuñez, 2009: 56)

Analyzing the use of photography in therapy, we observe that photography acts as a stimulus, a tool that facilitates the process of storytelling and exaltation of the imagination of the customer (Walker, 1986). The process occurs primarily unconsciously and the content of the narrative emerges with the aid of the photograph (Wheeler, 2009). Finally, since photography has been used in psychotherapy and counseling, we suggest that it could also be used as a tool in conflict resolution.

Mental Images

Mental images are alternatively conscious and unconscious images generated by the human brain. Dreams, visions and meditation are the most well-known methods of observation of the images that usually come from intense fears or desires (Downey, 1999). In some cases these images interact with reality, in the form of the so-called 'visions'. For example, the chemist August Kekule, 'watching' a serpent in the fire, regurgitating its tail (ouoroboros serpent), discovered the molecular structure of benzene.

Furthermore, Albert Einstein (1945), in a questionnaire concerning research methods, said that words and language, written or spoken, do not seem to play any role in the mechanism of thought, but those who serve as elements of thought are signs or images that can 'voluntarily' be reproduced and combined (Koestler, 1964). Both the voluntary and involuntary emergence of these images appears as a promoting development of a cognitive process, which can lead to the resolution of a problem.

The image as a symbol

A mental image is not only a mental representation but also 'the most primitive form of symbolic function' (Arieti, 1976: 37). Unlike language, mental imagery is a personal and

subjective experience, which is constantly subject to change and therefore it is difficult to express in words (Arieti, 1976).

Koestler (1964) gives another dimension to the subject of thought, and indicates the existence of thinking with images. It is true that the importance of the images had been neglected by the rise of the Cartesian philosophy, but recently there have been several attempts to place serious inquiries and thus, there is an extensive amount of literature around this issue (Downey, 1999).

The symbolic teachings of Carl G. Jung

Jung claimed that many things are beyond the limits of our perception. Unlike Freud, who perceived the term 'symbol' as something already known which is not recognized consciously, Jung meant something relatively unknown which nevertheless is recognized or suspected to exist. This point was also the beginning of the end of the collaboration between the two men (Bennet, 2011).

The best source for understanding how Jung perceives the meaning of symbols is *The Red Book* (2009), which consists of a series of events based on the technique of active imagination and reveals the process of 'individuation', through mental images, experienced by Jung himself in those years.

One of the most important symbols in recounting his experiences is the serpent. Below we can see an excerpt from the book in order to understand the use of symbols, in the concept of the opposites.

The struggle between doubt and desire was great in me. But suddenly I saw that I stood before a steep ridge in a wasteland. It is a dazzling bright day. I catch sight of the prophet high above me. His hand makes an averting movement, and I abandon my decision to climb up. I wait below, gazing upward. I look: to the right it is dark night; to the left it is bright day. The rock separates day and night. On the dark side lies a big black serpent, on the bright side a white serpent. They thrust their heads toward each other, eager for battle. Elijah stands on the heights above them. The serpents pounce on one another and a terrible wrestling ensues. The black

serpent seems to be stronger; the white serpent draws back. Great billows of dust rise from the place of struggle. But then I see: the black serpent pulls itself back again. The front part of his body has become white. Both serpents curl about themselves, one in light, the other in darkness. (Jung & Shamdasani, 2009: 251).

The interpretation of Jung, after this 'vision', concerns the conflict between light, which symbolizes love, and darkness, which symbolizes thought. The alleged conflict is one that will lead to completion. It is the conflict that exists within every human being, between the uniqueness of thought and the collectivity of love. This internal conflict according to Jung, is the source of all the other conflicts (Jung & Shamdasani). As he continues:

The serpent taught me the unconditional difference in essence between the two principles in me. If I look across from fore thinking to pleasure, I first see the deterrent, poisonous serpent. If I feel from pleasure across to fore thinking, likewise I feel first the cold cruel serpent. The serpent is the earthy essence of man of which he is not conscious. His character changes according to peoples and lands, since it is the mystery that flows to him from the nourishing earth - mother. [...] The way of life writhes like the serpent from right to left and from left to right, from thinking to pleasure and from pleasure to thinking. Thus the serpent is an adversary and a symbol of enmity, but also a wise bridge that connects right and left through longing, much needed by our life. (Jung & Shamdasani, 2009: 247).

The serpent is the bridge, which symbolizes the union of the basic contradictions in life, the alpha and the omega of creation (Jung & Shamdasani, 2009). Jung's preoccupation with alchemy resides from his interest in the mystery of the archetypal union between good and evil, male and female, light and darkness (Bennet, 2011). The purpose of all these is the individuation, i.e. the journey of a person towards the Self (Jung & Franz, 1964).

In a similar process, after research was conducted in five schools of Athens and bearing in mind the need for a structure in the process of creative conflict resolution, a mental image of a serpent emerged, intuitively, which moved upwards in a constant and never ending spiral. Three phases and five levels were placed on an axis, which followed a natural progression. Through the conscious exploration of a conflict resolution process and possibly in combination with many other processes that took place in the unconscious mind of the researcher, Ελουροboros, the model for creative conflict resolution was born.

Ελουροboros - A Model for Creative Conflict Resolution

The name 'Ελουροboros' derived from the Ouroboros, the serpent that perpetually eats its own tail. In contrast to the Ouroboros, this model suggests the overcoming of that circular movement, where the serpent moves towards the tail, and yet with a slight upward trend, forms a spiral form movement. That way, the vicious cycle that sustains stagnation is stopped. One of the characteristics of the spiral is infinity (Jung & Franz, 1964). The spiral suggests the evolution and perpetual and everlasting change (Chevalier & Gheerbrant, 1996). Through this conscious experience the person 'acquires' the archetypal knowledge in order to deal with difficulties and conflicts in the future. The Ελ indicates light, as in the ancient Greek language, and the advent to a higher spiritual state. Each problem is considered a source of information and by switching the stimulus from conscious to unconscious and reverse, the Ελουροboros 'grounds' its ascending course from the microcosm to the macrocosm.

The purpose of the Ελουροboros is resolving interpersonal conflicts on an individual or group level. The person or group follows a specific procedure based on creativity and innovation. Freedom of expression and originality are encouraged to reinforce the element of creativity and confidence of individuals, while the concept of error does not exist in this process. Through the model both the conflict and the concept of conflict are being processed. The goal of this model is the perception and deep understanding of the concept of conflict, in order for the person or group to obtain the knowledge and capacity for management of future conflicts.

The environment in which the process takes place is rhizomatic (Deleuze & Guattari, 2004). This means that it has the characteristics of a rhizome and every step is carried out within these features. Flexibility, connectivity and multiplicity are some of the principles of a rhizome. We can imagine that the Ελουροboros is located in an environment consisting of infinite small fine lines, like the neurons of the brain, suggesting infinite possibilities. Finally, it follows a natural progression rather than a forced or structured course since it is a variation of an older form of thought, which preexists in the unconscious mind (Deleuze & Guattari, 2004). Once the groups or individuals agree to work on a certain conflict, the process begins and it consists of five levels, which are subject to three phases (Figure 1).

Phase A - Awareness

Phase A is the phase of awareness of the problem. This phase includes levels *a* and *b*. It represents the time that the person or group are invited to explore and focus on the problem through *creativity*.

Level a

At level *a*, the exploration of the problem occurs consciously and verbally. Through organization, the individual or group has to focus on the point he or she considers most important in the conflict, in order to communicate it. Like in brainstorming, in order to facilitate this procedure, pencils and papers can be used to draw out ideas.

Level b

At level *b*, the creative exploration of the problem begins, although it is not always done consciously. Through various creative means, such as drawing, photography, film making etc, individuals explore the problem by trying to represent it. Having reached in the previous level their desired point of focus, they are invited to represent it, creatively and non-verbally. Throughout the process, the problem and the focus point keeps being revised constantly and subconsciously. At this point the absence of the concept of error is crucial, so the focus point can be still changed. The *creative product* of this level is the key needed to introduce the next phase of the conflict resolution process.

Phase B - Communication

Phase B is the phase of communication of the problem and includes levels *c* and *d*. At this point, the *interaction* of conflicting sides is of particular importance in resolving the conflict.

Level c

At level *c*, the creative product, represented in this case by the photo, is being presented. All participants see the creative product and this is the first contact between the opposing sides. At this level, the information exchange takes place non-verbally, so as to give space to unconscious processes and thoughts to surface. The only 'action' the individual is called to perform is observation.

Level d

At level *d*, individuals or groups are invited to initiate a discussion. Returning to the use of verbal communication, the aim is to discuss the creative product. In this case, the analysis of photographs promotes the emergence of unconscious thoughts that sustain conflict and converts them into phrases, facilitating the communication process. Ideas about the conflict are expressed, carrying the personal touch of each individual. The discussion is open and free. Usually, the content of discussion moves from the creative product to the conflict itself. In this case, the conflict is discussed again after the creative process that preceded it. The conflict has been re-considered and discussed in the light of another visual aspect. Key to the next phase is *mutual awareness* of the 'real' problem.

Phase C - Evaluation

Phase C is the evaluation phase of the problem and corresponds to level *e* of the process. In fact level *e* does not assume the end, as the process of evolving is infinite, so the level could also be classified as level ∞ (infinite).

Level ∞

Level ∞ is the only level that cannot be presumed to happen; it might or might not occur. The approach should be done naturally and without constraints. The more freely the procedures take place in the previous levels, the more effortlessly individuals can reach this level. The harmonization

process of the structure of the model in a libertarian way is crucial in order to resolve the conflict.

Moreover, we can characterize this level as a state of mind or condition. This state of mind, which can be considered as altered, is equivalent to 'illumination', which occurs in many creative processes (Arieti, 1976). Mostly, an altered state of consciousness has been described as a change in the conscious experience or as a subjective feeling of that change, while others believe that it is 'an alteration in the informational or representational relationships between consciousness and the world' (Revonsuo, Kallio & Sikka, 2009: 187).

We propose that the characteristics of this condition facilitate conflict resolution, shedding light on the essence of the 'real' problem, in addition to a deeper understanding of the concept of conflict, in general. A reflection on the conflict takes place, helping the individual to acquire the skills that are needed for preventing or resolving conflict in the future.

Methodology

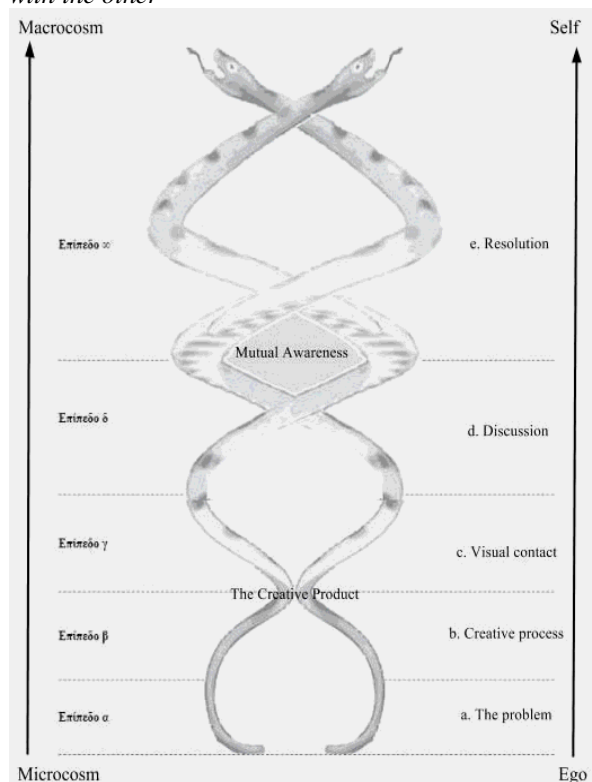
Sample Group

The full body of the research was conducted during the period 2009-2013, in 12 high schools and a group of young adults in Athens, Greece. However, in the paper we present the second basic research that was conducted in 7 schools in Athens, during the month of November, 2012, in order to demonstrate the application of the proposed model (the model derived from the first basic research) and its implications. Approximately, 180 male and female students (15-16 years old) of Greek, Eastern European, Asian and African origins, were selected for this second research. The multicultural aspect of the sample served as an element of the rhizomatic character of the whole research as an 'action' for minority groups, expressed through supporting multiplicity.

The Process

The research's methodology aimed to verify the validity of the proposed model and, therefore it was based on it. The process, even though it continued to be 'free and open', was conducted on a basis of five levels, which were briefly presented to students at the beginning. The exact title of the research was not mentioned, as the word 'conflict' was considered to be somewhat violent for students, along with the concept of 'multiculturalism', which has been largely misunderstood in Greece and could potentially create problems in the procedure. Furthermore, conflicts were not a given amongst those groups. After the end of the procedure, the students were asked to write a short review about the research.

Figure 1. *The ELOURBOROS in action – Interacting with the other*



Phase A

At the first four schools, students were divided into groups of boys and girls, while in the other three schools, students were given the option to choose one of the words 'solidarity, honesty, love, trust, peace', in order to trigger the emergence of social issues. Students were divided into groups, according to the word they wanted to work with. The instructions for the groups of boys and girls were: 'Think of a message you want to pass to the other team', while the teams with the concepts were instructed to 'Think of a message you want to pass to the other team in relation to the word you

have chosen'. At level *a*, students focused on the message (which is the issue of concern and therefore mentioned as the 'problem' later in the text) and then at level *b* they were instructed to 'Think how you can represent this message with five photos' and so begun the creative exploration of the 'problem'. The five images had to be a sequence for the representation of the message, 'like comics, like a short story', as it was clarified. Later, it was announced that it is possible to capture these images with cameras provided by the researcher, and students began to delve deeper and deeper into the creative process. Due to the fact that the study did not permit underage students to be photographed, figures of clay and plasticine were made, in order to facilitate the representation of the message.

When the students finished with the mental exploration of the five images, which they had been working on, during the creative exploration of the 'problem', they were then encouraged to work with the cameras. After photographing the five images, they returned the cameras and a break followed. At that point, Phase A had ended. During the break, the photos were passed onto the computer and in preparation to be presented by the researcher.

Phase B

After the break, at level *c*, the photographs were first presented to each group that had created them in order to confirm that 'this is the desired result'. Afterwards, they were presented to the whole class. Students sat according to the group in which they had worked with and discussed the photos in the group, after each presentation ended. Later, the time for verbal interaction arrived, level *d*, where there was a discussion, between the two groups, about the images presented. At that point, the discussion was open and the role of the researcher quite distinctive, in order to allow the process of the participants and their autonomy as a group. In this case, phase C, which concerns the resolution of the conflict, was difficult to be distinguished from level *d*. Finally, the students were asked to make an evaluation of their experience and the process.

Results

As we mentioned earlier, the seven cases were divided in two different sections. The first section, which included four schools, concerned gender issues, while the second section, which included the other three schools, concerned certain meanings. Even though there was a restriction in photographing faces, due to underage participants, many students wished to include themselves in the photos, covering their faces with hoods or other garments. In schools where students were divided into boys and girls the need for such an activity was evident as the issue of gender relations concerned the majority of the students. In the other case of groups concerned with words and meanings, the messages regarded mainly social phenomena. In continuation we will examine the seven cases in two separate sections, according to the issues that were examined, i.e. Gender Issues and Meanings.

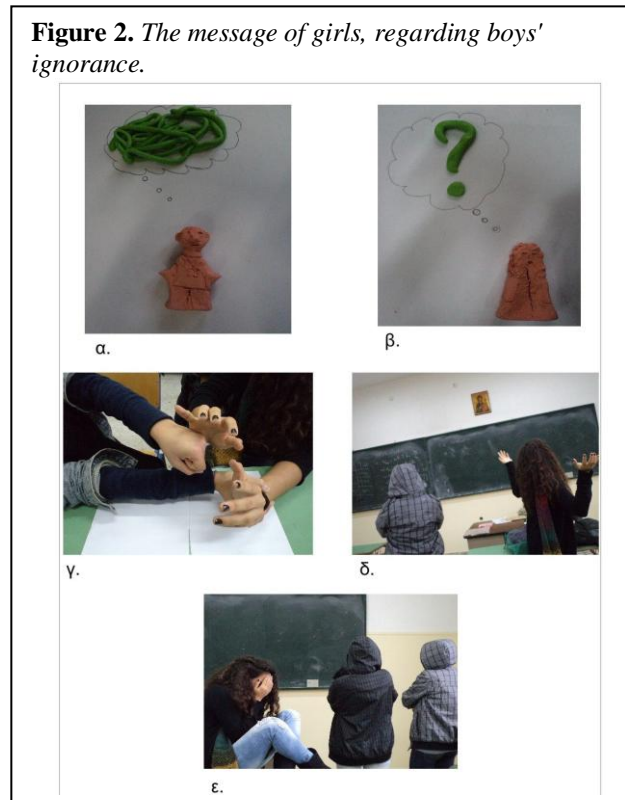
Groups of boys and girls

The topic of exploration, resulting from the division in groups of boys and girls, was the relationship between sexes. Preparing images for the other team was like preparing a 'gift'. During the presentation of the images, students attended sometimes silently and sometimes commenting on the images they saw. After presenting the 'gift' they had prepared for the other team, they expected an answer. The discussion helped students to express anything that was in their minds and their concern in relation to the subject, through sending and receiving a message.

Messages concerned mainly, emotional needs from girls and emotional and material needs of girls from boys (Figure 2 and 3). At that point, they began to actively interact with each other and express their views on gender issues. The conversation usually started in calmness and then tension followed. Short stories unfolded within the big one and thus the discussion acquired a rich texture. At some point, tension would reach the maximum and then 'catharsis' (emotional release, relief or cleansing) would arrive. This phase involved the climax and retained the dynamic of the process for resolving the conflict.

Finally, new insights manifested in moments like the one when a student proposed a second meeting outside the school; when another student gave the solution by coming up with a

phrase of mutual awareness; or when students realized how different yet similar both sexes are. According to theories of creativity, this is described as the 'epiphany', the moment of 'eureka' (Boden, 2003).

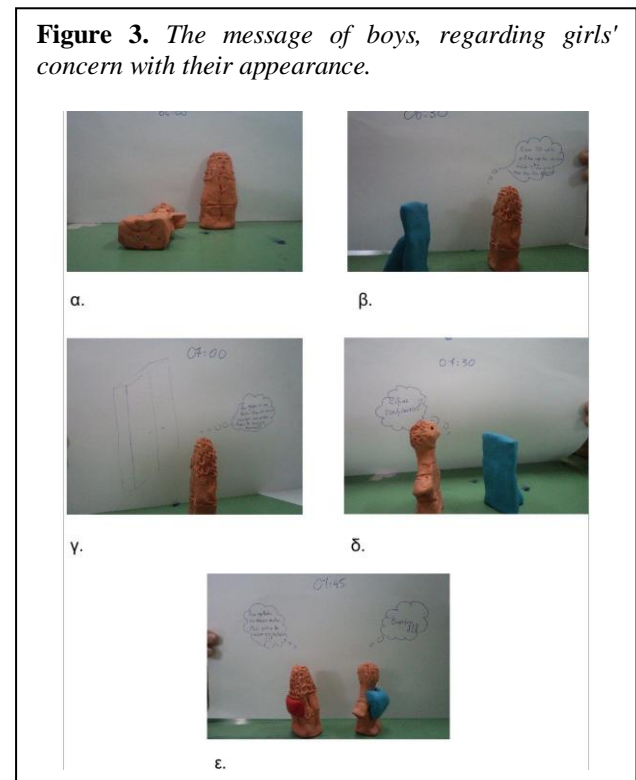


Groups of concepts

Once the research was conducted in the above manner at four schools, we thought it would be interesting to integrate the next three schools into another 'dimension', 'provoking' students to deal with certain social issues during the process. Accordingly, students during the discussion referred to very important and delicate issues, such as the lack of love, racism, individualism and violence, which were either related to the school environment or the society in which they live (Figure 4). They felt comfortable enough to discuss personal matters that concerned themselves and their classmates.

In one of the schools, violence and gang forming was extensively discussed and, as it seemed, some students were personally involved in such cases, supporting violence, whereas others were against it (Figure 5). The argument over this matter brought tension, which eventually transformed into

constructive dialog, facilitating both sides to come into agreement. Another widely discussed issue, was the economic crisis and how it has affected Greek society. Some students expressed various forms of racism during the discussion, provoking their classmates to talk about the implications of racism. Finally, some others pointed out the importance of personal evolution, in a context of solidarity that can and has to happen, through the crisis.



The classroom had then been converted into a safe environment for analysis, discussion and elaboration of these issues. There were concerns, fears, insecurities and dreams, wishes and expectations for the future. That part of the process had been transformed into a space in which time played no longer such an important role and provided a sense of security and relaxation.

Evaluation from the students

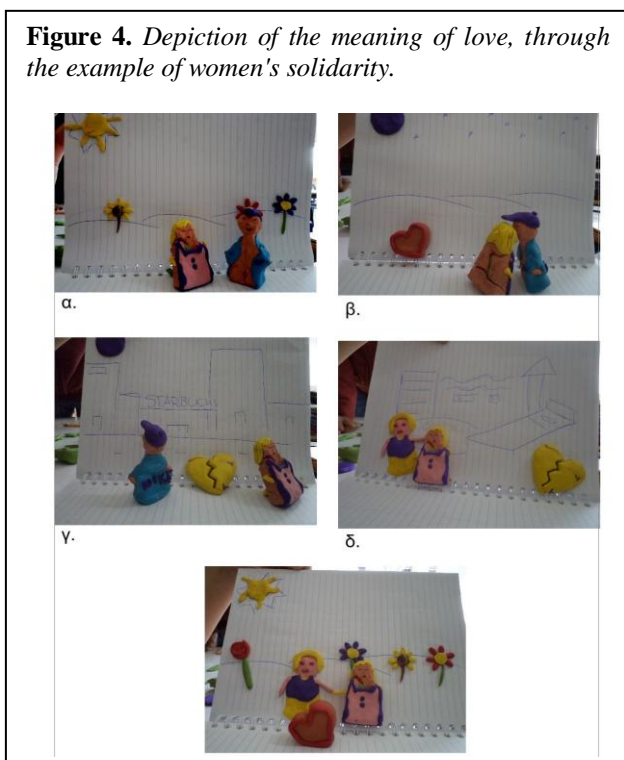
After the end of the process, students were asked to make a personal assessment of it, anonymously and secretly. Some of their comments are listed below in order to demonstrate the impact the experience had on the students, working on conflict resolution through the five levels and the three phases of the proposed model. The comments were summarized into certain

concepts, in order to display the most significant ones for the present research, according to the results.

In relation to *conflict resolution* some students wrote:

“It was an auxiliary procedure in order to express our problems and to make some improvements', 'it surfaced many differences, which we probably had for a long time with our peers, but we were not given before the opportunity to express and resolve them in a civilized way', 'we understood the mindset of the boys and ours’.

Figure 4. Depiction of the meaning of love, through the example of women's solidarity.



Some other students mentioned the importance of *dialogue*, *cooperation* and *communication* by writing the following:

“We have collaborated successfully. The fact that in only two credit hours we came closer is remarkable, we did a lot of things and above all a creative dialogue”, “Very creative and effective process through teamwork”, “everyone should respect each other's opinion through understanding and

togetherness”, “the collaboration has helped communication”.

Many students also reported some thoughts in relation to the use of the *image* facilitating communication and dialogue:

“The communication between the two teams is fun through images and messages”, “it should be introduced as a lesson because it sharpens perception and is a way to talk and express through art everything we are afraid or ashamed to say and perhaps be able to change some things we do not like”, “through a photo, one can understand the feelings and the mood of the people”.

Students realized the importance of creativity and the use of the *image* for a constructive dialogue. Furthermore, the importance of non-verbal communication in a dispute resolution process was perceived.

Figure 5. Depiction of solidarity, in contrast to violence



In the evaluation, many students wrote about more *personal experiences*, feelings and thoughts that they had during and after the process, both in relation to themselves, and in relation to others. In relation to others and the world some of the students wrote, for example:

“It gave me strength to fight for our rights”, “I was given the opportunity to get to know people and their needs”, “I understood things I did not know so well before”.

Some others linked their ideas about the world with their personal experience:

“Every man in order to be good to those around him he must be good to himself”, “I learned how to express what I have in my mind and I am thinking (...) every man must change and become better, in order to live in a better world”, “If every human changed his life, the world would change”, “in order to improve our society everyone needs to try to change himself for the better”, “the love that exists in our time still gives me faith to move on...”.

Finally, there were some testimonials which were even more personal, from students who seemed to be resistant during the process and had extreme views regarding some social issues such as racism. One student wrote “many things came to my mind, which I believe will help me to modify things for which I had a different view before”.

Another student, who previously argued that violence through gangs is the only solution, in the evaluation wrote:

“Very interesting process, it helped me to bond more with my classmates because for some reason I felt comfortable to express myself. It is very good to let the students discuss among them so they can resolve any differences between them and exchange views which are very useful and informative for everyone”.

Discussion

The dialectic relation between conscious and unconscious is one of the manifestations of the complementary opposites, through interaction, and an essential element for the natural execution of the process. These contrasts are also manifested in

other forms, such as positive and negative or female and male.

Furthermore, in the case of each survey we discern specific contrasts during the debates, such as violence and non-violence, love and lack of love, collectivism and individualism. The interrelationship between opposite concepts, which are both social and personal, needs to be healthy, in order for evolution to occur. An imaginary bridge between two, seemingly, opposite concepts is the means to bringing them together and facilitating their collaborative operation. The same applies in conflict resolution. Two opposing sides need to come together through a 'bridge', represented in this case by the proposed model.

Having reported extensively on the structure of the model, it can be concluded that creativity plays a very important role in resolving a conflict, for several reasons. Besides it being a way that can lead to resolution, creativity is also a means to express and weaken emotions that hinder resolution. Simultaneously, it brings to the surface emotions of varying qualities, which in turn replace the negative ones and open the way to resolution. Resolution coincides with the moment of enlightenment, the 'eureka'. The image can trigger various subliminal thoughts and feelings, which can be expressed openly and interact creatively with the 'other' side.

However, the research was conducted under restrictions regarding time and therefore deeper exploration of conflicts. While the conflicts examined were mostly hypothetical, the results concerned the potential of such process and do not allow generalization. Specifically, the groups of boys and girls were created according to research conditions and do not represent an actual division according to the students' ideas or will, whereas the groups of meanings formed according to their own will but without having any actual conflict with the other group. Therefore, what is mostly described is a way to gain better mutual understanding through the use of images.

Finally, while resolution is the desired result, it does not mean that it will definitely occur. At this point, we note a common feature between the path of Eλouroboros and the individuation process of Carl G. Jung. Individuation, which is the 'Eleysis' (advent) to the Self, is the process of unification of the conscious with the unconscious

and, even though it may never be realized, it is the goal of the process (Bennet, 2011). Likewise, the process of the Elouoroboros is a way to the Self.

Conclusion

In short, students expressed their opinion regarding the process, mentioning the importance of conflict resolution, dialogue, communication, cooperation, and images. Furthermore, there were some more personal thoughts in relation to their personal development, the society in which they live and the interaction between these two. The awareness triggered by the images, became a key for reconciliation.

Taking a closer look, we see that conflict is a 'cry' for reconciliation. In some cases where there was less interest in the process, there was no intense interaction between the conflicting states, and therefore no agreement. On the other hand, through de-escalation of tension, resolution was possible and very much probable.

Creative conflict resolution through the use of images is a domain that needs further exploration. Its effectiveness and potential are of great importance and open a door to a whole new approach regarding conflict. However, in real life, conditions are different and the application of the model should be performed with awareness and only in cases where it is sought by the future participants. According to the point of view presented in this paper, conflict is seen as a motive to start the journey to the Self. Through the Elouoroboros, a creative way of resolution is proposed, which integrates basic human needs and rights.

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Las Constelaciones Familiares de Bert Hellinger: Estudio de Caso

The Family Constellations of Bert Hellinger: A Case Study

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Resumen

El objetivo del artículo es presentar el método psicoterapéutico de las Constelaciones Familiares de Bert Hellinger y posteriormente exponer un ejemplo a través de un estudio de caso. Las autoras sitúan el método en el paradigma fenomenológico y lo encuadran dentro de algunas orientaciones de la psicología. Se presentan los principios básicos de las Constelaciones Familiares y se defiende que el método de conocimiento que le compete es la investigación cualitativa. En la segunda parte del artículo se expone un estudio de caso, con los datos personales, el motivo de la consulta, la historia del problema, el establecimiento de la constelación, las metas terapéuticas, observaciones y la evolución y posible eficacia de la intervención hasta 18 meses después. Finalmente el artículo presenta algunas conclusiones.

Palabras clave: constelaciones familiares, Bert Hellinger, terapias psicológicas, estudio de caso, fenomenología

Abstract

The goal of this paper is to present the psychotherapeutic method of the family constellations by Bert Hellinger, and then show an example through a case study. The authors place the method into the phenomenological paradigm and frame it inside some of the theoretical orientations in psychology. The basic principles of the family constellations are presented and the qualitative method of research is defended as adequate. In the second part a case study is presented, with personal data, therapeutic demand, history of the problem, development of constellation and therapeutic goals. Some observations are given as well as the evolution and possible efficacy of the intervention until 18 months later. The article ends with some conclusions.

Key words: family constellations, Bert Hellinger, psychological therapies, case study, phenomenology

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Introducción

Las Constelaciones Familiares son un método de terapia grupal que de un modo sencillo y breve, lleva a la práctica terapéutica su filosofía respecto a problemas y soluciones sistémicas (Franke-Griscksch, 2004; Hellinger, 2001; 2002; Hellinger y ten Hovel, 1999; 2006; Hellinger y Bolzmann, 2003; Payne, 2007; Weber, 1999).

Bert Hellinger, su creador, nació en 1925, estudió filosofía, teología y pedagogía. Durante 16 años trabajó como misionero de una orden católica entre los zulúes de Sudáfrica, dirigiendo varias escuelas superiores. Este hecho tuvo gran influencia en la teoría que posteriormente desarrollaría. El proceso de dejar una cultura para vivir en otra, y su capacidad de percibir sistemas de relaciones interpersonales le llevó a señalar las experiencias comunes humanas en distintas culturas y a buscar su concordancia. Posteriormente estudiaría psicoanálisis y, a través del modo de conocer que propicia la fenomenología se formó en dinámica de grupo, terapia primaria, análisis transaccional, análisis del guión de vida (Berne, 1981; 1983), terapia familiar (Satir, 2002; Boszormenyi-Nagy y Spark, 1994), programación neurolingüística (PNL) (Bandler y Grinder, 1988), terapia provocativa (Farely y Brandsma, 1974), diversos métodos de hipnoterapia (Erickson y Rossi, 1992), psicodrama (Moreno, 1975) y esculturas familiares (Satir, 2002). Tras años de trabajo psicoterapéutico e influenciado por todo su bagaje, desarrolla su propia terapia sistémica y familiar en la que trata de integrar diversos métodos y técnicas. Finalmente la teoría y el método de las Constelaciones Familiares se basan en la perspectiva multigeneracional de la terapia familiar (Kerr y Bowen, 1988), en los métodos del trabajo de la reconstrucción familiar y sobre todo en las esculturas familiares (Satir, 2002), siendo ambos una parte importante de la terapia sistémica. Dentro de la terapia sistémica, el individuo se entiende como un ser influenciado por su familia, cuyas posibilidades de acción y desarrollo pueden estar marcados por la historia de sus antepasados, así como también por reglas y patrones familiares adquiridos y lealtades hacia los otros miembros de la familia.

Encuadre de las Constelaciones Familiares

El método así desarrollado, situado en el paradigma fenomenológico, se puede encuadrar dentro de la psicología humanista y, bajo nuestro punto de vista, también en la psicología transpersonal.

La psicología humanista empezó en los años cincuenta del siglo XX como “tercera fuerza” de la psicología al lado del psicoanálisis y el conductismo,

enfocando sobre todo el potencial humano y la importancia del desarrollo personal (Martorell y Prieto, 2008). Su objetivo es fortalecer la personalidad sana y creadora, concretamente para alcanzar la “autorrealización”. Considera la responsabilidad, la orientación hacia objetivos, la búsqueda de sentido, la libertad y la interdependencia como aspectos naturales del ser humano. Abarca técnicas y modelos variados de los que podemos extraer como principios comunes: el concepto de conciencia ampliado, la búsqueda de la integración entre el Ego y la Totalidad de lo que somos, la revalorización de lo emocional y lo intuitivo, la superación de la división entre la mente y el cuerpo hacia la consideración de un organismo global y la valoración de una comunicación que implique el reconocimiento del otro y una aceptación de éste. Sus raíces están en el existencialismo, los pensadores humanistas y la psicología gestalt. Autores como Maslow (1973), Rogers (1968), Perls (1976) y Frankl (1991) han contribuido en distintos momentos del siglo XX a su difusión.

La psicología transpersonal tuvo su origen a finales de los años sesenta del siglo XX y surge como “cuarta fuerza” de la psicología. Plantea como objetivo ayudar a que los seres humanos trasciendan el sentido de sí mismos para lograr identificarse con una conciencia mayor. Los principales autores que la representan, Grof (1994, 1998), Wilber (1985) o Maslow (1973) han hecho contribuciones al mejor entendimiento del desarrollo humano y de la conciencia.

La psicología transpersonal reconoce la importancia de las disciplinas orientales y espirituales. El conocimiento y la sabiduría oriental se ha ocupado de la naturaleza última del ser humano, más allá de la individualidad de la persona y más allá de las relaciones interpersonales (Welwood, 1979).

Wellwood trata de integrar a través de la psicología del despertar, técnicas y métodos de oriente y occidente. Así se integran y revalorizan técnicas como la meditación, el mindfulness o el yoga. Considera que este nuevo acercamiento incluye tanto aspectos personales como transpersonales que enriquecen el campo de aplicación de la psicología. Considera que Oriente y Occidente representan dos facetas diferentes de nosotros mismos que conviene integrar (Welwood, 1984, 2000).

Las experiencias espirituales o trascendentales constituyen un elemento esencial de la terapia transpersonal, sin embargo, lo transpersonal también puede entenderse como la ampliación de nuestra consideración hacia otras personas, la humanidad, la vida del planeta o la naturaleza (Daniels, 2005).

Si atendemos a la psicología budista, encontramos que uno de sus principios es que nuestra vida es de naturaleza universal y personal. Lo personal y lo universal son dos aspectos complementarios de la

realidad y necesitamos respetar ambas dimensiones si queremos liberarnos del sufrimiento y ser felices. (Kornfield, 2008). En este sentido el método de las Constelaciones Familiares toma de estas teorías la necesidad de trascender lo personal y ampliar nuestra mirada y comprensión.

Así, los modelos, humanista y transpersonal, dan prioridad a la experiencia y al aprendizaje vivencial para el conocimiento. Todo lo señalado y destacado de estas corrientes conforman asimismo los presupuestos básicos en los que se basa el método objeto de este artículo.

Principios básicos de las Constelaciones Familiares

El método de las Constelaciones participa de la idea de la necesidad de trascender de uno mismo hacia una conciencia mayor. Esta gran conciencia es la que Hellinger denomina “alma”, que no se puede confundir con la acepción religiosa de alma. Para el autor no tenemos un alma, sino que estamos en un “alma”, participamos en ella, incluyendo en ella tanto a las personas que viven como aquellas que ya han muerto (Hellinger, 2001). Se podría así hablar del “alma familiar”, pero también de “almas o sistemas colectivos” más amplios, la institución laboral, la nación en la que vives, la memoria histórica, el continente, etc. Cada colectivo desarrolla una dinámica propia que influye en el individuo. En este sentido el concepto de “inconsciente colectivo” de Jung (1999) se parece al de “alma colectiva”. Sería aquello que no debe su existencia a una experiencia propia, sino a aprendizajes del grupo (Bourquin, 2007).

El ámbito de actuación del método de las Constelaciones Familiares lo constituyen problemas familiares, problemas relacionales, algunos trastornos psicológicos y determinadas formas de afrontar enfermedades del cuerpo, entre otros. Es el terapeuta el que debe valorar la posible relación o conexión del “malestar” que presenta la persona que quiere constelar con implicaciones sistémicas (Bourquin, 2007; Colodron, 2009; Garriga, 2011).

La pertenencia al sistema es considerada esencial para el bienestar de cada uno de los integrantes de la familia o sistema más amplio. En este sentido Hellinger coincide con importantes autores de enorme actualidad en psicología positiva, como Peterson y Seligman (2004) que destacan como fortaleza humana de primer orden el sentido de pertenencia.

Como punto central de la terapia se halla la representación de dos imágenes concentradas de espacio y tiempo: por una parte, la imagen inicial que muestra el pasado hasta hoy, y por otra parte, una imagen de solución o imagen final.

Fases de una Constelación Familiar: Puesta en escena, búsqueda de equilibrio y orden del amor

Una Constelación Familiar se desarrolla en tres fases y crea dos imágenes: una imagen de la dinámica destructiva y una imagen de solución.

La *primera fase* de la constelación es la puesta en escena de la imagen interiorizada del sistema del que la persona forma parte, es decir un concentrado metafórico de parte de la historia familiar y de algunas de las historias individuales. Para ello, el terapeuta le pide al paciente que elija de entre los participantes del grupo a personas para representarle a él y para representar a otros miembros de su familia y los ponga en relación en el espacio físico. El terapeuta es el que decide qué representantes familiares deben estar en la escena, según el problema planteado y el objetivo terapéutico. La imagen que resulta es una imagen muy subjetiva y personal que revela las dinámicas escondidas que actúan en la familia. Se parte de la base de que el lugar sistémico que la persona ocupa en esta imagen en relación a los demás miembros del sistema determina, de manera decisiva, sus sentimientos y su modo de actuar. Esta primera fase ofrece al terapeuta una hipótesis de trabajo sobre las dinámicas que actúan en la familia. Las vivencias, emociones y sensaciones de los representantes dan información que complementan aquello que el paciente comenta.

En la *segunda fase* de la constelación, el terapeuta busca, paso a paso, un equilibrio sistémico y una solución con amor. Es así como después de que la dinámica oculta se ha revelado, es posible empezar a buscar una solución. Durante este proceso, el terapeuta invita al paciente o a su representante a pronunciar frases curativas para llegar a la imagen de solución.

La *tercera fase* o imagen final de la constelación, corresponde a lo que Hellinger denomina “orden del amor”, y confiere a cada miembro de la red familiar el lugar más apropiado. Esta expresión simbólica ofrece al paciente una perspectiva nueva, posiblemente curativa, que siempre tiene que ver con la reconciliación, el reconocimiento y la valoración de todos los miembros del sistema.

El objetivo terapéutico es que la persona interiorice la nueva imagen y posteriormente deje el tiempo y el espacio suficientes para que pueda actuar en su interior. De esta forma, la influencia curativa irá actuando sobre los sentimientos y el comportamiento del individuo, pero también, (y esto puede ser lo más asombroso), sobre el sistema entero.

Modelo explicativo

La explicación a este hecho final ocurrido durante la Constelación viene, en primer lugar, dada por principios de la psicología sistémica: cuando un miembro de una familia se posiciona de forma distinta, todos los miembros se ven afectados por la nueva posición (Minuchin, 1979). En segundo lugar, una explicación que también es valorada es la que se apoya en la teoría de los campos mórficos del bioquímico Sheldrake (1988, 1990, 2009). Sheldrake sugiere que estos campos permiten la transmisión de la información entre organismos de una misma especie sin mediar efectos espaciales y guardando la memoria colectiva: cuando un individuo perteneciente a un sistema aprende algo nuevo y distinto, ese nuevo conocimiento influye y se transmite al resto del sistema. Lo que actúa es el orden y el efecto en el "alma" o sistema.

Alonso (2005) realiza reflexiones y críticas importantes al respecto del encuadre teórico del método, la validación empírica o la posible eficacia terapéutica. Su crítica es la falta de apoyo en el método científico hipotético-deductivo. Creemos que algunas de las limitaciones relacionadas con la comprobación científica de la eficacia terapéutica tiene que ver con el hecho de que el efecto de una Constelación sea a medio y largo plazo. Esto hace que sea difícil aislar esta variable terapéutica para conocer exactamente sus efectos. Durante ese tiempo pueden ocurrir otras muchas situaciones en la vida que permitan la evolución o el cambio. Podría ser una de las críticas, así como la falta de estudios empíricos. Sin embargo, la técnica no pretende demostrar a través del método hipotético-deductivo su eficacia. Es una terapia situada en el paradigma fenomenológico por lo que consideramos que serán más los métodos cualitativos los que podrán ayudar a la investigación de su eficacia.

Metodología

El paradigma fenomenológico lleva a cabo sus investigaciones con diseños inductivos y da atención preferente a la interpretación que las personas dan acerca de los hechos que viven.

El diseño inductivo no presupone nada de lo que va a ocurrir, será la dinámica objeto de estudio la que lleve a ciertas categorías o a definir las consecuencias. Trata de conocer la verdad de los protagonistas, incluso si ésta se encontrara distorsionada o desproporcionada comparándola con la situación objetiva, recuerda que la persona lo vive así, como si fuera verdad (Ortiz-Tallo, 1991).

Contribuciones importantes se han hecho a la psicología sin que se cumplan los requisitos del paradigma positivista. Kraepelin (1906) recogió sus ob-

servaciones de los trastornos mentales a través de un enfoque fenomenológico y se podría decir que fue el comienzo del diagnóstico psiquiátrico. La psicopatología de Jaspers (1913) o posteriormente las aportaciones de Freud (1888-1925) han sido decisivas en el avance de la psicología. Asimismo en las investigaciones clínicas ha sido tradicional el estudio de casos como método de aportación de conocimiento. Esto se refiere al estudio descriptivo no estructurado que se refiere a una única unidad muestral (Montero y León, 2007).

En esta línea presentamos un estudio de caso en el que se ha utilizado el método de las Constelaciones Familiares y que pudiera servir de referencia y ejemplo.

El caso se desarrolló durante la realización de un taller de Constelaciones Familiares en grupo. El taller tuvo una duración de 4 horas. El grupo se componía de 20 participantes y dos terapeutas psicólogas formadas en el método de las Constelaciones Familiares. Una de las psicólogas fue la encargada de llevar a cabo la Configuración completa, tomando las decisiones que consideró oportunas para el desarrollo de la Constelación. La segunda psicóloga fue la encargada de tomar notas sobre el caso durante el proceso, transcribir después las notas recogidas y comparar sus apreciaciones con la terapeuta principal.

Al acabar el taller se ofreció a las personas asistentes el apoyo psicológico posterior que consideraran necesario. Este apoyo ya sería en sesión individual.

En el caso que se ha escogido como ejemplo, una mujer de 45 años, ésta solicitó un mes después, una consulta con la psicóloga con la que trabajó durante el taller. En esta sesión, en la que quería comentar su toma de consciencia tras el trabajo, se acordó con ella realizar un seguimiento de su evolución con fines de investigación. Posteriormente se le fue citando a los 3, a los 8 y a los 18 meses. Durante ese tiempo no siguió ninguna otra terapia estructurada, sin embargo si acudió a algunas sesiones individuales esporádicas, con el fin de elaborar su evolución.

Las dos psicólogas que formaron parte del taller fueron las encargadas, de forma coordinada, de elaborar el caso, completar la información en distintos momentos y realizar entrevistas posteriormente a la paciente.

Resultados

Identificación de la paciente

Se trata de una mujer de 45 años de edad. Es universitaria y se dedica a la enseñanza. Separada, con dos hijos, hija mayor de 22 años e hijo menor de 20 años. Nivel socio económico medio-alto.

Análisis del motivo de consulta

Plantea que su problema se resume en “dependencia emocional”.

Historia del problema

Actualmente tiene una relación que dice saber que no le conviene y, sin embargo, no se siente capaz de “cortarla”. Expresa haberle ocurrido siempre lo mismo: Tener relaciones que “le hacen daño o no le convienen” y no “cortarlas” a tiempo. Relata haber tenido una hermana que murió a los 6 años, al nacer ella. Eran 5 hermanos, tres chicos y dos chicas y ella la más pequeña.

Establecimiento de la Constelación

Fase primera: Puesta en escena

Paso 1. La terapeuta le pide que escoja a una persona para sí misma y otra para su padre. Le pide que los coloque en la sala según siente que se relacionan. Coloca al representante de su padre en un extremo de la sala mirando hacia fuera y a la representante de ella en el otro extremo mirando hacia el representante de su padre (Figura 1). La terapeuta, al ver esta primera información, pregunta qué ha pasado con su padre. La paciente llora y no dice nada.



Figura 1: Fase primera, Paso 1.

Paso 2. La terapeuta le pide que escoja a un representante para “lo que ocurrió entre su padre y ella”. Escoge un representante y lo coloca entre el padre y ella (Figura 2).



Figura 2: Fase primera, Paso 2.

La terapeuta le pregunta a cada uno cómo se siente. La representante de ella expresa estar mal y

tiembla, la representación de lo que ocurrió expresa sentirse muy mal, sucio, el representante del padre dice sentirse muy mal, avergonzado y confuso, con sensación de no entender.

Movimientos terapéuticos

Fase segunda: Búsqueda de equilibrio

Paso 1. La terapeuta le pide a la paciente que mire al padre y a “lo que ocurrió” y que dirigiéndose al padre le diga: “Pasó lo que pasó y dejó las consecuencias contigo”. “Todo esto ha hecho que sea la que soy” (Figura 3).



Figura 3: Fase segunda, Paso 1.

Paso 2. El representante de “lo que ocurrió” al escuchar las palabras de la representante de la paciente se da la vuelta y se dirige hacia el padre. Acaba posicionándose junto a él y ambos se miran (Figura 4).



Figura 4: Fase segunda, Paso 2.

Paso 3. La terapeuta le pide a la paciente que escoja alguien para su madre y la sitúe en la sala. La sitúa junto a ella.

La terapeuta pregunta cómo se encuentra la representante de la madre y ésta expresa que ella tampoco quiere estar con el padre, que está bien ahí (Figura 5).



Figura 5: Fase segunda, Paso 3.

Fase tercera: Orden del amor

Paso 1: La terapeuta le pide a la representante de la paciente que mirando a la representante de la madre le diga: “Te eché mucho de menos” (varias veces). La representante de la madre asiente.

La terapeuta vuelve a pedirle que diga otra frase: “Renuncio a una madre que supiera protegerme”; “Ahora soy adulta y me voy a cuidar a mí misma” (Figura 6).



Figura 6: Fase tercera, Paso 1.

Paso 2: La terapeuta le pide a la paciente que sustituya y se ponga en el lugar de su representante. Ésta llora silenciosamente. Posteriormente la terapeuta le pide que repita las mismas frases dirigidas a su padre y a su madre, que anteriormente ha expresado su representante

Paso 3. La terapeuta coloca un representante para el futuro y se lo muestra a la paciente. La paciente le mira y sonrío (Figura 7).

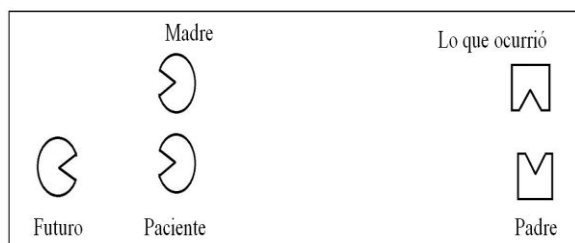


Figura 7: Fase tercera, Paso 3.

Metas terapéuticas o sanadoras

- Que deje las consecuencias de “lo que ocurrió” con su padre
- Que no se sienta culpable, mostrándole el gran amor que había hacia su madre.
- Que no busque “inadecuadamente” el afecto y los cuidados donde no pueden dárselos.
- Que mire hacia el futuro en lugar de quedarse anclada en el pasado.

Observaciones

La terapeuta toma la decisión en la primera fase de que elija un representante para ella y otro para su padre porque la teoría indica que en los casos de

dependencia emocional y dificultades en las parejas probablemente haya algún conflicto con los padres, especialmente con el padre cuando se trata de una mujer.

En relación a la madre es probable que no estuviera “libre” emocionalmente para la hija cuando ésta era pequeña. La hermana muere cuando la niña nace, una hipótesis sería que la madre podía estar entregada a su dolor y sin capacidad para estar pendiente de las necesidades afectivas de la hija pequeña.

La madre tampoco parecía estar para las necesidades afectivas del padre.

La paciente en su vida adulta sigue buscando alguien que la cuide en personas que no saben o no pueden cuidarla. Actualmente al preguntarle (fuera de la Constelación) por el motivo de “la inconveniencia” de su actual pareja, aporta el dato de que éste se encuentra casado y no parece que tenga intención de separarse, no encontrándose por tanto, libre para “cuidarla” y darle afecto.

Relata (fuera de la Constelación) que sufrió abusos sexuales por parte de su padre durante unos años en la infancia. No recuerda cuándo empezaron, pero cree que cuando aún era muy niña. Su madre no pareció darse cuenta.

Centrándonos exclusivamente en los cambios relacionados con el motivo de consulta: “la dependencia emocional” relatamos el seguimiento a los 3, 8 y 18 meses.

A los 3 meses del taller de Constelaciones

Ha sido capaz de “cortar” la relación con el señor casado. Ha empezado a salir con un hombre separado y que estaba actualmente libre sin pareja. Lo fundamental es que parece que ha sido capaz de iniciar una relación con una persona que pudiera ser apropiada.

A los 8 meses

La pareja con la que salía ha cortado la relación y ella ha tenido una reacción saludable y equilibrada. Tras un periodo de duelo breve, ha aceptado la situación y no ha vuelto a llamarlo ni ha hecho intentos por verlo. El patrón habitual suyo en anteriores relaciones había sido buscar al hombre, insistirle y tratar de volver a toda costa con tal de no sentir que no tenía pareja o estaba sola.

A los 18 meses

Mantiene una relación de pareja saludable y estable con una persona libre. Lo define como la relación más “armónica” de su vida.

Ella piensa que en este último año han pasado muchas cosas que han podido influirle para su mejoría. Pero cree que el trabajo que hizo en Constelaciones Familiares le ha influido mucho en su evolución y en los pasos que ha ido dando en la vida. Dice que le abrió una perspectiva diferente de su “dependencia emocional” que nunca antes se había planteado.

También referimos su impresión sobre otros aspectos de su vida pasado un año y medio. Relata que la relación con su madre ha cambiado, ahora son más cariñosas ambas en la relación que mantienen.

Dice haber entendido que su padre ya no tiene ningún poder sobre ella, que lo que le produce es pena por lo que ocurrió.

Cuenta que los talleres de Constelaciones Familiares le han hecho ver que todos escondemos sentimientos e historias personales que pueden ser dolorosas y ahora se siente más empática con los demás y entiende que hay algo más, detrás de cada uno de nosotros. Considera que la experiencia le ha hecho sentirse más humana y salirse de su historia personal para comprender mejor a otros.

Durante este año y medio la paciente no ha tenido ninguna otra terapia psicológica estructurada. Sin embargo sí ha acudido a varias sesiones individuales esporádicas en las que planteaba sus reflexiones y analizaba su evolución. Asimismo ha asistido a otros dos talleres de Constelaciones Familiares de 4 horas cada uno que le han seguido ampliando su mirada.

Resumen del caso

La paciente concluye que el trabajo de Constelaciones Familiares le ha ayudado a ampliar su consciencia. Tras la experiencia dejó de centrar su vida en el logro de una relación de pareja y de obtener ésta a toda costa y amplió su mirada a un sistema más amplio.

Relata que esta ampliación de consciencia no la obtuvo sólo del trabajo de su propia Constelación, sino también de las experiencias vividas en los talleres en los que pudo ver otros casos. Esto ha aumentando su perspectiva y la comprensión de las historias, así como la experiencia vivencial de representar a otros personajes ajenos a sí misma le ayudó a ampliar su visión del mundo y a entender aspectos de sí misma.

Comprendió la posible relación entre su búsqueda desesperada de una relación de pareja y su relación previa con su padre y con su madre.

Actualmente se siente más plena y siente que su vida está más llena de intereses. Considera que está en su camino, que tiene que seguir su vida y seguir cuidándose en este proceso que ha empezado, en el que ha surgido con fuerza el deseo de ayudar a otras personas que puedan haber vivido experiencias simila-

res a la suya o haber tenido destinos difíciles. Siente, por lo tanto, que ha trascendido más allá de su individualidad, y que ha ampliado su mirada y su consciencia para considerar también las necesidades de los otros.

Discusión y conclusiones

El objetivo de este trabajo ha sido presentar el método psicoterapéutico de las Constelaciones Familiares desarrollado por Bert Hellinger en la última década del siglo XX. Para ello se realiza una revisión y planteamiento teórico sobre el tema y posteriormente se presenta un estudio de un caso en el que se trabaja la demanda de la paciente a través de una Constelación Familiar realizada en grupo. El caso se siguió durante su posterior evolución y se recogieron datos sobre su proceso de cambio hasta 18 meses después.

En el caso presentado la paciente solicita trabajar su dificultad con la “dependencia emocional” en las relaciones de pareja. Refiere encontrarse en una relación que “no le conviene” e informa haber tenido otras relaciones de pareja anteriores también dañinas para ella y de las que sentía que dependía emocionalmente. En la breve entrevista inicial relata que una hermana suya muere al nacer ella. Esta información, considerada importante para el método (Hellinger, 2001) plantea al terapeuta una primera hipótesis acerca de la poca disponibilidad emocional que pudiera tener la madre en ese momento. En la línea de lo que plantean los autores que representan el método de las Constelaciones Familiares (Franke-Griscksch, 2004; Hellinger, 2002; Weber, 1999) el dolor de la muerte de una hija pequeña es muy posible que deje a la madre sin capacidad para cuidar a la nueva hija que llega.

La terapeuta consideró de interés explorar la relación con sus padres en la línea de lo defendido por Hellinger (2001, 2002) y Hellinger y Bolzman (2003). En una primera fase le pide que escoja representante para ella y para su padre, al considerar el método importante esta relación en una mujer que presenta dificultades relacionales en pareja (Hellinger y ten Hovel, 2003; Payne, 2007). Al representar esta relación, se puede apreciar que ha ocurrido “algo” entre ellos que ha producido malestar en la paciente. El primer objetivo ha sido que la paciente pueda ver o reconocer lo que puede estar influyéndole en la actualidad, en la línea de lo que plantean Hellinger y ten Hovel (2006). A continuación, se inician movimientos sanadores que la distancien y desculpabilicen de “lo que paso”, y posteriormente se incluye la representante de la madre. La terapeuta trabaja así con dos hipótesis que tiene que ver con los llamados Ordenes de Amor de Bert Hellinger (2001, 2002). Por un lado, la fase de disponibilidad de la madre, y por otro, la relación dolorosa con su padre.

En la tercera fase, en la línea de los planteamientos de autores que siguen el método de las Constelaciones Familiares (Hellinger, 2001, Payne, 2007; Weber, 1999), se inician las frases sanadoras que le permiten reconocer el dolor inicial y expresarlo, y que puede dar un paso hacia la solución, que consiste en no buscar inadecuadamente en cada pareja el afecto o el amor que siente que le falta en su sistema de origen. Por último, la imagen de solución incluye un representante para el futuro al que mirar con amor y que le permita dejar atrás la imagen del pasado.

La evolución posterior y los resultados del caso presentado apoyan la mejoría de la paciente hacia el bienestar así como una ampliación de su mirada hacia una conciencia mayor en la misma línea de lo que plantean como finalidad terapéutica autores humanistas y transpersonales (Frankl, 1991; Grof, 1994; 1998; Maslow, 1973).

Los modelos humanista y transpersonal dan prioridad a la experiencia y al aprendizaje vivencial para el conocimiento y el cambio (Daniels, 2005; Rogers, 1968). En nuestro caso, la paciente relata cómo sus vivencias y su experiencia en el trabajo de las Constelaciones Familiares le abrieron nuevas perspectivas en su vida. En la línea de lo planteado por autores sistémicos (Minuchin, 1979) la terapeuta valoró la posible relación o conexión del malestar que presentaba la paciente y que expresaba como “dependencia emocional” con implicaciones sistémicas, en este caso de su sistema familiar.

El método de las Constelaciones Familiares considera esencial para el bienestar del individuo la inclusión o pertenencia al sistema familiar y de un orden adecuado en esas relaciones. Además, defiende la necesidad de trascender de uno mismo hacia una conciencia mayor (Hellinger, 2001; 2002). En este sentido, en el caso presentado se trató de explorar el tipo de relación que tenía el paciente con su familia de origen, y se dieron pasos hacia una solución que le ayudara a trascender hacia una conciencia mayor.

La paciente relata en el seguimiento del caso que ella cree que no ha sido solamente su “Constelación” la que le ha ayudado a mejorar. Siente que fue un paso en la búsqueda del equilibrio personal que le permitió abrirse a nuevas perspectivas más amplias en la explicación del malestar. Cada Constelación efectuada en el taller despliega una faceta del sistema de la persona. La visión de las Constelaciones de otros asistentes y la posterior asistencia a otros talleres cree que le dieron la oportunidad de ver pasos en otras historias personales y de vivir la experiencia de ser representante o de trabajar aspectos diversos de la historia personal que le pudieron ayudar a una progresiva sensación de pertenencia y a un mayor sentido de la trascendencia que colabora en la identificación con una

conciencia mayor.

Los resultados no pueden ser comparados en profundidad con otros estudios publicados en revistas especializadas, ya que actualmente la bibliografía al respecto está fundamentalmente recogida en libros y en seminarios publicados por los terapeutas que trabajan con el método. Es por eso que consideramos que pueden tener interés y ser novedosos los datos aportados en este artículo, al ser actualmente las Constelaciones Familiares un método utilizado por un grupo cada vez mayor de profesionales de la psicología. Habitualmente se llevan a cabo en grupos terapéuticos, aunque también hay psicólogos que lo desarrollan en sesiones individuales con el uso de representaciones simbólicas (Bourquin, 2007; Colodrón, 2009; Franke, 2014).

Como cualquier método o técnica psicológica adecuada, debe realizarse por profesionales de la psicología especializados. Asimismo, para su utilización se debe seguir un procedimiento sistemático que ofrezca suficientes garantías. Es importante que la intervención asegure el objetivo principal: el bienestar del paciente. Es, por lo tanto, de interés que los profesionales e investigadores publiquen los procedimientos seguidos y aporten investigaciones al respecto.

El trabajo de Constelaciones Familiares abre una puerta a una nueva mirada sistémica hacia la solución del malestar. En muchos casos el paciente puede tener que apoyarse, tras esa nueva mirada, en un proceso de terapia psicológica en el que se incluyan otras técnicas que el psicólogo considere adecuadas para reforzar el avance hacia el bienestar (Colodrón, 2009; Hellinger, 2001). En el caso presentado acudió a varias sesiones de seguimiento cada vez que fue dando pasos en su evolución hacia una mejoría en relación a su demanda, esto es hacia una mayor independencia emocional o una mayor capacidad para elegir relaciones de pareja que no le hicieran daño.

Creemos que algunas de las limitaciones relacionadas con la comprobación científica de la eficacia terapéutica tienen que ver con el hecho de que el efecto de una Constelación pueda ir mostrándose a medio y largo plazo. Esto hace que sea difícil aislar esta variable terapéutica para conocer exactamente sus efectos. A su vez, en el transcurso de ese tiempo pueden ocurrir otras muchas situaciones en la vida que permitan la evolución o el cambio. En este sentido las críticas por parte de Alonso (2005) al método apoyan la falta de investigaciones realizadas con el método científico hipotético-deductivo. Sin embargo, desde el método inductivo y teniendo en cuenta la percepción subjetiva de la protagonista del caso presentado, en este artículo se muestra una evolución importante en relación a la demanda planteada en la Constelación.

Este estudio presenta algunas otras limitaciones que deben tenerse en cuenta. Una de ellas es

que en el caso presentado los resultados provienen de las entrevistas realizadas a la paciente y de las consideraciones de la terapeuta, pero no han sido contrastadas con otras fuentes de información como pueden ser cuestionarios o pruebas estructuradas. Otra limitación es que se plantea un caso único y no se recogen otros casos de ese mismo taller que pudieran completar la información y dar una visión global. En este sentido sería adecuado ir aportando estudios de casos así como valoraciones de los asistentes, con el fin de ir conociendo los cambios que ellos mismos atribuyen a esta experiencia terapéutica.

Por último, en líneas futuras sería también de interés la elaboración de cuestionarios que recojan información relevante de los participantes de los talleres de Constelaciones Familiares. Estos cuestionarios sería conveniente que obtuvieran información sobre el clima familiar, la salud mental, la salud general y el bienestar personal de los asistentes. Podrían ser aplicados a los participantes a la llegada al taller, a la finalización del taller y unos meses después, para poder valorar los posibles cambios en el bienestar global de todos los asistentes.

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Understanding Non-Rational States of Consciousness and its Implications for Counseling

Comprendiendo los Estados No-Racionales de Consciencia y sus Implicaciones para el Counselling

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Abstract

Most current theories of psychology and psychotherapy/counseling provide a less than comprehensive perception into consciousness states and the human psyche. This paper will argue that a more holistic and integrated approach to understanding and counseling non-rational consciousness states. A merely reductionist view of consciousness and mental states suggests we should fit people in group boxes (diagnosis) as opposed to seeing the whole picture or a ‘wide lens view’ that includes both subjective or non-reductive and often “non-rational” views of experience as well as the classical objective view. If we build a mental health systems only based on reductionist objective medical systems we run the risk of objectifying persons into arbitrary defined classifications. When we will literally put people in boxes, as exemplified by the increasing numbers of the mentally ill being incarcerated or being treated in a dehumanizing manner. Various models of non-rational mental states are offered as a meta-perspective for viewing psychological functioning and non-rational consciousness states. Implications for a supportive transpersonal therapy/counseling model are also explored.

Keywords: consciousness, transpersonal psychology, systems theory, integrative approaches, non-rational

Resumen

La mayoría de las teorías actuales de la psicología y la psicoterapia, proporcionan una percepción incompleta y deficiente de los estados de conciencia y la psique humana. Este artículo presenta un enfoque más holístico e integrado de la comprensión y del asesoramiento de los estados de conciencia no racionales. Una visión meramente reduccionista de la conciencia y de los estados mentales sugiere que deberíamos encajar y agrupar a las personas en cajas (diagnósticos), en lugar de ver la imagen completa o una "visión de lente amplia", que incluye tanto visiones subjetivas o no reduccionistas y, muchas veces, "puntos de vista no-racionales" de la experiencia, así como la visión objetiva clásica. Si construimos un sistema de salud mental únicamente sobre la base de los sistemas médicos objetivos reduccionistas, corremos el riesgo de objetivar a las personas en clasificaciones definidas arbitrariamente. De esta forma vamos a poner a la gente literalmente en cajas, como lo demuestra el creciente número de los enfermos mentales que son encarcelados o tratados de una manera deshumanizante. En este artículo se ofrecen varios modelos de estados mentales no racionales, como una meta-perspectiva que permite ver el funcionamiento psicológico y los estados de conciencia no racionales. Asimismo, se exploran las implicaciones para un modelo de terapia/counselling transpersonal de apoyo.

Palabras clave: conciencia, psicología transpersonal, teoría de sistemas, modelos integrativos, no-racional

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Traditional Views of Non-Rational States in the Mental Health Professions

The western worldview is exemplified by science, inductive logic, and a more linear reductionist reality. This worldview seeks to analyze, categorize, objectify (Tart, 2009). We narrow our version -- believing the parts are the whole story. How psychiatry or psychological science assesses human behavior is often no different. Developing a diagnostic system (the DSM) only based on a purely scientific or "reductionist" (and almost exclusively pathological) worldview tells a distorted and partially informed story (Khoury, Langer & Pagnini, 2014). To the reductionist materialist, subjective consciousness and spiritual experiences are irrelevant extra data. For all the evidence neuroscience seems to present for the case that the brain creates the mind, nobody has yet been able to explain how it could actually do such a thing, as noted by Chalmers (1996): "No explanation given wholly on physical terms can ever account for the emergence of conscious experience." (p. 93). Consciousness for many offers a tantalizing clue to the nature of man, mind, and experiences outside normal rational states. For many the explanatory "gap" between mind and brain is the space in which they find the divine (for others it is where we are vulnerable to superstition and wishful or magical thinking). A merely reductionist view of consciousness and mental states suggests we should fit people in group boxes (diagnosis) as opposed to seeing the whole picture or a "wide lens view" that includes both subjective or non-reductive and often "non-rational" views of experience as well as the classical objective view. If we build a mental health systems only based on reductionist medical systems we run the risk of only objectifying persons into arbitrary defined classifications. Of course, when we put people in boxes -- we will literally put people in boxes, as exemplified by the increasing numbers of the mentally ill being incarcerated. As noted by Sue, Sue, Sue and Sue (2013):

By focusing on the inadequacies, problems, and limitations of people, we inadvertently see a very narrow picture of the human condition; we know more about fear than courage, selfishness than altruism, hate than love, stagnation than creativity, sadness than happiness, ignorance than wisdom, and hostility than affiliation (p.25).

Sue et al (2013) are pointing out a flawed professional worldview not only in the discussion of negative affect states and associated behaviors but suggests this limited view extends to the adoption of limited research methods. Mikulas (2002) also particularly sees the research and training models of the

western mental health professions as driven by "North American Mainstream Academic Psychology" which is overly embedded in an overly materialistic and cultural ethnocentric view and explanation of human affect and behavior. This goes back to Maslow (1970) idea that any psychology that does not account for higher stages/states or functions of consciousness as much as lower states/stages and functions is not complete.

C.H. Waddington suggests, 'There is a congruity between our apparatus for acquiring knowledge and the nature of the things known.' (Waddington, 1975) What this may mean is that we are often blinded by our own cultural or professional 'maps' that we acquire, as well as by the limits of our own brains and sensory systems. This idea also refers to what society has imprinted on our biology as well as what our professional cultures have given or even imposed on us. On some level the human soul will intuit something is missing in a purely mechanical view of defining humans and our consciousness (which is often done by psychiatry's diagnostic DSM system). In fact, many will fiercely resist this dehumanizing quantification.

An early pioneer in the field of psychology, William James, first proposed the significance of a personal and primary (non-material) experience. He did not believe that human beings are motivated solely by mechanical forces or material drives, nor should non-rational states be ignored as merely pathology (James, 1961). The modern field of scientific psychology is deeply embedded in the empirical way of studying the natural world and by methodical experimentation aimed at defining "laws of nature" while avoiding metaphysical concerns. Historically, mainstream academic psychology has attempted to be strictly scientific in its approach and had actively excluded spiritual and non-rational mental states (Mikulas, 2002). However, the availability of translated texts from eastern psychology in the second half of the 20th century has resulted in greater western interest in eastern spiritual systems and states of consciousness. An increasing number of professional feel that eastern and western thought can complement new understandings of consciousness in total and can help to expand and illuminate each other.

Alternative Views of Non-Rational States

There are models in the mental health literature that contend that psychological concepts cannot be reduced to mere biological correlates. The post-modern (including narrative, solution-focused and collaborative perspectives) and multicultural move-

ments support the notion that encourages a multiplicity of perspectives beyond merely the biological (Favior, Ingersoll, O'Brien & McNally, 2001). The transpersonal psychologist also seeks to combine the wisdom, knowledge, and techniques of older traditions and while expanding psychology's adoption of various objective and subjective experimental and experiential methods (Hartelius, Caplan & Rardin, 2007). Social and systems theory approaches see an individual's consciousness and status symptoms (both psychological and physiological) as embedded within larger relational and environmental contexts (Church, 2000; Vallacher & Nowak, 1994). The systems view of the psyche also advocates that one also needs to view the individual (particularly children or adolescents) as only the 'symptom bearer' of the series of embedded systems (Christian, 2006). A system has multiple levels and sub-systems including the family, the community, peers, and society in general, all which may initiate, hold, and contribute to the function or the dysfunction of the nested systems. Individuals (particularly children) can become the non-rational symptom barriers of the ills of the culture, or move beyond merely rational expressions of higher aspirations of other connected systems. These models suggest the psychological is reciprocally connected to the biological processes but coalesce with different and emergent interdependent systemic properties. Hofstadter (2009) proposed a specific example of the multi-layered systemic consciousness-based model of the psyche and it formulates a three-level model of the self. He suggests the human psyche is based on a kind of strange loop, an interaction between levels in which the top level reaches back down towards the bottom level and influences it, while at the same time being itself determined by the bottom level. The model suggests 'non-material' consciousness and identity arises out of material neurons and electrochemical reactions—creating the symbolic 'I' that is maintained but is modified and shaped by the feedback of the external world. The outcome is still paradoxical and self-referential but it is offered as a more accurate picture of how the mind works (Hofstadter, 2009).

A spiritual view of the psyche and consciousness also can illuminate a view beyond linear and reductive models of the mind. As some have pointed out (Chalmers, 1996; Clayton, 2004) evolution has not been able to completely explain human consciousness, including non-rational mental states. To the reductionist materialist, consciousness is an irrelevant extra, unless it can be shown to enhance survival (Kandel, 2005). Many individuals throughout history (particularly in the east) have used techniques to alter normal everyday rational consciousness (through dreams, trance, meditation, or drugs) in

the pursuit of achieving conscious awareness of ultimate reality, the divine, spiritual truth, or 'God' consciousness through direct experience, intuition, or insight. Many hold the belief that such experience is an important source of knowledge, understanding, and wisdom. Much of the desire of a paradigm of consciousness that includes religion and spirituality comes from practitioners and researchers of psychotherapy and counseling. Bergin (1980) wrote an extremely influential article in which he advocated for the inclusion of spirituality and religion in psychotherapy and the study of mental functioning. Favior et al. (2001) also sum up a collective voice that calls for the inclusion of religious and spiritual domain in the healing practice of counseling and psychotherapy. Van Belzen (2005) notes that the current atmosphere within psychology is one of increased interest in the areas of religion and spirituality, especially "in the field of psychotherapy" (p.1).

Indeed, there have been a few theorists/theories that are moving toward multidimensional and systemic views and the recent advances in neuroscience research may spark a renewed interest in a multidimensional and interactional view (Baltes, Reuter-Lorenz, & Rosler, 2006; Endler, 1993; Milon, 1996). In fact, whole new sub-fields that have been called Interpersonal Neurobiology, Social Neuroscience, and/or Neurotheology have emerged as a means to integrate and connect the recent advances in neurological and brain data with social, behavioral, and spirituality correlates. While all these multilevel models have been more systemic and attempt to account for an interaction of influences --they still often fail to adequately account for the influence of processes at all possible levels or domains of self and consciousness. The assumption of the Multipath Approach to Personality (MAP) model includes the notion that personality and consciousness are shaped by the combined forces of evolutionary, biological, situational, mental, as well as a psycho-spiritual processes--all embedded in a temporal, socio-cultural, and developmental context. The MAP model (Appel & Kim-Appel, 2010) represents the author's lens of conceptualizing non-rational states of consciousness in a non-reductive way. This model is offered as merely one means of organization and other similar models also exist in the literature (e.g., Wilber's AQAL Model, 2006; Beck's Spiral Dynamics, Beck & Cowan, 1996).

The Multipath Approach to Personality (MAP) Model

The MAP model (Appel, & Kim-Appel, 2010) also presents a larger framework in which to

examine prior models of the human consciousness and personality as well as future integrative models. A MAP is proposed and consists of the following dimensions or levels of analysis of self: (1) the *Neuropersonal*; (2) the *Intrapersonal*; (3) the *Interpersonal*; (4) the *Exopersonal*; (5) the *Ecopersonal*; and (6) the *Transpersonal*. The MAP approach to personality also suggests a multi-modal practice in assessment and research.

A ground level of analysis can be thought of as the *Neuropersonal* level. Through this viewfinder human beings are viewed as biological and evolutionary organisms. This level or dimension of the self is focused on biological, genetic, and physiological functioning and also represents the 'pre-personal' personality and consciousness field. From this perspective the individual can be primarily described as driven by biological, genetic, and evolutionary mechanisms. Mental processes are seen through a biological lens within the organism, with genetic makeup playing a role in the development or maintenance of personality and some abnormal conditions. Personality is also seen as influenced by temperament—which are biologically based characteristics apparent in early childhood and establish the tempo and mood of an individual's behavior. Autonomic nervous system reactivity may be inherited. Differences in personality arise from balance of neurotransmitters but can be shaped reciprocally by social experiences and learning. Behavior (and mental focus) at this level by is often driven by individual and evolutionary life forces, with the basic functions of safety, self-survival, and threat assessment—against hostile environments of the world. But, there are biological drives towards social cooperation, individual transcendence and group unity consciousness, which can be thwarted or expressed based on experience.

The *Intrapersonal* level is the psychological and the intrapsychic domain. This is the realm of territory staked out by cognitive science and ego psychology and its intellectual descendants. From childhood into adulthood, as the neo-cortex and frontal lobes expand the neural networks, a more differentiated self-reflective consciousness develops. But as this occurs we lose a primal sense of oneness with, of participation in a larger, more connected consciousness (which many children may sense and then lose as they are socialized or acculturated). It is at this level we then began to give way to an increasing sense of separation from the whole, with an accompanying growing sense of individual self-consciousness and self-identity beginning to develop.

The *Interpersonal* level is the family and social relationship field. Healthy relationships are important for human development and functioning, with

personal and family relationships providing many intangible healthy benefits, and feedback and identity to the self-system. When relationships are dysfunctional, individuals may be more prone to disordered behavior and/or mental disturbances. Abnormal behavior is often a reciprocal reflection of unhealthy family dynamics and poor communication. While this domain is manifested at the environmental level—relationships and multi-generational relational patterns can over time impact biological adaptation or maladaptation, as studies show environment can affect biochemical and brain activity, as well as structural neurological circuitry (Baltes, Reuter-Lorenz, & Rosler, 2006), and perhaps even genetic evolution over the long expanse of a multi-generational repetition compulsion.

The *Exopersonal* level represents the cultural and societal aspect of the self-system. This level acknowledges that human personality development and consciousness states arise from particular socio-cultural contexts. This level suggests that some sociocultural stressors reside within the social system—not within the person (but are expressed at other levels, including the interpersonal and intrapersonal level). This level of analysis recognizes assumptions people make vary widely across cultures—depending especially on whether the culture emphasizes individualism or collectivism based consciousness styles. A particular sociocultural development is one factor that might lead to different brain expression/development and social learning particular to that culture (cultural relativism), with commonality on some traits and behaviors (cultural universality). Western cultures express a very individualistic Exopersonality compared to the collectivist cultures around the world, but this may be rapidly changing towards more balanced individualistic-collectivistic global norm (Kim-Appel, & Appel, 2005). While both the Interpersonal and the Exopersonal levels represents other-directedness, the Interpersonal represents actual immediate relationships, while the Exopersonal represents our conceptual relationships with persons and groups not know personally and our expression of altruism towards them.

The *Ecopersonal* level is the self—system that is part of the global-planetary field, which is 'post-personal'. This level represents an ecological consciousness. It is how we see ourselves, our egos, in relationship to the planet and the natural world as a whole. Eco-psychology has been advanced as a new sub-discipline that studies individuals within this context. Personality and Identity development at this level would be marked by a sense and a more interconnected whole of all living processes on the planet. Our sensing and sense of self would be expanded at this level. At this level, one can see the inherit danger

and paradox of the neuropsychological prime survival directive, particularly in regards to planetary survival. We may destroy the world (e.g. the environment, planetary and cultural warfare, etc.) in a misguided survival effort. From a threat-based and restrictive level of self-system functioning this makes all the sense, but from higher levels of self-system organization the paradox appears. The expanded self would be able to see that planetary and human health is indeed closely connected. At the Ecopsychological level larger organizational principles and meaningful connections and patterns would be emerging as outlines of something larger than the individual self. Both Sewall (1999) and Brennan (1999) sees as humanity as progressing through a stage of evolution where we have developed a personal self that is separate from the natural world and as result of the self-conscious ego (with culture specific differential emphasizes on independence, differences, and achievement). But at this level one can see are at the beginning of the call to enter the next stage, a transpersonal shift towards recognition of the possibility of development towards a group and planetary consciousness, which is inherent within a larger framework of 'unity consciousness,' which may include but also go beyond rational mental states.

The *Transpersonal* level of development represents a field that is much larger than the individual self. R.D. Laing perceived the divinity in madness with a link between the mystical and the non-rational psychological states--but remarked, 'The mystic and the schizophrenic find themselves in the same ocean, but whereas the mystic swims, the schizophrenic drowns'" (quoted in Capra, 1989). A parallel demarcation was noted by Ken Wilber (2000) in the "Pre/Trans fallacy". In Wilber's psychology the development of consciousness moves from a pre-rational to a rational and then on to a transrational (transpersonal) stage. The prerational and transrational stages of consciousness are both non-rational, and thus can easily be confused with each other. A person may be able to access a transpersonal (non-rational) like state at any level—but unless healthy ego development has occurred—this experience can be confusing, overwhelming, and non-integrated. Pre-rational consciousness is inherently non-verbal, non-integrative material of both affective and pre-conscious information (without a coherent narrative). In contrast post-rational or transpersonal consciousness is information and pre-rational is disorder. Although identity and personality exists on the plane of sense-consciousness—one can develop the ego to where it becomes like a thin line—with just sufficient individuality to retain contact with existence but also holding the larger connecting or a healthy larger and organized 'spiritual' or transpersonal vision. Carl

Jung (1933) said: 'Spirituality is an essential ingredient in psychological health.' The Transpersonal field represents the collective unconscious and the emerging collective and unity consciousness, as well as acknowledgement of the nearly universal need for the spiritual dimension of the human psyche. This domain extends the 'post-personal' and emerges into the 'transrational' stages of consciousness. Reason is not excluded in this level, but is integrated with other methods of inquiry and ways of knowing. At this level one is driven towards wholeness, subject/objective unification, divergent connections, and the field of fundamental consciousness. The Transpersonal field in personality, if developed, represents the integration of all forms and functions of other fields, but also transcends them (without attachment). This higher vantage point enables one to see one own true self, but also as psychological understanding that all part of whole unification or a 'One'--manifesting itself in different forms. Although spiritual insight or glimpses of unity consciousness can come to anyone (through a pre-personal or a transpersonal experience); a healthy personality with effective intrapersonal and interpersonal level development may be necessary for a sustained and healthy transpersonal growth. Critical thinking skills, interpersonal skills, problem solving, emotional expression, and affect tolerance are all skills necessary to maintain balance and functioning in the transpersonal realm. The psychological study of peak experiences (Maslow, 1970) and flow (Csikszentmihályi, 1990) examines some of the transpersonal territory and its relation to the psyche and human development, but much of the transpersonal domain remains under-examined or devalued within the field of psychology. Religious and Spiritual traditions across cultures and eras have traditionally focused on the transpersonal accepts of living, but as the human brain and our knowledge systems evolves, there may be a recognition and the need to study this transpersonal level.

Each level or domain in the MAP represents different views of Personality and development, and each has supporters who are influenced by their models. Greatest understanding comes from integrating approaches. It is all systems within systems within systems. The parts also contain the wholes (isomorphism)—see figure 1.

Clinical Conditions Prone to Non-Rational States

Psychoticism is a term that was coined by the psychologist Hans Eysenck in his model of personality (Eysenck & Eysenck, 1976). Eysenck & Eysenck (1976) believed that psychoticism was highly genetically influenced. High levels of this trait are believed to be linked to an increased vulnerability to psychosis

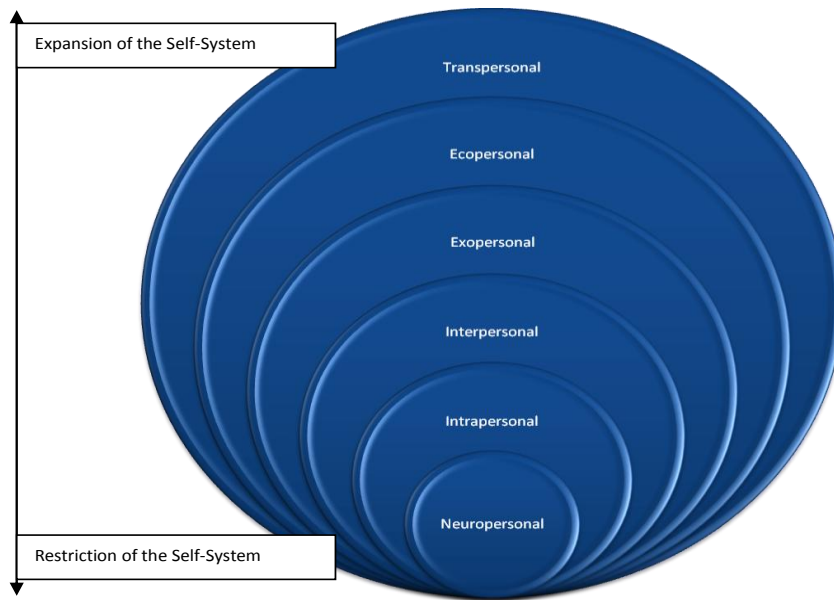


Figure 1: MAP Model

and schizotypal personality organization. Individuals with schizotypal traits, although showing the latent potential for psychosis, are not psychotic. Many people with schizotypal behavior function in a reasonably normal manner (Sue, et. al., 2013). The actual experience of psychosis has been increasingly seen as existing on a continuum from little or no experience of psychosis towards more moderate symptoms (i.e. highly imaginative states, strange thoughts, beliefs or dissociative without hallucinations) and on to full blown and exceeding bizarre perceptual and sensory distortions and thought disorganization—often seen in schizophrenia.

Not all states of psychoticism should be seen in a negative or unwanted capacity. “Transliminality” may be a constructive state of psychoticism. Transliminality is a term that was coined by the psychologist Michael Thalbourne. Transliminality is defined as a hypersensitivity to psychological material (imagery, ideation, affect, and perception) originating in both the unconscious, and/or the external environment (Thalbourne & Maltby, 2008). Transliminality has also been defined as ‘a hypothesized tendency for psychological material to cross (trans) thresholds (limines) into or out of consciousness’ (Thalbourne & Houran, 2000, p. 853). Transliminality is thought to reflect individual differences in the threshold at which unconscious processes or external stimuli enter into consciousness. High degrees of this attribute have been shown associated with an increased awareness of self and environment and the tendency towards mystical experience, greater creativity, and a

greater belief in the paranormal. It has also been found that transliminality may be positively correlated with psychoticism (Thalbourne&Delin, 1994).

The tendency towards creativity, transliminality, and even psychoticism seem to be linked to a novelty-seeking mentality, neural hyper-connectivity and reduced inhibition (Carson, 2011). Creativity is being able to see meaningful connections that others can’t see, but the difference between the mental institution and the art studio appears a matter of intensity and in the ability to organize and express these connections.

Counseling and Therapy of Non-Rational States

Interventions for psychoticism and other non-rational mental states vary widely. These interventions include short-term support for time-limited crisis situations, long-term psychotherapy, hospitalization, and medications (Sue et al., 2013). Choice of specific intervention is determined by intensity, duration, and impact of the mental state and experiences. Counseling and psychotherapy can help shape non-rational states into a coherent narrative. In professional intervention it is important to sort out which thoughts and feelings are associated with clinical symptoms (e.g. hearing ‘voices’) and may be prone to misinterpretation. This must be done in a gentle and reassuring way—without demeaning attitudes or frustrating interactions. One need not get into a debate about reality nor impose value judgments. It can

be helpful to maintain ‘multi-cultural’ views of the experience (utilizing traditional behavioral health paradigms of mental health without being limited by them). An Integral psychological approach may be beneficial. Integral is a psychology that presents an inclusive and holistic rather than an exclusivist or reductionistic approach. Integral psychology includes lower, ordinary, and transcendent states of consciousness. Integral Psychology and Psychotherapy are emerging and meta-theoretical approaches to psychological theory and therapy grounded in the work of Ken Wilber. Integral Psychology and Psychotherapy can help theorists and therapists understand the relationship between the psychological, scientific, multicultural, and spiritual and provide recommendations for how to fully assess and work best with specific clients and presenting issues (Forman, 2012). Integral Psychology and Psychotherapy and like-models (including the MAP model offered in this article) are indeed maps and offer an enlarged territory for assessment and a way to fine tune interventions to the person and their associated problems. Very few behavioral health professional education programs give inclusive multidimensional training. The bias in contemporary psychiatry is towards medication (neuropersonal level). Recent concerns have been raised that perhaps psychiatric medications are being over-prescribed (Smith, 2012). This over-medication can result in the numbing of the emotional and/or non-rational thinking systems and can even thwart creative ability. The bias in psychotherapy programs is often towards verbal therapy (intrapersonal)-- which also often falls short in addressing all problem levels or issues. Verbal therapy is often limited in its ability to access the developmental stage of children and/or is initially ineffective with trauma. Many individuals are at an either at pre-verbal (or pre-personal) level of experience (such as children) or may not have the skills to identify and express thoughts and feelings in an integrated manner (particularly with embodied trauma) (Landreth, 1991). This might impact the important stage of engagement as well, so effective therapeutic work requires training in non-verbal methods as well (e.g. art therapy, or play therapy, music therapy, etc.) as well as verbal counseling methods. Some clients’ initial therapeutic work may need to be “bottom-up” through pre-personal images and emotional states, which others may need to build the narrative through a transpersonal lens where meaning and/or larger spiritual visions are often critical issues. Traditional counseling approaches usually reside in language and intellectual routes, often ignoring alternative pathways. A larger assessment map or integral approach provides multiple access points to address what are usually multi-level and multilayered problems.

According to Preece (2006), one may need to have a stable ego to transcend it in a healthy way. Neuropsychologist Allan Schore’s research show clear correlations between early invalidating and traumatizing environments, inadequate completion of the neural circuitry between the orbital cortex and the limbic system (usually achieved between 12 and 24 months) and emotion regulation deficits (Schore, 2002). The helper must in this view, help individuals develop rational psychological boundaries and emotional skills before one can truly move into a supportive and sustained healthy transpersonal consciousness towards transliminality. Although identity and personality exists on the plane of sense-consciousness--one can develop the ego to where it becomes like a thin line – with just sufficient individuality to retain contact with existence but also holding the larger connecting or ‘spiritual’ vision.

So while maybe it is possible that to have real spiritual insights though a bipolar diagnosis or a through a ‘psychotic episode’ or others states of psychoticism, it is a different thing than a sustained higher state of consciousness or ‘enlightenment’. It has been suggested by Preece (2006) that a true state of enlightenment is a stable, balanced, integrated and sustained functional stage of living, that may be quite distinct from psychotic or bipolar disorder, which may require at times life stabilizing and life protecting professional intervention. But some spirituality proponents (Whitney, 1998) think that aspects of ‘bipolar illnesses’ (or some other forms mental ‘illnesses’) may offer a glimpse and can represent a spiritual emergency, but still requiring an adaptive resolution and integrative reorganizing process (but conventional assessment/treatment may be often necessary for many)—but alternative views of the process could also be beneficial since long-term mental and emotional health requires more than a mere reduction in symptoms. Supportive multiple levels of treatment/support may be needed. Confusion may occur because there may be a diverse group of ‘episodes’ or ‘states’ in a spectrum of transpersonal experiences that get various diagnoses (with variability of accuracy). The issue may also be an example of the states vs. stages model of Wilber (2000). Wilber noted that a person at almost any stage of psychological development can spontaneously experience the psychic, subtle, causal, or nondual states; but those states/realms must be carried in, and even if the experience itself is a "pure glimpse" of one of these transpersonal realms of consciousness, it would be interpreted by, the stage of development of the individual having the experience. Thus, while anyone in any experience of psychoticism can have access to non-rational states; it would be interpreted from the stage of personality and ego development (pre-personal,

personal, and postpersonal as defined in MAP model (Appel & Kim-Appel, 2010). While an episode of psychoticism may be of “mystical cloth”, the subjective interpretation would be “the suit of clothes” from the level of ego stage of development as influenced by neuropersonal (biological) development and life experience. One may be able to move towards integrated development stage, but without guidance and help, this could be a very perilous journey. Figure 2 is a visual representation of the two possible paths towards non-rational consciousness states, with influences that trigger movement towards mystical (Transliminality) or psychotic states.

One can come to think that the brain/body represents the "doorway" but also the "chair" for the seat of the mind/soul. It may also be true that the brain/body also holds any prior non-integrated “traumatic” experiences, which are permanent physicochemical and anatomical changes founded in a survival crisis, which have implications for personality development as well as for a wide variety of emotional and physical clinical expressions (and can per-

haps even be encoded into the family and ultimately--genetic structure). This may often lead to disturbance of affect regulation and the sense of a stable and secure self (intrapersonally as well as interpersonally). The fact is that human beings exist in multiple substrates—and the overall integration and alignment of mind-body-spirit is the potential. This precludes that one must know and resolve any prior trauma(s) held in the body and then to expand the network connectivity centered first in the orbitofrontal cortex and then later on, according to some neurocardiology theorists down into the heart (d’Aquili, E.G. & Newberg, 1999). When the neuro-somatic -integration happens, it seems that healthy ego is possible (survival crisis is resolved), but also that the over-concerns of ego simply begin to drop away of their own natural accord, and integration of spirit becomes more possible.

In light of viewing mental pathology through the lens of a transpersonal perspective, one can make better conceptual sense of what the connection of mindfulness, spirituality, and mental disturbance

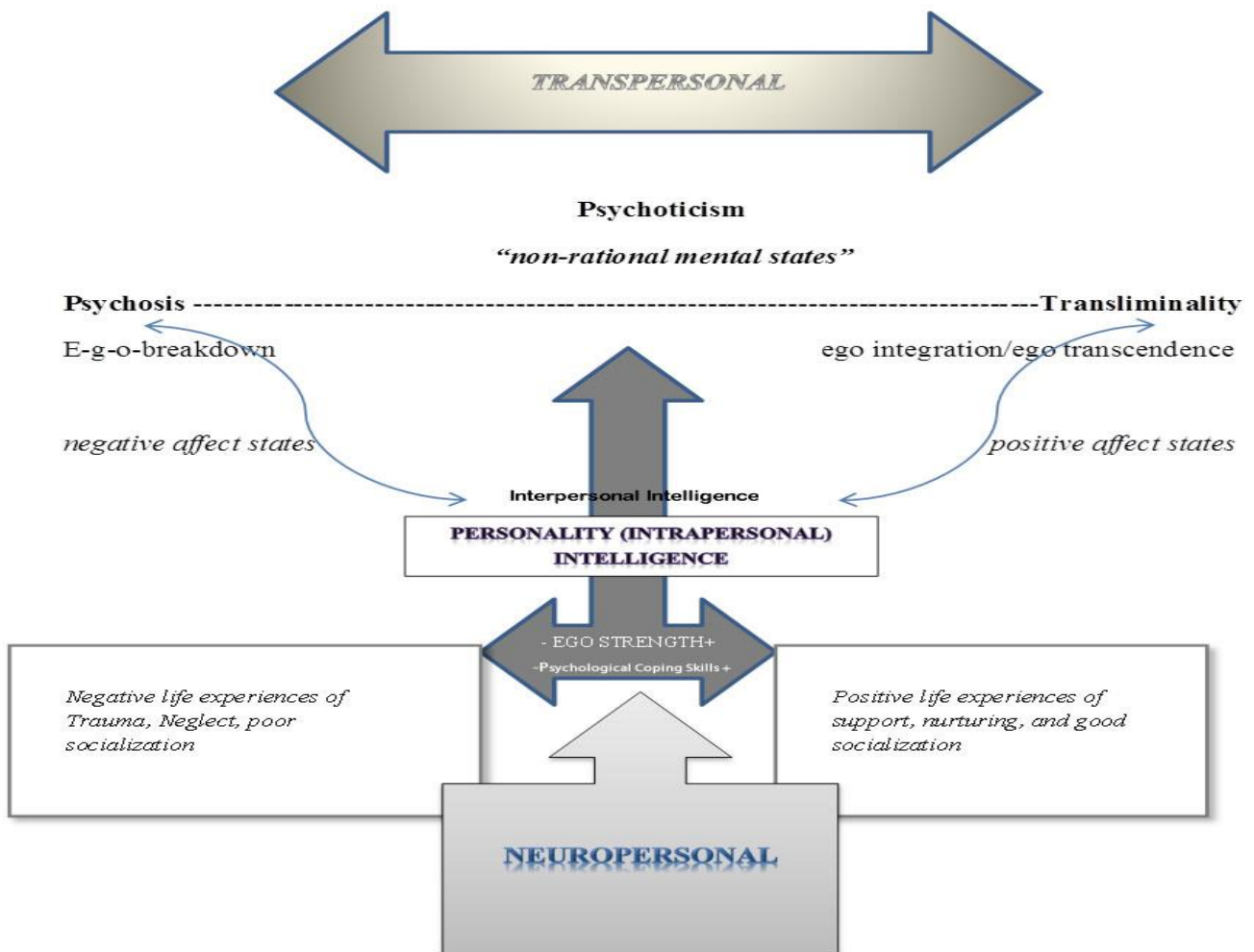


Figure 2: Developmental Paths to Non-Rational States

might be. For many people, the craving for drugs and alcohol, emotional disturbance, our despair is the craving for wholeness, healing, and transcendence. Thus, these conditions may ultimately be in many cases forms of spiritual emergency.

Conclusions

Our brains, emotions, feelings, nervous systems, personalities, and ultimately consciousness are all of a piece, all of one process—but within a series of extremely complex interlinking processes which make up our psyche, including our consciousness. With the expansion of brain and neuroscientific research in recent years, new or long abandoned topics of psychological study have appeared for re-examination. The nature of our states of consciousness (rational or non-rational) can now be studied from a new biological perspective thanks to modern brain neuroimaging techniques. One must be cognizant that any biological data still must be placed in a larger inclusive wide lens view. Western science has the tendency to view things as biological determinism-- in a linear and reductionistic way. The reality of human psychology is far more complex, and has multiple reciprocal influences. Humans are indeed multi-level beings. We are neither completely biologically determined, nor blank slates (*tabulae rasae*), upon which culture is imposed. Rather, identity, consciousness, and our humanity emerge out of a jointly active and dynamic process—which we do not completely comprehend. A full systems view of both rational and well as non-rational mental states warrants this renewed and full spectrum examination. We must continue to build bridges between the raw data and comprehensive theories of brain, mind, consciousness and the numinous. This will encourage us to see the relevance of the humanity of our work as theorists and therapists. Initially, it can seem like a huge leap to link divergent and complicated theories in a unified whole--as one must combine the worlds of rational objective data with subjective world of the non-rational. But, someday, it may seem absurd that we didn't study the mental processes and design mental health interventions from multiple perspectives.

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Holotropic Breathwork Can Occasion Mystical Experiences in the Context of a Daylong Workshop

La Respiración Holotrópica Puede Provocar
Experiencias Místicas en el Contexto de un Taller de un día

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Abstract

The purpose of the present study was to explore the subjective effects of Holotropic Breathwork (HB), specifically looking at the incidence of mystical experiences or peak experiences, in a Russian sample in the context of a daylong workshop. A single group design was used. A total of 134 subjects, aged 18-64 years, participated in the study. The *States of Consciousness Questionnaire* (SCQ) was administered to determine the incidence of mystical or peak experiences. Thirteen of the 134 participants (9.7%) met criteria for a “complete” mystical experience. The higher scores were found in deeply felt positive mood, transcendence of time and space and internal unity subscales of the SCQ. We found similar scores in the CEC to those found in a previous study in people under the influence of 5mg/70kg and 10mg/70kg of psilocybin.

Keywords: holotropic breathwork, states of consciousness questionnaire, mystical experience, peak experience, transpersonal psychology

Resumen

El presente estudio tiene como objetivo principal explorar los efectos subjetivos de la respiración holotrópica, centrándose específicamente en la incidencia de experiencias místicas o experiencias cumbre, en una muestra de voluntarios rusos obtenida en Moscú, en el marco de un taller de respiración holotrópica un día de duración. Se utilizó un diseño de un solo grupo. Un total de 134 sujetos, de entre 18-64 años, participó en el estudio. Se administró el Cuestionario de Estados de Consciencia (CEC) para determinar la incidencia de las experiencias místicas o experiencias cumbre. Trece de los 134 participantes (9,7%) en el estudio cumplieron con los criterios para una experiencia mística "completa. Las puntuaciones más altas se encontraron en las subescalas “estado de ánimo positivo sentido profundamente”, “trascendencia del tiempo y el espacio” y “unidad interna” del CEC. Encontramos resultados similares en el CEC a los encontrados en un estudio previo en personas bajo la influencia de dosis de 5mg/70kg y 10mg/70kg de psilocibina.

Palabras clave: respiración holotrópica, cuestionario de estados de consciencia, experiencia mística, experiencia cumbre, psicología transpersonal

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Introduction

Transpersonal psychology was born in 1968 in the US by a group of psychologists, psychiatrists and psychotherapists (including Anthony Sutich, Abraham Maslow, Stan Grof and James Fadiman) to expand the framework of humanistic psychology beyond its focus on the individual self, including also the study of the spiritual and transcendent dimension of human nature and existence (Grof, 2000; Ferrer, 2003).

Etymologically, the term transpersonal means "beyond" or "through" the personal, and is used to refer to motivations, experiences, developmental stages, modes of being, concerns and other phenomena that include but also transcend the sphere of individual personality, the self or ego (Ferrer, 2003). Among its core interests are transpersonal processes, values and states, unitive consciousness, peak experiences, ecstasy, mystical experience, transcendence, the theories and practices of meditation, spiritual paths, and concepts, experiences and activities related to it (Walsh and Vaughan, 1982). A brief but comprehensive definition was offered by Rowan, who believes that the main goal of transpersonal psychology would be the demarcation of the borders and the varieties of the conscious human experience (Rowan, 1996). Thus, transpersonal psychology has been interested in the study of mystical experiences since the beginning of its existence (Grof, 2012; Maslow, 1964, 1969; Sutich, 1969).

During the last decades different ways to measure mystical experiences has been developed. In general, the field of mystical experience research is characterized by a lack of uniformity regarding definitions, methods and instrumentation (Lukoff and Lu, 1988). Different authors have proposed different criteria and characteristics to define this experience, including William James (1986), Evelyn Underhill (1993), W. Stace (1960), R. C. Zaehner (1961), A. Maslow (1968) and Walter Pahnke (1963, 1966), and different questionnaires have been developed to measure this experience (Hood, 1975; Pahnke, 1963). Among the most used questionnaires to measure mystical experiences we can find the Hood Mysticism Scale and the Peak Experience Profile (also known as the States of Consciousness Questionnaire and the Mystical Experience Questionnaire), both based in the characterizations of the features of mystical experiences provided by Stace (1960).

The modern empirical study of mysticism has focused on measuring the mystical experiences that individuals have had across their lifetime. The most widely used quantitative measure of lifetime

mystical experiences is the Hood Mysticism Scale (HMS) (Hood, 1975; Hood and Williamson, 2000). The HMS has been shown to be a reliable and cross-culturally valid measure of lifetime experiences (Chen et al, 2012; Hood et al, 2001), although recent research suggested the existence of cultural differences in the specific structure of mystical experience (Chen, Hood et al, 2011; Chen, Qi, et al., 2011).

The Peak Experience Profile (PEP) was originally developed in the 1960s by Walter Pahnke (1963, 1966, 1969) with the aim of measuring and for the evaluation of the potential single mystical experiences occasioned by psilocybin. The PEP was developed based on the classic descriptive work on mystical experiences and the psychology of religion by Stace (1960), and covers the main dimensions of classic mystical experience which he describes: 1) unity (external and internal), 2) transcendence of time and space, 3) alleged ineffability, 4) paradoxicality (claim of difficulty in describing the experience in words), 5) sense of sacredness, 6) objectivity and reality (claim of intuitive knowledge of ultimate reality), 7) deeply felt positive mood, and 8) transiency. The criteria established for considering a volunteer as having had a "complete" mystical experience were that the scores on each of the following scales had to be at least 60 to 70 percent: unity (either internal or external, whichever was greater), transcendence of time and space, ineffability, paradoxicality, sense of sacredness, objectivity and reality, deeply felt positive mood and transiency. Pahnke performed a double-blind experiment to determine if the administration of high doses of psilocybin with an appropriate environment and preparation could produce or induce mystical experiences. The author found that the participants who received psilocybin experience more intensely the phenomenon that was described and characterized as mystical experience. Specifically, he found that four of the ten subjects who received psilocybin reached the 60 to 70 percent level of completeness, whereas none of the controls did (Pankhe, 1963; Pankhe, 1966).

The original version of the PEP questionnaire used by Pahnke has been modified and expanded over the years by Pahnke, William Richards, Franco Di Leo and Richard Yensen for its use in subsequent psychedelic research (Di Leo, 1982; Richards, 1975). New categories measuring transpersonal but not necessarily mystical experiences were added (Doblin, 1991). A modified version of the questionnaire, the States of Consciousness Questionnaire (SCQ) was developed and administered recently by Griffiths et al (2006, 2008, 2011) to conduct a number of studies to cha-

racterize the mystical-type effects of psilocybin using double-blind and placebo controlled methodologies. In 2012, MacLean et al. (2012) performed a factor study of the SCQ, examining the factor structure of this questionnaire.

During the 1960s a new way to work with psychedelics in psychotherapy was developed in Canada and the United States, called “psychedelic psychotherapy”. In this type of psychotherapy the goal was to induce mystical experiences in the participants of the studies, giving high doses of LSD and other psychedelics in a very controlled and safe setting, using a few sessions with psychedelics (between one and five), and a number of preparation and integration psychotherapy sessions without psychedelics. A number of studies using this new methodology were conducted at Spring Grove during the 1960s and the early 1970s. In some of these studies the researchers used the PEP to measure the appearance of mystical experiences (Pahnke, 1967; Richards et al, 1977).

In the paper “Implications of LSD and Experimental Mysticism”, Pahnke and Richard (1966) described the changes found in people who have mystical experiences or peak experiences in the following way:

“Persons who have experienced the contents of the eight categories discussed above are also known to report concomitant changes in attitudes (1) towards themselves, (2) toward others, (3) toward life, and (4) toward mystical consciousness itself. Increased personality integration is reported, including a renewed sense of personal worth coupled with a relaxation of habitual mechanisms of ego defense... One feels as though personal problems can now be so confronted that they may finally be reduced or eliminated. One’s faith in one’s own potential for creative achievement tends to be increased, at least at the subjective level. In one’s relationships with other persons, greater sensitivity, increased tolerance, and more real compassion are reported. Theologically trained persons frequently feel that they have acquired new and profound insights into the meaning Martin Buber sought to convey in his term <the I-Thou relationship>, finally knowing the meaning of genuinely meeting another person without the subtle masks that separate man from man. Changed and enlarged attitudes towards life are reported in the areas of deeper sensitivity to values that are felt to be eternal, increased sensitivity to an inner imperative that seeks expression through other-centered behavior, increased vocational com-

mitment, loss of a fear of death coupled with an expanded awareness of the significance of historical existence, and an enriched appreciation for the whole of creation. As an expression of these attitudes, more time may be spent in meditation. The memory of mystical consciousness itself is regarded, as deeply meaningful and similar experiences may be sought as a source of growth and strength.

Although attitudinal and behavioral changes such as these are subjectively reported by psychedelic subjects who have experienced the content of the preceding eight categories, the duration and permanence of such changes and the extent to which they are manifested in everyday existence are topics in need of extensive research. Only after such research is completed can the degree of correspondences between the positive changes claimed by psychedelic subjects and the effects of spontaneous life-enhancing mystical experiences be determined” (Pahnke and Richards, 1966: 76-77).

The recent studies conducted by Ronald Griffiths and William Richards team at the Department of Neuroscience at Johns Hopkins University have replicated and extended these results (Griffiths et al, 2006, 2008, 2011). Griffiths et al (2006) conducted a double-blind study evaluating the immediate (7h) and medium term effects (2 to 14 months) of a high dose of psilocybin at a psychological level and in the state of mood, compared with an active placebo, administered in a comfortable atmosphere and with therapeutic support. Griffiths et al found that psilocybin produced a “complete” mystical type experience in 61% of the volunteers (in 22 of the 36 subjects who participated in the study). At 2 months, volunteers rated the experience as very significant personally and spiritually, and attributed sustained positive changes in their attitudes and behavior. In 2008 Griffiths et al published another article describing the persistent, long-term effects that these experiences had on volunteers, 14 months later. They conclude that, when administered in a comfortable setting and with interpersonal support, psilocybin produces mystical type experiences similar to spontaneous mystical experiences, and that these experiences are considered by the volunteers among the most personally and spiritually significant experiences of their lives 14 months after the experience.

Griffiths et al (2011) also conducted a dose-effect study with psilocybin in 18 volunteers, using 4 different doses of the substance in 4 sessions

conducted at intervals of one month. Griffiths et al found that the percentage of volunteers who had a complete mystical experience increased with the dose (being 0, 5.6, 11.1, 44.4 and 55.6 for doses of 0, 5, 10, 20 and 30mg/70kg respectively). They also found that, in high doses, volunteers considered the experience with psilocybin as very significant personally and spiritually, 1 month and 14 months after the session. They also found that the acute and persistent effects of the psilocybin increased depending on the dose.

Historically, the PEP and the SCQ has been used to measure the subjective effects of psilocybin and other classic psychedelic compounds, and several studies have demonstrated the sensitivity of this questionnaire to the effects of psilocybin, LSD and other psychedelics (Pahnke, 1963, 1966, 1967, 1969; Pahnke and Richards, 1966; Richards et al, 1972, 1977; Turek, Soskin and Kurland, 1974). Nevertheless, it has rarely been used for the evaluation of the potential mystical experiences occasioned by other techniques employed in the context of the transpersonal psychology and psychotherapy, such as Holotropic Breathwork.

Holotropic Breathwork (HB) is a technique developed and used in the context of the transpersonal psychology to induce non-ordinary states of consciousness and transpersonal experiences. HB was developed in the mid 70's by Stanislav Grof, one of the founders of the Transpersonal Psychology movement, (Grof, 1988, 2000; Grof and Grof, 2010) at the Esalen Institute, California, after two decades working with LSD and other psychedelic substances in psychotherapy (Grof, 1972, 1973, 1975, 1980). This method was conceived as a non-drug way of accessing non-ordinary states of consciousness and, specifically, a subgroup of NOSC called "holotropic states", a neologism proposed by S. Grof. The word "holotropic" is derived from the Greek words "holos" and "trepein", and means "moving toward wholeness" (Grof, 2000). According to Grof, the HB can induce different kinds of transpersonal experiences, including mystical experiences, among others (Grof, 1985; Grof and Grof, 2010). Grof claims are based in more than three decades of work with this technique, and in the anecdotic observations and subjective reports of many of the participants in his workshops and HB sessions.

HB is a novel, experientially oriented, therapeutic technique that involves a number of diverse elements, including music, elective bodywork and accelerated breathing. HB sessions usually last between 2 and 3 hours, and are terminated voluntarily by the client. Both individual and group therapies are possible, but the group therapy

context is the most commonly used. The most characteristic and unique element of this procedure, compared with other psychotherapeutic methods, is the prolonged, voluntary hyperventilation or overbreathing (Rhinewine and Williams, 2007), which can be sustained longer than an hour, but all the cited elements are considered mandatory in the HB procedure.

To date, few studies have examined empirically the potential of this hyperventilation procedure to produce mystical experiences, giving some preliminary evidence (Puente, 2014a; Puente, 2014b). Puente (2014a; 2014b) conducted some preliminary research exploring the subjective effects of HB using the SCQ in the context of a weeklong workshop. In a first study Puente (2014b) explored the effects of HB on levels of distress, meaning of life, death anxiety and personality in a young adult sample, aged 18-35, in the context of a weeklong workshop, and also the subjective effects and persistent effects of HB, using a battery of tests. A single group, Pre-Post test design, with a 12-month follow-up was used. A total of 29 subjects, aged 18-35 years, participated in the study. The tests used include the *States of Consciousness Questionnaire* (SCQ). 29 of the participants in the study filled out the SCQ after their first HB session during the workshop. Puente found that HB occasioned mystical-type or peak experiences in 6 participants (20.7% of the participants who filled out the SCQ) during their first HB session during the workshop (each participant had two HB sessions during the weeklong workshop). Three of the volunteers that had a "complete" mystical experience were "first breathers", and the other three had previous experience with the HB. The higher scores were found in the ineffability (0.58), intuitive knowledge (0.5) and deeply felt positive mood (0.46) subscales of the SCQ.

In a similar study Puente (2014a) explored the effects of HB in the context of a weeklong workshop on levels of distress, meaning of life, death anxiety and personality, and also the subjective effects and persistent effects of HB, using a battery of tests, including the SCQ. The SCQ was filled out after the two HB sessions that each participant had during the workshop. After the first HB session (N=37) three participants had a complete mystical experience (the 8.11% of the participants who filled out the SCQ). The higher scores of the SCQ were obtained on "deeply felt positive mood" (0.55 above 1), ineffability (0.51 above 1) and sacredness (0.49 above 1) dimensions. After the second HB session (N=29) four participants had a complete mystical experience (the 13.8% of the participants who filled out the SCQ). The high-

er scores of the SCQ were obtained, again, on “deeply felt positive mood” (0.59 above 1), ineffability (0.55 above 1) and sacredness (0.55 above 1) dimensions. All the participants who had a complete mystical experience were naïve in the use of HB, and did not have any previous experience with the technique.

This preliminary evidence encourages the author of the present study to conduct additional research on the subjective effects of HB, specifically exploring the occurrence of mystical experiences during the practice of this technique. The aim of the present pilot study was to explore the subjective effects of HB in a Russian sample in the context of a daylong experiential workshop. The study analyzed the relationship between the use of HB and the occurrence of mystical type or peak experiences during the HB sessions. Based on previous research, it was hypothesized that participants in the HB daylong workshop would report mystical-type or peak experiences occasioned by the HB.

Method

Participants

In this pilot study, a convenient sample was used. Eligible participants were individuals enrolled in a daylong HB workshop held during the 14th International Transpersonal Association (ITA) Conference in Moscow, in two big rooms of the conference venue. Eligibility criteria were as follows: aged +18 years, Russian speaking and able to provide informed consent. Both “first breathers” (participants who were exposed to HB for the first time in their life) and those who have previous experience with HB were allowed to take part in the research. No control group was used in the present study.

All the participants of the daylong workshop who completed the inclusion criteria (N=412) were approached about participating in the study. From all the participants of the workshop, 136 individuals consented and filled out the SCQ after their HB session as breathers. We were successful in obtaining complete data in 134 individuals (32.5% of the eligible subjects).

Participants in the study who completed the questionnaires (N=134) age ranged between 18 and 64 years (Mean=32.9, S.D. =8.8). Eighty of the participants were female (59.7%) and fifty-four were male (40.3%). 48 participants were “first breathers” (35.8%), and another 86 have previous

experience with HB (64.2%). The level of studies was above average, and 85.0% has university studies.

Table1. Age, gender, education and previous experience with HB for the study volunteers.

		<i>Pre measure (N=134)</i>
<i>Age</i>		32.9 (8.8)
<i>Gender</i>	Man	54 (40.3%)
	Woman	80 (59.7%)
<i>Education</i>	College finished	114 (85.0%)
	College unfinished	10 (7.5%)
	High School	2 (1.5%)
	Primary studies	8 (6.0%)
<i>HB experience</i>	RH Yes	86 (64.2%)
	RH No	48 (35.8%)

Study design

In the present study a single group design was used. The variables examined were measured using the *States of Consciousness Questionnaire* (SCQ), to explore the subjective effects of the participants during their HB session as breathers. The SCQ was assessed 1 to 5 hours after the HB session of the volunteers in which they have the breather role.

Psychometric measures/materials

The variable examined was measured with the *States of Consciousness Questionnaire* (SCQ). The SCQ is a self-assessed 100-item questionnaire, which was designed to assess mystical experiences based on the classic descriptive work on mystical experiences and the psychology of religion by Stace (1960). It provides scale scores for each of seven domains of mystical experiences: internal unity (pure awareness; a merging with ultimate reality); external unity (unity of all things; all things are alive; all is one); transcendence of time and space; ineffability and paradoxicality (claim of difficulty in describing the experience in words); sense of sacredness (awe); noetic quality (claim of intuitive knowledge of ultimate reality); and deeply felt positive mood (joy, peace, and love). The data on each scale were expressed as a proportion of the maximum possible score, fixed in 1. Based on prior research (Pahnke, 1969), the criteria for considering a volunteer as having had a “complete” mystical experience were that the scores on each of the following scales had to be at least 0.6:

unity (either internal or external, whichever was greater), transcendence of time and space, ineffability and paradoxicality, sense of sacredness, noetic quality, and deeply felt positive mood. Forty-three items on this questionnaire comprised the Pahnke–Richards Mystical Experience Questionnaire (Pahnke, 1969; Richards 1975), and the remaining 57 items in the questionnaire served as distracter items.

Procedure

The data were collected the first day of the 14th ITA Conference, during a daylong HB workshop. The workshop was held at the conference venue in Moscow in June 2010, and the researcher stayed at the workshop all the day to collect the data. Permission to conduct the study was requested from and granted by the organizer and the directors of the workshop. After the introductory talk of the workshop, all the Russian participants aged +18 were invited to participate in the research and to fill out a consent form, a socio-demographic survey and the SCQ. Participants were told that the study was part of the researcher’s study on HB. Participation in the study was completely voluntary. Written informed consent was obtained prior to the assessments. The questionnaire and survey took around 20-30 minutes to fill out. No compensation was offered for participation in the study.

Results

Data analyses

The data were statistically analyzed for the 134 volunteers who completed the SCQ using the 17.0 version of SPSS.

Measure of the Subjective effects of the HB assessed during the workshop.

134 of the participants in the study filled out the SCQ after their HB session during the workshop. Eighty of the participants were female (59.7%) and fifty-four were male (40.3%). 86 participants were “first breathers” (64.2%), and another

48 have previous experience with HB (35.8%). Based on prior criteria, 13 of the total group of 134 volunteers (9.7%) had a “complete” mystical experience during the HB session. Eight of the volunteers that had a “complete” mystical experience were “first breathers”, and the other five had previous experience with HB. The higher scores were found in deeply felt positive mood (0.57), transcendence of time and space (0.43) and internal unity (0.43) sub-dimensions of the SCQ (see Table 2 and Figure 1).

Table 2. Volunteers ratings (N=134) on the States of Consciousness Questionnaire (SCQ) completed 1 to 5 hours after their HB session.

Subscale description	HB session (N=134)
Internal unity	0.43 (0.29)
External unity	0.39 (0.3)
Transcendence of time and space	0.43 (0.23)
Ineffability	0.4 (0.25)
Sacredness	0.37 (0.25)
Noetic quality	0.42 (0.27)
Deeply felt positive mood	0.57 (0.26)
“Complete” mystical experience	13 (9.7%)

Note: Data are mean scores with the SD shown in parentheses. For the seven sub-dimensions of the States of Consciousness Questionnaire, data are expressed as a proportion of the maximum possible score.

Discussion

The purpose of the present study was to explore the subjective effects of a single HB session in a Russian sample in the context of a day-long workshop. The overall results of this study suggests that HB, administered to healthy individuals in the context of a day-long workshop, is capable of occasioning “complete” mystical experiences. Thus, the study provides some initial positive findings regarding the possible usefulness of this technique to induce mystical experiences in the context of a daylong workshop.

Figure 1: scores of the 7 dimensions of the SCQ, expressed as a proportion of the maximum possible score, fixed in 1.

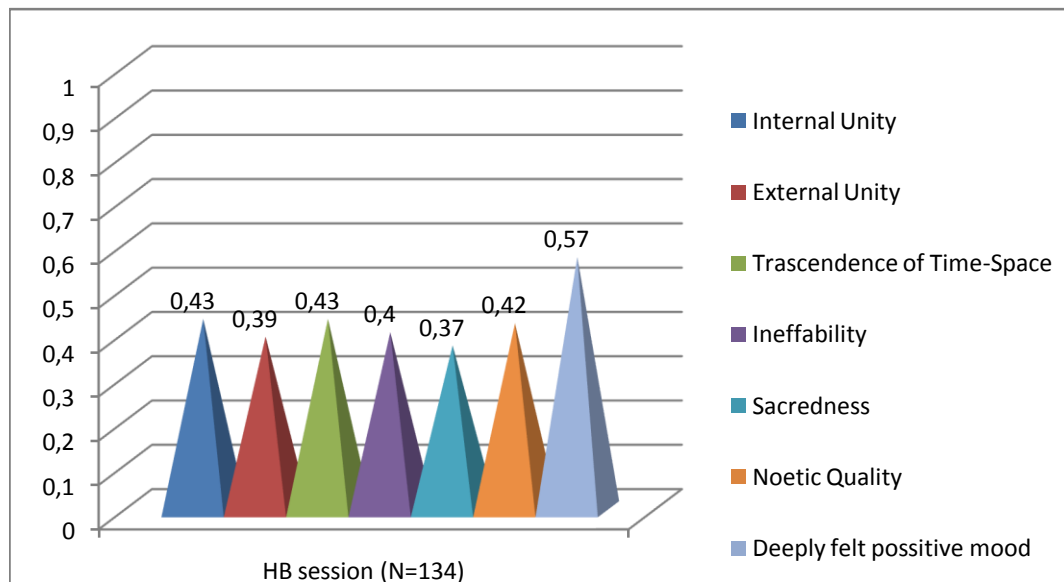


Table 3. Comparison between volunteers ratings on the SCQ after their HB session and the ratings for the 5mg/70kg and 10mg/70kg psilocybin doses obtained by Griffiths et al (2011) in their dose-response study.

SCQ sub-dimensions and total score	HB session (N=134)	Psilocybin 5mg (N=18)	Psilocybin 10mg (N=18)
Internal unity	0.43	0.38	0.45
External unity	0.39	0.32	0.35
Transcendence of time and space	0.43	0.40	0.44
Ineffability	0.4	0.48	0.59
Sacredness	0.37	0.49	0.54
Noetic quality	0.42	0.47	0.54
Deeply felt positive mood	0.57	0.48	0.57
“Complete” mystical experience	13 (9.7%)	N=1 (5.6%)	N=2 (11.1%)

Note: For the seven sub-dimensions of the States of Consciousness Questionnaire, data are expressed as a proportion of the maximum possible score, fixed in 1.

In the present study, thirteen of the 134 participants (9.7%) met criteria for “complete” mystical experience in the SCQ. This rate is comparable to those found in previous research on HB in an adult sample in the context of a weeklong

workshop (8.11% after the first HB session, and 13.8% after the second HB session) (Puente, 2014a), but lower than the rate found in a previous research on HB in a young adult sample, aged 18-35, in the context of a weeklong workshop (20.7% of the participants who filled out the SCQ after the first HB session) (Puente, 2014b). Compared with the rate of mystical experiences obtained in the different studies using high doses of psilocybin (40% found by Panhke, and 61% found by Griffiths et al), the percentage of participants who met criteria for “complete” mystical experience in the SCQ is lower during HB. If we look to the percentages of mystical experiences obtained by Griffiths et al (2011) in their dose-effect study with psilocybin (being 0, 5.6, 11.1, 44.4 and 55.6 for doses of 0, 5, 10, 20 and 30mg/70kg respectively), the percentage obtained in the present study (9.7%) is similar to the 10mg/70kg psilocybin dose (11.1) obtained by Griffiths et al (see table 3).

Eight of the thirteen volunteers who have a “complete” mystical experience were “first breathers” (61.5%), and the other five had previous experience with HB (38.5%). This data might suggest that subjects who have no previous experience with the HB technique may be more likely to have a mystical experience, especially if we consider that the 64.2% of the participants in the study have previous experience with the HB, and only 35.8% were first breathers. Thus, the 16.7% of the “first breathers” who participate in the study (8 of 48) met criteria for “complete” mystical experience in

the SCQ, versus the 5.8% of the participants with previous experience with HB (5 of 86). This finding is partially consistent with previous research on the topic. Puente (2014a) found a similar outcome in a study exploring the effects of HB in the contexts of a weeklong workshop in an adult sample, in which all the participants who had a complete mystical experience were first breathers. However, in another study exploring the effects of HB in a young adult sample, aged 18-35, in the context of a week-long workshop (Puente, 2014b), three of the volunteers who have a “complete” mystical experience were “first breathers”, and the other three had previous experience with the HB.

In the present study, the higher scores were found in deeply felt positive mood (0.57), transcendence of time and space (0.43) and internal unity (0.43) subscales of the SCQ. The high score in the “deeply felt positive mood” subscale (0.57 above 1) might indicate that the subjective experience during the HB session is remembered and assessed as having an overall positive tone, more than a negative one. Puente also found that the higher scores of the SCQ were obtained on “deeply felt positive mood” (0.55 above 1) in a previous study (Puente, 2014a), followed by ineffability (0.51 above 1) and sacredness (0.49 above 1). In another study (Puente, 2014b) deeply felt positive mood (0.46) subscale obtained the third higher score, after ineffability (0.58) and intuitive knowledge (0.5).

The results obtained in the present study also support Grof’s claims of the potential of HB to induce mystical experiences (Grof, 1985). Therefore, the outcomes found in the SCQ during the HB session in the present study seem to confirm Grof’s statement of the potential of HB to induce similar experiences to those found when he was working with psychedelics (Grof and Grof, 2010). We found that HB can induce mystical experiences of the same type as those produced by psilocybin, although less frequently and in a smaller percentage of participants (Griffiths et al, 2006). Furthermore, our results indicate that the percentage of participants having mystical experiences during a HB session is similar to the percentage obtained by Griffiths et al. (2011) using a 10mg/70kg psilocybin dose (11.1%).

Despite some initial positive findings suggesting that the use of HB in the context of a day-long workshop might induce mystical experiences, some limitations can be pointed also to the present study. First, a convenient sample was used for the present study, and there was no comparison group. Thus, we cannot draw cause-effect statements from it. Second, the 134 participants of the present study

only represents around the 30-33% of the total number of participants of the workshop. Thus, these results cannot be generalized to all the participants of the daylong workshop, or to other contexts where the HB is used, but they do support the idea that HB may contribute to induce mystical type or peak experiences in these specific samples.

Nevertheless, it is remarkable that HB occasioned mystical-type or peak experiences in some participants during the workshop, because the present study is the first to measure these kinds of experiences using the SCQ during a daylong HB session. It is also remarkable that almost one out of each of the ten volunteers who filled out the SCQ had a complete mystical experience (the 9.7%), considering the relative low frequency of these kinds of experiences in other contexts. Similar outcomes have been found in human research with psychedelic compounds like LSD and psilocybin (Grof, 2001; Griffiths et al., 2006, 2008; MacLean et al. 2011; Pahnke, 1963, 1967). These experiences have been related to improvements in several mental health measures (Grof, 2001; Griffiths et al., 2006, 2008).

Conclusions and future projects

Further research into the subjective effects, and the short and long-term effects of HB is needed. There are a number of areas of potential interest that might be examined in future research, including the assessment of physiological and neurophysiologic variables, and the use of qualitative methodology, to try to find correlations between them, the subjective experiences of the participants during the HB sessions as breathers and specifically with the occurrence of mystical experiences. We also believe that the setting, the context surrounding the experience, is very important in relation to the subjective effects that this technique can induce. Thus, future research examining the degree to which these results are specific to the context is needed. The development of similar studies in other contexts where HB and other similar hyperventilation procedures are used could be very fruitful.

Despite its limitations, and recognizing the exploratory nature of this pilot study, our results shows that HB occasioned mystical experiences in some of the volunteers in the context of a day-long workshop. These preliminary results give support for further research on the subjective effects induced by this technique, as well to the study of the possible link between this subjective effects and the possible increase on wellbeing and life satisfac-

tion of the people who report mystical experiences during the HB sessions.

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Special Topic on Compassion

Compassion Is Good For You

La Compasión es Buena para Ti

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Abstract

Compassion, the extending of sympathy to someone in distress, has long been regarded as a virtue by diverse religious groups. More recently, psychology has examined this trait, differentiating it from love, altruism, and empathy. Neuropsychologists have explored the role that might be played by the brain's mirror neurons in evoking compassion both in humans and in other animals. Evolutionary psychologists have suggested that compassion may be an adaptive trait, playing a vital role in human evolution. Transpersonal psychologists have emphasized the spiritual aspects of compassion as well as its health benefits; for example, compassionate recover more quickly from diseases. Compassion reflects people's social nature and may be taught and applied in a variety of settings.

Keywords: altruism, compassion, empathy, transformation, transpersonal

Resumen

La compasión, la extensión de la simpatía hacia alguien en una situación de malestar, ha sido considerada desde hace mucho tiempo como una virtud por diversos grupos religiosos. Más recientemente, la psicología ha examinado este rasgo, diferenciándolo del amor, el altruismo y la empatía. La neuropsicología ha explorado el papel que podrían desempeñar las neuronas espejo del cerebro en la evocación de la compasión, tanto en humanos como en otros animales. Los psicólogos evolutivos han sugerido que la compasión puede ser un rasgo adaptativo, jugando un papel vital en la evolución humana. Los psicólogos transpersonales han hecho hincapié en los aspectos espirituales de la compasión, así como en sus beneficios para la salud; por ejemplo, una persona compasiva se recupera más rápidamente de las enfermedades. La compasión refleja la naturaleza social de las personas y puede ser enseñada y aplicada en una variedad de entornos.

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Introduction

Mirror neurons, first observed in the monkey brain by Giacomo Rizzolatti and his colleagues, fire both when a monkey executes an action and when it observes someone carrying out a similar action. The same is true for mirror neuron systems in the human brain that are more active than other systems both when the human executes an action and when observing actions from that type of action being performed. Since the discovery, writers in “pop psychology” have attributed numerous benevolent acts to mirror neurons, stretching the data beyond what they actually represent (Kilner & Lemon, 2013). Nonetheless, these speculations have brought attention to such phenomena as altruism, empathy, and compassion.

Altruism, the unselfish regard for and devotion to the interests and well-being of others, implies action, as in “altruistic acts,” which are activities that benefit someone else, often at the cost to the altruist. Empathy is the visceral or emotional experience of another person’s feelings. It is the understanding of another person from a frame of reference other than one’s own, but does not imply that behavior will follow. “Empathic feelings” do not always lead to “altruistic acts.” Compassion, the extending of sympathy to someone in distress, involves an emotional reaction that typically motivates help, comfort, and assistance. Is an emotional response when perceiving suffering and involves an authentic desire to alleviate the suffering. Hence a “compassionate feeling” typically triggers a “compassionate act.”

For example, one might give food to a starving family out of altruism, believing that “this is the right thing to do.” This contrasts with altruism, where the emotion is strong and where no rationale is needed. Compassion, however, combines thinking and feeling. It is a felt response that triggers a desire to help. A starving family, of course, is happy to get the food and is not concerned about what motivated the act. In the Biblical parable of the Good Samaritan, the sight of a groaning figure by the side of a road probably evoked empathy, but instead of translating this feeling into compassion, the two “holy men” tried to avoid it, deliberately moving away from the suffering figure. It remained for the Samaritan, a member of a different sect than that of the sufferer, to make a compassionate act of help, offering assistance.

Psychology is often defined as the scientific study of experience and behavior, and its social, theoretical, and research implications. Transper-

sonal psychology can be thought of as the scientific study of experiences and behaviors in which the socially-constructed self appears to be transcended to encompass higher, lower, and broader dimensions of reality. Those “higher” dimensions might include transcendent realms and agencies. The “lower” dimensions may include the collective unconscious as well as the “Ground of Being.” The “broader” dimensions could include other sentient beings, Nature, and the Cosmos. Transpersonal psychology also investigates the social, theoretical, and research aspects of its subject matter, especially in regard to personal and community transformation. This essay will explore the religious and spiritual perspectives of compassion as well as its psychological aspects. In so doing, it will become apparent that compassion is a vital component of transpersonal psychology and its social, theoretical, and research implications.

Religious and Spiritual Perspectives

The etymology of the English language word “compassion” is Latin, meaning “co-suffering.” It is related in origin to the English word “patient,” one who suffers. There are various degrees of compassion often referred to as the “depths” of passion or the “vigor” of the compassionate act. This is especially apparent in Hinduism where compassion is a virtue with many “shades,” with each shade given a different term. The appropriate Hindu term is *daya*, the virtuous desire to mitigate the sorrow and difficulties of others by putting forth whatever effort is necessary. *Daya* is viewed as treating a stranger, a relative, a friend, or a foe as one’s own self since all living beings are part of one’s self. Mahatma Gandhi is viewed as a paragon of Hindu compassion.

In Judaism, God is viewed as the Father of Compassion and *Rahmana* (i.e., compassion) becomes the usual designation God’s revealed Word. The rabbis speak of thirteen attributes of compassion, as well as the importance of compassion to animals. In the first century CE, Rabbi Hillel the Elder provided a summary of the Jewish religion by stating, “That which is hateful to you, do not do to your fellow. That is the whole Torah. The rest is the explanation.”

The Buddha is cited as saying “Compassion is that which makes the heart of the good move at the pain of others. It crushes and destroys the pain of others... It shelters and embraces the distressed.” *Karuna* or compassion is the heart of Buddhist teachings, often referred to as “loving

kindness.” The Fourteenth Dalai Lama has said, “If you want others to be happy, practice compassion. If you want to be happy, practice compassion.” It springs up by considering that all beings, like ourselves, wish to be free from suffering.

In the Christian Bible, God is referred to as “the Father of Compassion.” *Corinthians* 1:3-7 notes: “just as the sufferings of Christ flow over into our lives, so also through Christ our comfort overflows.” Jesus embodies for Christians the essence of compassion; in the Sermon on the Mount he stated that “Blessed are the merciful for they shall obtain mercy.” In a Biblical parable, the Good Samaritan demonstrated compassion and the *Gospels* advocate extending compassion to all, even to one’s enemies.

The Muslim scriptures urge compassion toward captive as well as to widows, orphans, and the poor. Compassion, or *Rahman*, emerges from fasting during Ramadan to help one empathize with the hunger of the less fortunate. Each of the 114 chapters of the Quran, with one exception, begins with the verse, “In the name of Allah the Compassionate, the Merciful.” Mohammed is referred to by the Quran as the Mercy for the World.

Compassion for all life, human and non-human, is central to Jainism. As a result, vegetarianism is advocated and Jain monks go to great lengths to avoid killing insects, and many cities and towns in India contain animal shelters run by Jains. Jains refuse to eat food obtained with unnecessary cruelty.

The Church of Humanism was founded in New York City in 1973. It is a humanistic organization based on the concept of God understood as an ideal reality to be optimally actualized in the life of individuals and in society at large. It is an example of “congregational humanism.” There are other humanist groups that are secular, and avoid the “religious” label. The Church of Humanism holds that human beings bear a unique and sacred responsibility for one another and for the planet Earth. Therefore the development of human capacities for compassion, reason, and intuition support its religious aspirations.

Psychological Perspectives

Emma Seppala (2013) takes the position that compassion is a natural and automatic response that has ensured human survival. Further, de Wall (2013) cites evidence that rats go out of their way to help a suffering rat out of this quandary. Chimpanzees do the same and so do human infants too young to have learned the “rules of

politeness” (Seppala, 2013, p. 20). Apparently, they do so out of intrinsic motivation without expectation of a reward. Seppala has conducted research that indicates that infants’ eye pupils’ diameters decrease both when they help and when they see someone else helping. This suggests that they help because helping feels good. The alleviation of suffering brings a reward whether or not one is the active agent in the act.

From the perspective of evolutionary psychology, compassion can be viewed as a distinct emotional state, different from distress, sadness, and love. Darwin felt that cooperation was highly adaptive in human evolution and that identifying with another person is an essential human capacity. The term “survival of the fittest” was coined by Hebert Spencer, not Charles Darwin who actually disliked the term (Loye, 2000). Darwin’s work, according to Seppala, is best described with the phrase “survival of the kindest.” Graham Music (2014) adds that humans are “primed” for altruism and empathy as well. Seeing someone help another person creates a shift in mood; people can be moved to tears by seeing someone’s loving and compassionate behavior in action. Thus, the stereotype of Darwin as the promulgator of competition is not based on a careful reading of Darwin’s work, especially his later writings.

Compassion may have ensured human survival because of its tremendous health benefits. Ed Diener and Martin Seligman (2004) report that connecting with others in a meaningful way helps people enjoy mental and physical health and speeds up recovery from disease. Steve Cole and his associates (2007) evaluated the levels of cellular inflammation in people who described themselves as “very happy”. Inflammation is at the root of cancer and other diseases and is generally high in people who live under considerable stress. People who were happy simply because they lived a hedonic “good life” had high inflammation levels but those who lived a life of purpose and meaning had low inflammation levels. These people focused less on satisfying themselves and more on others, living a life rich in compassion, altruism, and greater meaning. This compassionate lifestyle may also serve as a buffer against stress.

Gary Saunders (2014) makes a connection between the social nature of humans and consciousness itself, stating “Consciousness is about how we share our world and what we have in common with one another, so although it is *my* conscious experience of *your* conscious experience, it is also *our* conscious experience; it is a *social psychological* feature of people’s lives” (p. 1). The nature of the person “goes beyond the

skin” (p. 41), a metaphor used by the philosopher Alan Watts, an early precursor of transpersonal psychology.

Seppala (2013) speculates that another reason why compassion may boost people’s health is that it can help them broaden their perspective beyond themselves. Seppala does not use the term, but she is describing people who have a “transpersonal” lifestyle. Depression and anxiety are typically linked to focusing on oneself and a preoccupation with “me, myself, and I” (p. 23). In a compassionate act, self-focus shifts to other-focus. As attention shifts to helping others, one’s mood lifts. The lack of social connection is a greater detriment to health than obesity, smoking, and high blood pressure. Social connections lead to increased longevity (p. 23). Cole and his associates (2007) found that genes impacted by social connections also code for immune function and inflammation.

People with a “transpersonal” lifestyle have lower rates of anxiety and depression, are more empathic to others, more trusting and cooperative, and, as a consequence, people are more open to trusting and cooperating with them. Social connectedness generates a positive feedback loop of social, emotional, and physical wellbeing. Unfortunately, the opposite is also true for those who lack social connectedness. Lower social connectedness is associated with declines in physical and psychological health as well as a higher propensity for antisocial behavior that, in turn, leads to more social isolation (Seppala, 2013, p. 24). Adopting a compassionate, “transpersonal” lifestyle appears to boost social connection and improve psychological and physical health.

Compassion seems to be contagious. James Fowler and Nicholas Christakis (2010) conducted research demonstrating that acts of generosity and kindness evoke more generosity in a chain reaction of goodness. An act of compassion will uplift others and make them happy. Although compassion is a naturally evolved trait, there is evidence that a variety of “loving kindness” meditation practices may help to cultivate compassion. E.W. Dunne and his associates (2008), in a study published in the prestigious journal *Science*, found that spending money on others promotes happiness. Given the importance of compassion in the world today, this body of research may impact communities worldwide.

Seppala (2013) concludes that the practice of compassion is as important for health as physical exercise and a healthy diet, and recommends that it be taught and applied in schools, hospitals, the military and other community settings (p. 25). In one study, the simple act of tapping one’s hands

in synchrony with another person produced feelings similar to their partner and increased the average time spent in a helping act. There is nothing special about tapping but perhaps tapping in synchrony may increase compassion for one’s neighbors, especially if accompanied by thinking of them enjoying the same food or drink.

David Loye (2000) reminds his readers that Darwin’s “lost theory of love” is crucially needed in the 21st century. “Darwin’s vision of the moral sense remains in the background shaping our personal, social, economic, political, educational, and religious world. That is, it is the hidden driver of our cultural world emerging out of the wider environmental world affecting all other species along with ourselves” (p. 227). Darwin is rarely cited in discussions of transpersonal topics, yet a close reading of his work reveals that he foresaw the thrust of human evolution as social not selfish, as compassionate not competitive. This is the vision that remains to be actualized, a vision shared by religious and spiritual seers for millennia and now entering into scientific domains, especially those with a transpersonal emphasis.

Religious and spiritual teachings have elevated compassion to one of the salient human virtues. Psychological science is now providing evidence that compassion is not only good. It is good for you.

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Opening the Heart: Compassion in Sufism

Abriendo el Corazón: La Compasión en el Sufismo

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Abstract

This paper discusses the concept of compassion from Islamic and Sufi perspectives. Compassion and Mercy are divine Attributes, in Arabic *ar-Rahman*, *ar-Rahim*, which are the most commonly used divine Attributes.

According to the Sufi Psychology we possess seven "souls," or evolutionary stages of development. These are the mineral soul, vegetable soul, animal soul, personal soul, human soul, secret soul, and the secret of secrets. Compassion begins at the human soul, the stage at which the heart opens. Compassion is a sign of mature human development.

The human soul, secret soul and secret of secrets are located in the spiritual heart which is the source of creativity, wisdom, and spirituality. In Sufism opening the heart is an essential spiritual practice.

Keywords: compassion, sufism, heart, Rumi, seven souls

Resumen

En este trabajo se analiza el concepto de compasión desde las perspectivas islámica y sufí. La compasión y la misericordia son atributos divinos, denominados en árabe *ar-Rahman*, *ar-Rahim*, que son los atributos divinos más utilizados. De acuerdo con la Psicología Sufí, poseemos siete "almas" o etapas evolutivas del desarrollo. Estas son el alma mineral, alma vegetal, alma animal, alma personal, alma humana, alma secreta, y el secreto de los secretos. La compasión comienza en el alma humana, la etapa en la que el corazón se abre. La compasión es un signo de desarrollo humano maduro. El alma humana, el alma secreta y el secreto de los secretos se encuentran en el corazón espiritual, que es la fuente de la creatividad, la sabiduría y la espiritualidad. En el Sufismo abrir el corazón es una práctica espiritual esencial.

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In Islam, God is most commonly referred to as *ar-Rahman*, *ar-Rahim*, the infinitely Compassionate and Merciful, the infinitely Beneficent who showers blessings on creation. Compassion is not a completely accurate translation. Closer is “Beneficent,” an obsolete term for God as the source of all that benefits everything in creation. As Sufis we seek to express this divine Attribute through charity, generosity, sympathy and compassion (Frager, 2012).

The Seven Souls

According to Sufi psychology (Frager, 1999), every human being has seven “souls,” or seven levels of consciousness. The seven levels of soul reflect human evolutionary heritage. They are the mineral soul, vegetable soul, animal soul, personal soul, human soul, secret (or angelic) soul and the secret of secrets.

The first four levels are located in the physical body. Compassion and spirituality do not begin until the human soul, located in the spiritual heart. To be human is to feel and express compassion.

Rumi describes human development as a process of progression through these souls (Chittick, 1983, p. 79),

I died as mineral and became a plant,
I died as plant and rose to animal
I died as animal and became human.
Why should I fear? When was I less by dying?
Yet once more I shall die as human,
to soar with angels blest;
But even from angelhood I must pass on:
all except God does perish.
When I have sacrificed my angel-soul,
I shall become what no mind ever conceived

The Mineral Soul

The mineral soul, the *ruh madeni*, is located in the skeletal system. Imbalance in the mineral soul can result in either extreme flexibility or rigidity. For example we say someone has “no backbone” or they are “spineless.” That is, they find it hard to hold a position, to stand up for what they believe. The other extreme is someone who has become calcified, unbending, “fossilized.”

They are incapable of responding flexibly and appropriately to the environment. Some people are “stiff necked.” Their pride prevents them from changing. Others are “thick skulled,” unable to take in new information. A Sufi story (Frager, 1999, p. 99) describes this aspect of the mineral soul:

Bahlul was an unpredictable Sufi master, whose behavior often astonished the people of Baghdad. One day he set up shop in the marketplace with three skulls in front of him. Each skull had a sign in front of it. The first sign read “Free.” The second sign read “Two Cents,” and the third sign read “Priceless, Not for Sale.”

One woman came up and asked about these strange prices. Bahlul said, “Let me show you.” He took a long skewer and tried to put it through the ear hole of the first skull, but it would not go through. “See, this skull is absolutely worthless. Nothing goes in.” Then Bahlul tried the skewer on the second skull. This time the skewer passed easily through both ear holes and slipped out the other side. “This skull is not much better. Nothing stays in.” Finally Bahlul tried the third skull. The skewer passed easily through the first ear hole but not through the second. “This skull is truly precious. Whatever goes in, stays in.”

The Vegetable Soul

The vegetable soul, the *ruh nabati*, is related to the digestive system. It is related to nutrition and growth, functions first found in the plant world. In the womb we were all very much like plants. We were rooted to our mother’s uterus by our umbilical cord and we took in nourishment through it as plants do from their roots.

There is great intelligence in the vegetable soul. The finest biologist cannot consciously grow hair on her head, for example. Basic physical functions are organized by the vegetable soul which regulates all the basic bodily operations that occur outside conscious awareness and control.

Imbalance in the vegetable soul results in either over- or under-activity. An underactive vegetable soul may cause laziness; someone in a coma has “become a vegetable.” The other extreme is someone who is hyperactive. They cannot sit still.

They cannot relax and rejuvenate themselves, which is a basic vegetative function.

Plants have very limited ability to react to the environment. They have little or no mobility or flexibility in their responses. Plants do not learn or plan. With the evolution of the animal soul, life developed mobility, motivation, and the capacity for learning.

The Animal Soul

The animal soul, the *ruh haywani*, is related to the circulatory system (Frager, 1999). The more efficient the circulatory system, the greater the capacity for movement. You can see this in the reptiles, whose circulatory system is not a fully developed as mammals and who require warm weather to be fully active.

Movement includes motivation and emotion (motive-ation and e-motion), which both have the same root meaning. The most basic animal motivation is to move toward whatever is rewarding or nourishing (passion or desire) and to move away from whatever is painful or toxic (fear or anger). Freud called this the pleasure principle. These instincts are basic to survival and underlie most of our behavior.

Imbalance in the animal soul results in either lack of energy and motivation or in unbridled anger or passion. Someone who has no motivation or feels no emotions is passive and listless. Others are easily “overcome” by their emotions and tend toward anger, lust, or gluttony.

The Personal Soul

The personal soul, the *ruh nafsani*, is the first level of humanity (Frager, 1999). It is related to our highly developed nervous system. The complex brain allows greater memory and more complex thinking and planning than animals. Compared to animals humans have a far greater capacity to cope with the environment.

The personal soul is barely the beginning of becoming fully human. The heart is not yet developed yet. Imbalance in the personal soul results in an unthinking, unreflective approach to life, or to an emphasis on abstract thinking at the expense of everything else. Great intelligence does not guarantee compassion. Serial killers and sadists are human, but they lack the capacity for love and compassion. They are stunted human beings.

The Human Soul

The human soul, or *ruh insani*, is located in the spiritual heart. The spiritual heart is not the physical muscle located in the chest. The spiritual heart is the source of compassion, inner light, inspiration, creativity, and love. It is not a physical organ and does not expire at death (Ozak, 1981).

This model implies a qualitative shift at the level of the human soul. We are now in the realm of the transpersonal. There can be no creative or spiritual life without the development of the human soul.

My Sufi master Safer Efendi explained that the head is like a computer. It is involved with storage and manipulation of data, but not with the creation of anything new. Creativity comes from the heart and you cannot become truly creative unless you love what you are doing.

The Secret Soul

The secret soul, or *ruh sirr*, remembers God. It is also located within the spiritual heart.

The secret soul is also known as the angelic soul. You might even call it your higher human soul just as the personal soul is the lower human soul. It contains what is the finest in each human being.

The Secret of Secrets

The secret of secrets, the *sirr-ul-asrar*, is transcendent, beyond space and time. It is the soul that God breathed into Adam and Eve. That is, this soul is a divine gift to humanity. It is also known as the soul of your soul.

The Spiritual Heart

The spiritual heart is a temple built by God to house the divine within each of us. In a *hadith qudsi*, a divine revelation, God disclosed, “I, who cannot fit into all the heavens and earths, fit into the heart of the sincere believer.” The temple of the heart was built by God to house God within (Ozak, 1988).

One goal of Sufism is to teach our hearts to pray. It is relatively easy to learn the outer form of prayer. Teaching our hearts to pray takes longer. The outside is always easier than the inside. For example, it is not difficult to make our outsides clean by bathing and putting on clean clothing, but it can be very difficult to cleanse our insides. Our

hearts become cleansed through worship, compassionate service and remembrance of God (Frager, 1999).

One essential element in opening the heart is the practice of what we know. Heart knowledge is deepened by experience. My teacher Safer Efendi once said, with great humility, "I don't know a great deal about Sufism, but I have loved what I have learned, and I have lived it for over 40 years." These are the words of a real Sufi master. Sufism is a lived teaching. Knowledge that is applied brings wisdom; book learning alone results in mental and spiritual indigestion.

In the Middle East there are many stories of Nasruddin, a Sufi master who taught with a great deal of humor. In the following story (Frager, 1999, p. 30) Nasruddin teaches the importance of compassion and also difference between the experiential knowledge of the heart and the abstract knowledge of the head:

Nasruddin was serving as the local judge. A woman came to him with her son and complained that her son had an uncontrollable sweet tooth. She asked Nasruddin to tell the boy to stop eating sweets all the time. Nasruddin told her to bring her son back in two weeks. When they returned he simply said to the son, "Boy, I order you to stop eating sweets!"

The mother asked, "Why did you make us wait for two weeks? Couldn't you have said this to my son when we first came to you?"

Nasruddin answered, "No, I couldn't possibly have said that to your son two weeks ago."

"Why not?" asked the mother.

"You see, I love sweets myself. First I had to stop eating sweets, and only then could I tell your son to stop."

In a real sense, compassion begins at home. Nasruddin was able to teach with real compassion only after struggling with the same challenge as the boy.

Our knowledge is not complete unless we act on what we know. My first Sufi teacher Muzaffer Ozak taught that every action affects our hearts (Frager, 2009). A compassionate word or act softens and opens our hearts, while a harsh word or harmful act hardens and closes our hearts. Muzaffer Efendi added that our actions also affect the

world around us. He said every compassionate word causes a rose to bloom while every harmful word causes a thorn to grow. As our hearts begin to open, we become guided by our inner wisdom and intuition.

As our hearts open we begin to have access to the wisdom of the heart. Then it is essential to act on our inner wisdom and insight. It is important that our outer actions are in harmony with the inner process of heart opening. It is often a struggle. Even though we know how we should behave, our old habits and tendencies still affect us at times.

If we would only remember that our hearts are divine temples, we would be transformed. We would remember that we are not worldly creatures seeking the spiritual, but we are spiritual beings seeking to discover our own true nature. What we truly are, what we are all seeking, is to be found in our heart of hearts. Knowing this is the root of compassion.

If we remember that everyone's heart is a divine temple, then we would see everyone else differently and behave with far greater compassion and caring (Ozak, 1988). All our relationships would be transformed. This is the foundation for the Sufi practice of service. In serving others, we are serving the Divine in them. When we remember that the human heart is a holy shrine, we become more compassionate and heedful in all our dealings with others. Remembering to honor the heart in each person is a great discipline. It is so easy to forget.

To be a Sufi is to remember that the heart of each person is God's temple. It is to honor and serve others. Many hearts have been wounded in this world, and we can serve God's creation by working to heal those wounded hearts. This kind of compassionate service will also heal and open our own hearts as well.

One day someone asked a Sufi teacher how to reach God. The teacher replied that the ways to God are as many as there are created beings. The Sufi master went on, "The shortest and easiest is to serve others, not to bother others, and to make others happy."

Sufism gives us a spiritual context in which we can relate to others, a context based on the fundamental belief that God is within each of us (Arasteh, 1980). We can see both our own and others' faults within this context. Some people are stingy, others don't keep their word, and some have bad tempers. But that is not who we truly are. We all have good and bad habits, but our habits are

temporary. What is real and eternal is the Divine within each of us. The Truth is whatever helps us come closer to God, whatever brings out the Divine within us. That is why compassion is so important. Anything that obscures God is not Truth. From this perspective the popular psychology notions of “sharing” and unloading on others all our negative thoughts and feelings is absolutely wrong (Shafii, 1985).

If we focus on another’s faults, we will make those faults real. This affects us as well as the person we are criticizing. It closes our hearts. If we act compassionately toward someone else, we do them a service and we also do ourselves a service. For example, if someone else has a bad temper and we talk about their temper and how they have hurt others, we harm them and we also harm ourselves. Their temper may be a “fact,” but that is not who they truly are. The negative traits of the personality can be transformed, and at our core we are all divine souls.

As Sufis we should try not to let our egos get upset by someone else’s ego. We have all done this often enough in the past. Sufism teaches us to change how we see ourselves and each other. We must first see the Divine in ourselves. Once we view ourselves as having God within our own hearts, we will be able to see others with love and compassion

An Exercise for Opening the Heart

The more aware we are of our heart centers, the more our hearts become open and energized. While we are going about our daily business, we can develop the habit of blessing everyone we meet and opening our hearts to everyone.

One of my teachers suggested we think of our hearts as miniature suns that radiate light to everyone and everything we meet. We can send blessings to the trees and grass around us as well as the people we see. While our heads and our mouths are busy with conversation, we can let the light from our hearts touch and warm the hearts of others. It is as if there is a second, compassionate heart interchange that is going on beneath the conversation. Our hearts are alike; all our hearts yearn for divine light.

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Secular Compassion Training: An Empirical Review

Entrenamientos Seculares en la Compasión: Una Revisión Empírica

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Abstract

Meditation and mindfulness research has notably increased over the last 30 years and mindfulness-based interventions are now offered in health care and educational settings worldwide due to their efficacy on stress reduction, attention and affect regulation, and symptom relief. More recently, a second wave of secular contemplative trainings that include mindfulness practice but focus on the cultivation of prosocial mental states and attitudes, such as loving kindness and compassion, are attracting interest from researchers, clinicians, and the public. The emergence of these programs reflect a shift in emphasis from meditation as a stress reduction tool to meditation as a way of cultivating relational wellbeing and social transformation through training in empathy and compassion for self and others. This article reviews four contemporary secular compassion training models: the Compassionate Focused Therapy and Compassionate Mind Training developed by Paul Gilbert; the Mindful Self-Compassion program developed by Kristin Neff and Christopher Germer; the Cognitive-Based Compassion Training developed by the Emory-Tibet Partnership at Emory University; and the Compassion Cultivation Training program developed at the Center for Compassion and Altruism Research and Education at Stanford University. Relevant outcome research on the effects of each of these programs is summarized, and implications for future research are discussed.

Keywords: compassion training, self-compassion, compassion-based interventions, mindfulness, meditation

Resumen

La investigación sobre la meditación y mindfulness se ha incrementado notablemente en los últimos 30 años y actualmente las intervenciones basadas en mindfulness se ofrecen regularmente en una multitud de contextos sanitarios y educativos debido a su eficacia en la reducción del estrés, la regulación emocional y atencional y el alivio sintomático. Recientemente, una segunda ola de entrenamientos contemplativos seculares que incluyen mindfulness pero que se centran en el cultivo de estados mentales y actitudes pro-sociales, tales como el amor y la compasión, están atrayendo el interés de clínicos, investigadores y el público en general. La emergencia de estos programas refleja un cambio de énfasis desde la meditación como herramienta de reducción del estrés a la meditación como un modo de cultivar el bienestar relacional y la transformación social a través del entrenamiento en la empatía y la compasión hacia uno mismo y hacia los demás. Este artículo presenta cuatro modelos contemporáneos seculares de entrenamiento en la compasión: la Terapia Focalizada en la Compasión y el Entrenamiento de la Mente Compasiva desarrollados por Paul Gilbert; el programa de Mindfulness y Auto-Compasión desarrollado por Kristin Neff y Christopher Germer; el Entrenamiento en la Compasión Basado en la Cognición de Emory University; y el Entrenamiento en el Cultivo de la Compasión desarrollado por el Centro para la Investigación y la Educación en la Compasión y el Altruismo de la Universidad de Stanford. Se sintetizan los resultados más relevantes de los estudios de las aplicaciones de estos programas y se discuten las implicaciones para investigaciones futuras.

Palabras clave: entrenamiento en la compasión, auto-compasión, intervenciones basadas en la compasión, mindfulness, meditación

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Introduction

Since Jon Kabat-Zinn began offering the Mindfulness-based Stress Reduction (MBSR) program in 1979, most scientific publications on the effects of contemplative practices have involved some variant of mindfulness meditation, and many of these studies have involved the effects of meditation on stress reduction, symptom relief for physical and mental health conditions, and attention and affect regulation (Baer, 2003; Brown, Ryan, & Creswell, 2007; Carlson, Speca, Faris, & Patel, 2007; Grossman, Niemann, Schmidt, & Walach, 2004). Currently, more than 2,500 articles published over the last 30 years contain the term *mindfulness* in either the abstract or keywords (Black, 2014). During the last decade, the influence of mindfulness research in mainstream psychology and healthcare, and an incipient shift in emphasis in psychology from curing psychopathology to cultivating psychological well-being (Fosha, 2009; Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008) have opened space for contemplative practices that, although incorporating mindfulness, are fundamentally geared towards the generation of positive mental and emotional states and traits, such as loving-kindness and compassion (Hofmann et al., 2011; Hutcherson et al., 2008).

Loving-kindness and compassion meditation, sometimes called *generative practices*, have begun to receive attention among scientific and clinical communities (Davidson & Harrington, 2002; Gilbert, 2009; Goetz, Keltner, & Simon-Thomas, 2010; Halifax, 2010, 2012; Hofmann, Grossman, & Hinton, 2011; Lutz, Brefczynski-Lewis, Johnstone, & Davidson, 2008; Lutz, Greischar, Perlman, & Davidson, 2009). The term *generative* suggests that such practices focus on developing the ability to evoke positive mental and emotional qualities, such as loving-kindness and compassion (Duerr, 2002). Generative practices within traditional Buddhist contexts are seen as major aspects of the spiritual path (Dalai Lama & Vreeland, 2001; Salzberg, 1995) constituting an important addition to *focused or concentrative* meditation and *open monitoring or mindfulness* meditation. To date, however, they have not received equally deep consideration in Western contexts, and research on generative practices is still in its early stages.

In generative practices, the main focus is not concentration on a particular object nor keeping a nonjudgmental awareness of present-moment experience, but on the cultivation of specific emotions and attitudes that ultimately lead

to individual and collective flourishing, most prominently loving-kindness and compassion. Loving-kindness meditation (LKM) consists of developing a state of unconditional kindness for all beings, and compassion meditation (CM) involves practices that foster a deep, genuine, and embodied empathic concern in the face of suffering, together with a committed intention to ease this suffering. The cultivation of loving-kindness and compassion takes place in formal sitting meditation and also in informal practices off the cushion (i.e., cultivating compassion in everyday life outside the meditation setting), and has been praised over centuries as an essential aspect of spiritual practice. The spiritual practitioner develops these attitudes as part of his training, evoking these states by using them as the meditation object, through active imagery (e.g., imagining himself as the caring mother of all beings), and also through behavioral modification in everyday life.

Incipient research in secular loving-kindness and compassion meditation training has suggested that these practices facilitate the development of positive affect and decrease negative affect, such as anxiety and mood symptoms (Hutcherson, Seppala & Gross, 2008), and that compassion meditation may reduce subjective and physiological responses to psychosocial stress (Pace et al., 2009, 2010). Furthermore, neuroimaging studies have pointed out that both LKM and CM enhance activation of brain areas involved in emotional processing and empathy, such as the insula and the anterior cingulate cortex (Lutz, Brefczynski-Lewis, et al., 2008; Lutz et al., 2009; Lutz, Slagter, et al., 2008), and brain areas related to positive emotions, care, love, and affiliation (Klimecki, Leiberg, Lamm, & Singer, 2012). Compassion and self-compassion focused treatments have also begun to be investigated in clinical settings, showing positive preliminary results with people with high self-criticism and shame-related problems (Gilbert & Procter, 2006), schizophrenia (Mayhew & Gilbert, 2008), and social anxiety disorder (Werner et al., 2011).

This article reviews four contemporary compassion-based interventions and educational programs that have recently emerged. These programs are based in Buddhist practices but are also informed by Western psychological research and clinical practice, using a secular approach which makes them suitable for nonreligious and intercultural settings. The programs reviewed here include: Compassionate Focused Therapy (CFT) and Compassionate Mind Training (CMT), both developed by Paul Gilbert in the United Kingdom;

Mindful Self-Compassion training (MSC) developed by Kristin Neff and Christopher Germer; Cognitive-Based Compassion Training (CBCT) from the Emory-Tibet Partnership; and Compassion Cultivation Training (CCT) at Stanford's Center for Compassion and Altruism in Research and Education (CCARE). All these programs involve an experiential approach to developing compassion and self-compassion in participants gradually through a combination of meditative practices, compassionate imagery, relational exercises, reflection on different aspects of compassion, and informal practices.

Compassionate Focused Therapy (CFT) and Compassionate Mind Training (CMT)

Based on a compassion model that integrates the insights of evolutionary psychology, neurobiology, and attachment theory, Paul Gilbert has developed a psychotherapeutic model and a group-based therapeutic approach for people with shame and self-criticism (Gilbert, 2009, 2010; Gilbert & Procter, 2006). According to this model, over the course of the intervention clients develop an internal compassionate relationship with themselves to replace the blaming, condemning, and self-critical one.

Six different compassion skills are gradually developed in CFT and CMT, which involve creating feelings of warmth, kindness, and support in a range of activities (Gilbert, 2009). *Compassionate attention* involves focusing attention in a way that helps support the person - for example, focusing on positive attributes or savoring positive experiences to develop the client's appreciation and gratitude. *Compassionate reasoning* involves developing alternative thinking patterns that support a safer self-to-self relationship, thus diminishing self-criticism. *Compassionate behavior* involves engaging in concrete actions that alleviate distress and facilitate development and growth, while also taking a courageous stance to gradually being exposed to threatening stimuli, especially positive emotions. Compassionate behavior also involves becoming more process-oriented rather than goal-oriented, allowing clients to become more prone to appreciate their small efforts regardless of the specific outcome of the action. *Compassionate imagery* involves helping clients develop warm feelings and compassion for themselves through the use of images. For instance, clients are invited to imagine their *ideal* of compassion, a human or non-human image that is envisioned as sentient

and endowed with wisdom, strength, warmth and non-judgment. Sometimes clients practice exercises related to imagining themselves as a highly compassionate person, a method for embodying an alternative self-image that can slowly shape the way the person experiences herself. *Compassionate feeling* relates to experiencing compassion from others, for others, and for the self, and these feelings are evoked through the therapeutic relationship or through other skills (attention, thinking, imagery, etc.). Finally, *compassionate sensation* refers to the way the client explores the sensations in the body that are associated with compassion for others, from others, and for the self. This would involve, for example, noticing breath patterns, sensations in the chest and belly, tension or relaxation in the jaw and neck, and so forth, associated with compassionate feelings (Gilbert, 2009).

These compassionate skills are cultivated through the quality of the therapeutic relationship and also through diverse techniques and exercises, including the therapeutic relationship, guided discovery, Socratic dialogues, inference chains, function analysis, chain analysis, maturation awareness, behavioral experiments, exposure and toleration, mindfulness, guided imagery, expressive writing, and independent practice (Gilbert, 2010).

Gilbert and Procter (2006) piloted the application of a CMT program consisting of twelve 2-hour sessions of compassionate mind training with people experiencing self-criticism, shame, and self-devaluation. All the participants who volunteered for this pilot program (4 men and 5 women) were diagnosed with personality disorders and were part of a treatment program at a day hospital in the United Kingdom. The variables that were measured to assess the impact of the program included depression and anxiety, self-attacking and self-soothing, in addition to a weekly monitoring diary to record people's experiences of their self-critical and self-soothing thoughts and feelings, social comparison, and submissive behavior. Participants were assessed two times (week 1 and week 12). Three patients dropped out, leaving 6 post-test completers. The results suggested that the training had a significant effect on self-reported anxiety, depression, self-attacking, feelings of inferiority, submissive behavior, and shame. There was also a significant increase in the participants' ability to be self-soothing and focus on feelings of warmth and reassurance for the self.

In another study, Gilbert and colleagues examined the effects of this same training protocol with people who met the diagnostic criteria for

paranoid schizophrenia (Mayhew & Gilbert, 2008). Potential participants were recruited among people between ages 15 and 65 who had a diagnosis of schizophrenia, experienced hostile auditory hallucinations, and were identified from Community Mental Health Teams in the Derbyshire Mental Health NHS Trust. The researchers were particularly interested in assessing if the compassionate mind training would have an impact on the hostile auditory hallucinations. Of the seven potential participants, only three completed the CMT, and discontinuation was associated with clinical deterioration in most of the cases. Participants were outpatients, and they participated in the CMT while continuing a long-term pharmacological treatment for their psychiatric conditions. Participants were asked to complete six questionnaires which measured assessed self-attacking and self-reassuring, beliefs and intensity of voices, general symptoms, and self-compassion. Participants also kept a diary of their voice activity, self-critical and self-compassionate thoughts each week. The treatment consisted of twelve 1-hour weekly sessions offered individually to each participant. The participants showed significant decrease in depression, anxiety, and paranoia. The intervention, for those who completed the study, also had an effect on the hostile voices, making them less persecutory, less malevolent, and more reassuring. Although these two studies are suggestive of the potential of Gilbert's compassionate mind training with mentally ill populations, these results have to be interpreted with caution considering the small size of the samples, the lack of controls in both studies, and the high dropout rate.

In a more recent study, Gale, Gilbert, Read, and Gross (2012) explored the effects of introducing CFT into a standard Cognitive Behavioral Therapy treatment for eating disorders. Participants were 139 people who met the criteria for eating disorders, 101 of which completed the pre-post questionnaires. The mean age of participants was 28 years ($SD=8.67$; range=17–62 years), with 95 females and 4 males, and the majority had a diagnosis of Eating Disorder Not Other Specified EDNOS (54.5%, $n=54$), with 19.2% ($n=19$) given a primary diagnosis of anorexia nervosa, and 26.3% ($n=26$) a primary diagnosis of bulimia nervosa. The treatment involved 20 weekly sessions and included all core aspects of CFT. The instruments used in this study included The Eating Disorder Examination Questionnaire (EDE-Q), the Stirling Eating Disorder Scales (SEDS), and the Clinical

Outcomes in Routine Evaluation–Outcome Measure (CORE-OM). The authors reported significant improvements on all EDE-Q subscales (restraint, eating concern, shape concern, and weight concern; all $ps < 0.001$), and on all SEDS subscales (low self-esteem, perceived external control, anorexic dietary cognitions, anorexic dietary behaviors, bulimic dietary cognitions, bulimic dietary behaviors; all $ps < 0.004$) with the exception of the assertiveness subscale, which did not show a significant improvement. All subscales of the CORE-OM (well-being, problems, functioning, and risk) showed significant improvement ($p < 0.05$). There was also a significant impact of diagnosis at the two time points for many of the subscales, with people with bulimia nervosa improving more than those with anorexia nervosa on measures of eating concern, shape concern, weight concern, bulimic dietary behaviors, problems and functioning. In terms of the clinical significance of the program, 73% of the people with bulimia nervosa were considered *recovered* at the end of the treatment and 4% *improved*. In regard to anorexia nervosa, 21% of the group were considered *recovered*, with another 37% either making a significant improvement or scoring below the cut-off on the EDE-Q. In regard to EDNOS, 30% was considered to be recovered, with another 30% either classed as *improved* or *undetermined*. Over all, these results suggest that the introduction of a compassionate focus in treatment for eating disorders can be a valuable addition to conventional treatment, specifically in relation to dealing with feelings of shame and guilt.

Mindful Self-Compassion (MSC)

Neff and Germer (2013) proposed that “self-compassion involves being touched by one’s own suffering, generating the desire to alleviate one’s own suffering and treat oneself with understanding and concern” (p. 1). The cultivation of self-compassion depends, in this framework, on cultivating its three components: kindness towards oneself (the tendency to be caring and understanding with self), common humanity (seeing one’s failures and inadequacies as part of the shared human experience), and mindfulness (being aware of and present with of one’s experiences without over-identifying with them). Previous correlational studies have found that greater self-compassion predicts lower levels of anxiety and depression (Neff, 2012), decreased cortisol and increased heart-rate variability (an

indicator related to the ability to self-soothe when stressed, and that is associated with mental and physical health; Rockliff, Gilbert, McEwan, Lightman, & Glover, 2008). Self-compassion has correlated with less rumination, perfectionism, and fear of failure (Neff 2003a). Self-compassionate people are also more willing to acknowledge their negative emotions as valid and important and show less thought suppression (Leary, Tate, Adams, Allen, & Hancock, 2007).

Neff and Germer (2013) developed a workshop they called Mindful Self-Compassion (MSC) designed for clinical and nonclinical populations that consists of eight 2-hour weekly meetings in which formal (sitting meditation) and informal self-compassion exercises are taught. Each class combines experiential exercises and discussion periods, which are complemented with homework practices oriented to cultivating a self-compassionate attitude. One session in the 8-week course is exclusively devoted to teaching mindfulness skills, considered foundational.

In the first published report on a randomized controlled trial of the MSC (Neff & Germer, 2013), 54 adults were recruited from the greater Boston area. Participants were randomly assigned to the MSC ($n=24$) or a Wait-List control group ($n=27$). The authors hypothesized that the MSC would produce significant increases in self-compassion, mindfulness, other-focused compassion, social connectedness, happiness, and life satisfaction, as well as a decrease in depression, anxiety, stress, and avoidance. Pre-, post-, and 6-month and 1-year follow-up measures were used to assess changes in these variables. The reported results indicate that the MSC group demonstrated improvements on all the predicted outcomes ($p < .05$). Compared to controls, the MSC group showed significantly greater gains in self-compassion, mindfulness, compassion for others, and life satisfaction, as well as decreases in depression, anxiety, stress, and avoidance (medium to large effects size in all variables, except from stress reduction, which showed small effect size). Group differences were not significant for social connectedness and happiness. All positive changes in the intervention group were maintained after 6 months and 1 year. Self-compassion was significantly associated with well-being gains for every outcome except avoidance, which was predicted by increased mindfulness. Finally, increases in self-compassion were significantly related to the number of days a week that participants meditated as well as the number of times per day they formally practiced self-compassion ($p < .05$). Despite some important

limitations in this study (e.g., use of a homogenous sample mostly composed of middle-aged highly educated women with previous meditation experience), the reported results suggest that self-compassion is an emotional skill that can be trained over a relatively short time and can be stabilized as an attitude that is sustained over time. The increasing amount of research that points towards self-compassion as a strong predictor for individual and interpersonal well-being (for a review see Neff, 2012), and the association between self-compassion and compassion for others, confirms the theoretical assumptions about the centrality of cultivating a self-compassionate stance within the context of cultivating compassion for others.

Cognitive-Based Compassion Training (CBCT)

CBCT was developed by the Tibetan Lama Geshe Lobsang Tenzin Negi, director of the Emory-Tibet partnership at Emory University. This program is based on traditional Buddhist methods for cultivating compassion. This program includes meditation practices adapted from mind/heart training techniques (*lojong*) largely derived from the writings of Indian Buddhist masters Shantideva (8th century) and Atisha (11th century). According to Jinpa (2011), *lojong* practices are characterized by:

the salient idea of transformation, whereby a process of training, habituation, cultivation, and cleansing induces a profound transformation—a kind of metanoesis—from the ordinary deluded state, whose modus operandi is self-centeredness, to a fundamentally changed perspective of enlightened other-centeredness. (p. 4)

The core of these practices is to transform egocentric thoughts, emotions, and behavior patterns that are harmful for self and others into thoughts, emotions, and behaviors that are beneficial (Desbordes et al., 2012). These *lojong* teachings were structured into the 8-week CBCT program that include the following weekly steps: developing attention and stability of mind; cultivating insight into the nature of mental experience; cultivating self-compassion; developing equanimity; developing appreciation and gratitude for others; developing affection and empathy; realizing wishing and aspirational

compassion; and realizing active compassion for others (Ozawa-de Silva & Dodson-Lavelle, 2012).

In a series of studies, Pace et al. (2009, 2010) explored whether CBCT had an impact on immune and neuroendocrine response to social stress. In their first study, 61 college students were recruited and randomly assigned to a 6-week CBCT group ($n=33$) or to a health discussion control group ($n=28$). The meditation training, which consisted of a 50-minute class twice a week plus commitment to a 20-minute daily meditation practice at home, also involved concentration and mindfulness which complemented the analytical meditations specific to compassion enhancement. Participants' behavioral and physiological responses were measured via a standardized laboratory stressor (Trier Social Stress Test [TSST]), which reliably activates the hypothalamic-pituitary-adrenal (HPA) axis and sympathetic nervous system. Plasma concentrations of interleukin (IL)-6 and cortisol (both substances related to stress and inflammatory response), as well as total distress scores on the Profile of Mood States (POMS), were measured.

The results (Pace et al., 2009) showed no significant difference between meditation and control groups on TSST responses for IL-6, cortisol, or POMS scores. Nevertheless, increased meditation practice was correlated with decreased physiological and psychological activation using the same measures ($p < 0.01$). Participants with meditation practice times above the median exhibited lower TSST-induced IL-6 and POMS distress scores compared to individuals below the median, who did not differ from controls. Although these results suggest that cognitive-based compassion training may reduce stress-induced immune and behavioral response, this study's generalizability is limited due to the specificity of the population, and its construct validity was challenged in terms of whether a health discussion group is an adequate control for compassion cultivation training, and by the fact that the TSST was applied after and not before the compassion training. The latter allows for the possibility that participants with a lower innate stress response prior to the training might have been inclined to practice compassion meditation more intensely than those who showed a higher stress response.

To address this last possibility, a follow-up study was conducted using a different sample of 32 healthy college students (Pace et al., 2010) in an identical design, except that the TSST was applied before and not after the compassion training. This time, no association was found between stress response and subsequent amount of compassion

meditation practice, which suggested that compassion training effectively reduces subjective and physiological responses to psychosocial stress. However, the aforementioned questions regarding adequacy of the control condition were maintained. Compared with the highly structured compassion cultivation intervention, which was guided by an experienced meditation instructor, the health discussion group lacked a structured description and was taught by graduate students most likely with little expertise, which makes the control comparison questionable.

Testing the hypothesis that sustained meditative experiences translate into lasting neurological and attitudinal changes outside the meditation session, the Emory group recently designed a study on the effects of CBCT on amygdala response to emotional stimuli in an ordinary state (Desbordes et al., 2012). The amygdala is a neural structure implied in the processing of emotional stimuli of positive and negative valence, and a few previous studies had suggested that meditation had an effect in amygdala activation (Klimecki et al., 2013; Lutz et al., 2009), but those effects were measured during the meditative states. Desbordes et al. (2012) compared the effects of three different 8-week interventions (CBCT, Mindful Attention Training [MAT], and an active control intervention group consisting of a health discussion group) on 36 healthy adults who were randomized to these three groups. All subjects participated in 2 hours of class time per week, and participants in the CBCT and MAT conditions were asked to practice meditation for an average of 20 minutes a day. Before and after the intervention, participants underwent an fMRI experiment during which they were presented images with positive, negative, and neutral emotional valences from the International Affective Picture System database (IAPS) while remaining in an ordinary, non-meditative state. Along with fMRI measures, participants filled out the Beck Depression Inventory (BDI-II) and the Beck Anxiety Inventory (BAI) before and after the 8-week intervention. Those in the CBCT and MAT groups were asked to report on a daily basis the amount of time they spent practicing meditation at home.

Using a region of interest analysis, the authors found a longitudinal decrease in amygdala activation in the MAT participants in response to positive, neutral, and negative images, which can be related to the emotion-regulation effect of mindfulness training. In contrast, the CBCT group showed a trend increase in right amygdala response to negative images, which was

significantly related to a decrease in depression score, and this correlation between reduced depression and increased amygdala activation was stronger in CBCT participants who reported more minutes of practice per week. This is consistent with the hypothesis that images of suffering should inspire more compassion in the participants after compassion training, which may itself be related to an increase in amygdala activation. Previous studies had correlated compassion with amygdala activation in expert meditators (Lutz, Brefczynski-Lewis, et al., 2008). Although the effect sizes were small—which might have been influenced by the small size of the groups and the fact that brain images were taken in a normal state—these findings suggest that meditation training may affect emotional processing in everyday life, and not just during meditation.

The CBCT protocol has also recently been adapted to other populations, including elementary school children; youth in the foster care system; stress and trauma for war victims in Kosovo; and suicide attempters in a hospital in Atlanta. There are currently on-going studies investigating the effects of compassion training in these populations

Compassion Cultivation Training (CCT)

Tupten Jinpa, a former lama and Tibetan scholar, developed Compassion Cultivation Training (CCT) in collaboration with psychologists at Stanford's Center for Compassion and Altruism in Research and Education. This program, like CBCT, is based in Tibetan Buddhist *lojong* teachings aimed at transforming the practitioners' view from a self-centered to an altruistic one. Compassion is understood in CCT as a multidimensional process whose main components are awareness of the suffering of others (cognitive aspect); empathic concern related to being moved by suffering (affective aspect); a wish to see the suffering relieved (intentional aspect); and a responsiveness or readiness to help relieve that suffering (motivational aspect; Jinpa, 2010). Consequently, the cultivation of compassion in CCT involves a multidimensional approach that uses a variety of didactic and experiential components to gradually incline the participants' minds toward compassion. The CCT structure involves six steps spread throughout 8 weeks or 9 weeks.

Step 1 involves settling the mind and learning to focus it. Steps 2 through 5 pertain to actual compassion cultivation. They are loving-kindness and compassion for a loved one (step 2);

loving-kindness and compassion for oneself (step 3); establishing the basis for compassion toward others by embracing shared common humanity and appreciating the deep interconnectedness of self and others (step 4); and compassion toward others, including all beings (step 5). These are followed by active compassion practice (step 6), which involves imagining taking away others' pain and sorrow, and offering to them one's own peace and happiness. Finally, in week 8, the course offers an integrated practice where a complete daily compassion meditation is presented. Participants meet once a week for 2 hours, and in each session the instructor introduces a new formal meditation that participants practice during the following week with the help of audio recordings. Besides the meditation practice, each session normally includes didactic on the key concepts introduced that week, relational exercises, a review of the previous week's homework, and a new home assignment, including formal (sitting meditation) and informal practices (applying the course ideas in everyday life).

A research team at Stanford has published two studies on the effects of CCT (Jazaieri et al., 2012, 2013). Both studies used the same sample and research design, which consisted of a randomized controlled trial with healthy adults from the San Francisco Bay Area (ages 21–68, mostly Caucasian, female, and with postsecondary education). Potential participants had to pass a screening procedure that excluded individuals who identified bipolar, major depressive disorder, psychosis, or active suicidal ideation. Participants were randomly assigned to an experimental group ($n=60$) that went through a 9-week version of the compassion cultivation training (CCT), or to a waitlist (WL) control group ($n=40$). Nine of 60 (15%) participants assigned to CCT dropped out of the program, and 10 of 40 (25%) participants assigned to WL dropped out.

In the first study (Jazaieri et al., 2012) to evaluate changes in compassion, Neff's Self-Compassion Scale (Neff, 2003b) and Gilbert's Fears of Compassion Scales (Gilbert et al., 2011) were used at baseline and after the intervention ended. Compared to baseline, the CCT group exhibited significant improvements on all three aspects of compassion measured after the CCT course ($p < 0.001$). The waitlist group did not show significant improvement in any of these measures. This trial showed a significant correlation between amount of formal practice and a decrease in fears of compassion for others ($p < 0.05$).

In the second study (Jazaieri et al., 2013), the researchers assessed changes in mindfulness,

affect, and emotion regulation from pre- to post-intervention. For assessing changes in mindfulness, they used the Kentucky Inventory of Mindfulness Skills (KIMS; Baer, Smith, & Allen, 2004) and the Experiences Questionnaire (EQ; Fresco et al., 2007); to assess affect, they used the Penn State Worry Questionnaire (Meyer et al., 1990), the Perceived Stress Scale (PSS-4; Cohen, Kamarck, & Mermelstein, 1983), and the Subjective Happiness Scale (SHS; Lyubomirsky & Lepper, 1999); and to assess changes in emotion regulation they used the Emotion Regulation Questionnaire (ERQ; Gross & John, 2003). Compared to baseline, the CCT group showed increased mindfulness and decreased over-identification with their thoughts (KIMS and EQ: $p < .001$), while the WL group did not change significantly. In terms of affect, CCT participants presented significant decreases in worry ($p < .001$) but no significant changes in happiness or perceived stress. In terms of emotion regulation strategies, CCT participants significantly decreased the frequency of emotional suppression ($p < .001$), whereas cognitive reappraisal frequency did not change significantly. Despite the anticipated limitations of the design (homogeneous sample, lack of active control group, exclusive use of a few self-report measures), these two studies by Jazaieri et al. (2012, 2013) offered initial evidence that compassion training can take place in a relatively short period of time, and that this training could be effective in enhancing psychological well-being and emotional regulation.

More recently, we investigated the effects of the first implementation in Spanish of CCT with a community sample in Santiago de Chile (Brito, 2014). This study involved 82 participants allocated in three different groups: A compassion cultivation training group (26 participants), a randomized waitlist control group (24 participants) and an active matched control group trained in an 8-week Mindfulness-Based Stress Reduction program (MBSR; 32 participants). The groups were assessed using measures of Psychological Wellbeing (depression, anxiety, stress, life satisfaction, and happiness), Contemplative Skills (mindfulness and self-compassion), and Altruistic Orientation (empathic concern, empathic distress, cognitive empathy, compassion for others, and identification with all humanity) at baseline, post-intervention, and 2-month follow-up.

Whereas the waitlist group did not show statistically significant pre-post changes in any outcome measure, CCT participants showed significant improvements in all three areas:

Psychological Wellbeing (decreased depression and stress [$ps < .001$], increases in life satisfaction and happiness [$ps < .05$], and a trend toward significance for decreased anxiety [$p < .07$]); Contemplative Skills (increased mindfulness and self-compassion; $ps < .001$), and Altruistic Orientation (increased cognitive empathy, empathic concern, compassion for others, and identification with all humanity; and decreased empathic distress; all $ps < .005$). All positive changes were maintained 2 months after the intervention. The MBSR comparison group also presented significant enhancements in psychological well-being and contemplative skills after the training; however, this group did not significantly change in empathic concern, compassion for others, and identification with all humanity.

Taken together, these results suggest that CCT is a promising intervention that is adaptable to diverse cultural contexts, and that there are important benefits of compassion training at the individual and relational level, positively influencing the participants social contexts.

Discussion

This review of the available outcome research on contemporary compassion-based interventions provides a general perspective of the potential benefits of compassion training in secular settings. Although important limitations in most of the reviewed studies (e.g., use of small samples, lack of adequate controls, almost exclusive use of self-report measures, lack of qualitative data to complement quantitative data, lack of follow-up measures, and homogeneity of the samples) reflect the early stage of development of this field, emerging trends deserve attention. The reviewed studies suggest that compassion and self-compassion are attitudes that can actually be enhanced in clinical and nonclinical populations through structured interventions, and that this enhancement is correlated with increases in individual and relational well-being and mental health.

Most of the reviewed programs explicitly integrate meditation as an active part of the interventions, which suggests a growing openness to explore and utilize practices derived from contemplative traditions, especially when these practices are presented in a secular format and are associated with perceptible benefits. This is yet to be explored in the case of mentally ill populations, taking into consideration that in the research

available (notably Gilbert's), samples are too small and drop-off rates too high to extract general conclusions. Another trend in this body of research is that the amount of time dedicated to home practice is directly related with how much benefit participants get from the program. Simply participating in a compassion training program seems not to guarantee change, but when personal engagement exists, the compassion cultivation trainings seem to have enduring effects, turning the compassionate states into traits that manifest outside meditation sessions.

Compassion has been of central interest for humankind for millennia, being a key element in world religions, emerging as a recurring topic in Western and Eastern philosophy, and, most recently, entering the field of psychology and scientific inquiry. At the same time that current evolutionary psychology has offered a plausible framework within which prosocial emotions like compassion can be demystified and naturalized as constitutive aspects of the human experience, neuroimaging technology has provided the concrete opportunity to observe the neural correlates of these emotions, enhancing the legitimacy of their study. More recently, contemplative traditions and modern science have begun to co-create initiatives to make transformative practices available for wider audiences, as it is the case with the Center for Compassion and Altruism Research and Education (CCARE) at Stanford University and the Emory-Tibet Partnership.

The success and widespread popularity of the MBSR program and related meditation programs in the last 30 years have changed the territory of Western psychology and turned meditation into a mainstream practice. In the last few years, compassion-based trainings are emerging as a second wave of secular meditation trainings, which are not merely focused on stress reduction at the individual level, but on generating positive qualities of the heart and enhancing empathic, loving, and compassionate relationships, offering a concrete tool to shift social interactions in the direction of increased empathy and care. The socially transformative focus of contemporary compassion trainings does not deny but includes and transcends the mindfulness-based practices which calm the stress-reactivity at the individual level. Further research geared toward assessing the real-world impact of compassion trainings will be needed to determine if these methodologies can bring effective social transformation.

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Reflections on Compassion

Ego and Spirit, the Head and Heart of Compassion

Ego y Espíritu, la Cabeza y el Corazón de la Compasión

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Abstract

This essay examines reasons why the ego has often been blamed for standing in the way of compassion and discusses spiritual practices that can help the ego participate more fully in the life of compassion. Attention is given to two illusions that predispose the ego to be resistant to compassion, the illusion of self-proximity and the illusion of self-sovereignty. The illusion of self-proximity leads the ego to overvalue itself in relation to others, and the illusion of self-sovereignty causes the ego to be resistant to the fully awakened presence of spirit, the (assumed but unspecified) source of compassionate feelings. In focusing on the illusions of self-proximity and self-sovereignty, the essay discusses two spiritual practices the purposes of which are to eliminate these illusions, the practice of loving kindness (which works to eliminate the illusion of self-proximity) and the practice of beckoning a higher power (which works to eliminate the illusion of self-sovereignty). The primary thesis of the essay is that it is only by eliminating the illusions of self-proximity and self-sovereignty that the ego is able to enter into full partnership with spirit in the life of compassion. This partnership is a two-in-one union of the ego and spirit in which the ego is the "head," the rational mind and disciplining will, and spirit the "heart," the outreaching love, of compassion.

Keywords: ego, compassion, spiritual development, meditation, prayer

Resumen

Este ensayo examina algunas razones por las que el ego ha sido a menudo culpado de interponerse en el camino de la compasión, y analiza las prácticas espirituales que pueden ayudar a que el ego participe más plenamente en la vida de la compasión. Se presta atención a dos ilusiones que predisponen al ego para ser resistente a la compasión: la ilusión de la auto-proximidad y la ilusión de la auto-soberanía. La ilusión de la auto-proximidad conduce al ego a sobrevalorarse a sí mismo en relación a los demás, y la ilusión de la auto-soberanía hace que el ego sea resistente a la presencia totalmente despierta del espíritu, la (supuesta, pero no especificada) fuente de los sentimientos de compasión. Al centrarse en las ilusiones de auto-proximidad y la auto-soberanía, el ensayo analiza dos prácticas espirituales cuyo objetivo es eliminar estas ilusiones, la práctica de la bondad amorosa (ejercida para eliminar la ilusión de auto-proximidad) y la práctica de convertirse en un poder superior (ejercida para eliminar la ilusión de la auto-soberanía). La tesis principal de este ensayo afirma que sólo mediante la eliminación de las ilusiones de auto-proximidad y la auto-soberanía el ego es capaz de entrar en plena colaboración con el espíritu en la vida de la compasión. Esta asociación es una unión de dos-en-uno del ego y el espíritu, en el que el ego es la "cabeza", la mente racional y la voluntad disciplinada, y el espíritu es el "corazón", el amor de contactos directos, de la compasión.

Palabras clave: ego, compasión, desarrollo espiritual, meditación, oración

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The ego has a bad reputation in writings on spirituality. It is often blamed for ignorance, selfishness, and sin. In this vein, it is often alleged that the ego is responsible for our failures to be as compassionate as we could be. This allegation is not without some truth, for it cannot be denied that the ego does often stand in the way of compassion. However, the truth of the allegation is only partial, for, I suggest, the ego need not stand in the way of compassion and in fact plays an essential role in the life of compassion. In this essay I argue that the ego and spirit play complementary—equally necessary, mutually completing—roles in the life of compassion, the ego being the head (mind and will) and spirit the heart (outreaching love) of compassion.

I begin by defining “ego,” “spirit,” and “compassion” so that we can be clear about the sense in which the ego and spirit play complementary roles in the life of compassion. The definitions are set forth in italics and are followed by brief comments.

The ego is the subject of consciousness and an agency that performs cognitive and volitional functions.

As the subject of consciousness, the ego is that in us that experiences what is presented to consciousness. It is the “experiencer,” the “I” that is each person’s innermost individual self. As an agency that performs cognitive and volitional functions, the ego is that in us that thinks (e.g., analyzes, infers, tests, deliberates) and that exercises will (e.g., decides, yields to or controls feelings and desires, takes action in the world). Being the subject of consciousness is what the ego most basically *is*; performing cognitive and volitional functions is what the ego most basically *does*.

Spirit is the energy that draws us together as conscious beings with a common life.

Whereas the ego is that in us that makes each of us a unique individual I or self, spirit is that in us that draws us together as conscious beings sharing a common life. Spirit is inherently outreaching and life-affirming. When spirit expresses itself through us, we are moved to reach beyond ego boundaries and enter into close relationship with others in promotion of life interests we share with others—all others. Spirit is thus the power of love.

Compassion is experiencing the feelings of others in a way that prompts action promoting life interests shared with others.

Compassion is experiencing the feelings of others *as if they were one’s own*. The emphasis is added because it is only when the feelings of others are experienced as if they were one’s own that one is motivated to act in behalf of others by promoting their interests or, more precisely, their *life* interests, the interests in which all of us share. Compassion is thus experiencing the feelings of others in an action-prompting, life-interest-promoting way. I believe that this general formulation holds no matter what the feelings of others might be. For example, in experiencing the suffering of others, compassion would prompt one to alleviate the suffering; in experiencing the kindness of others, compassion would prompt one to support the kindness; in experiencing the arrogance of others, compassion would prompt one to confront the arrogance; and in experiencing the hatred of others, compassion would prompt one to do whatever is necessary to bring an end to the hatred. As these examples indicate, compassion is not always “tender love”; it is frequently “tough love.” Tender love and tough love are two equally important expressions of compassion, the former promoting life interests shared with others in a direct way, the latter promoting life interests shared with others in an indirect way, by overcoming barriers that stand in the way of those interests.

There is nothing in these definitions of “ego,” “spirit,” and “compassion” that would indicate that the ego need stand in the way of compassion. In fact, taken together the definitions imply that there can be no compassion without an ego. The definitions have this implication, first, because there can be no experiencing of another’s feelings without an ego, an experiencer, to do the experiencing. Compassion can occur only when one experiencing subject or self is drawn to another by spirit and experiences what the other experiencing subject or self is feeling. The ego is thus a necessary condition of compassion.

A second reason why the definitions set forth imply that there can be no compassion without an ego is that compassion requires not only an ego to experience another’s feelings but also an ego to perform cognitive and volitional functions. Without an ego to exercise mind and will, loving feelings would be completely blind and impulsive, of benefit, if to anyone, only to the nearest possible recipient, however worthy or unworthy. There

must be an ego to understand which possible recipients of compassion are most pressingly in need of tender or tough love and what kinds of actions would do these recipients the greatest good. Additionally, there must be an ego to ensure that, by exercise of will, compassion is in fact channeled to the recipients most pressingly in need and is in fact expressed in actions that do the greatest good. There can be no compassion without an ego because compassion requires not only the heart of spirit but also the head, the mind and will, of the ego.

This point made—and it is the major point of the essay—the following obvious question arises: Why, if the ego is thus necessary for compassion, does it have such a bad reputation in writings on spirituality? I propose two answers. The first is that the ego experiences not only compassionate feelings prompting it to contribute to the welfare of others but also self-regarding impulses prompting it to pursue its own welfare. Compassionate feelings reflect the instinct of species (or group) preservation; self-regarding impulses reflect the instinct of self-preservation. These instincts need not be in conflict. In principle it is possible to promote the welfare of others without neglecting one's own welfare and to promote one's own welfare without neglecting the welfare of others. Species preservation need not be self-sacrificial, and self-preservation need not be selfish. However, the fact is that the two instincts in question *are* frequently in conflict, for in most people the instinct of self-preservation is much stronger than and too often overrides the instinct of species preservation. The examples of parents who sacrifice themselves to save their children or of soldiers who sacrifice themselves to save their fellow soldiers are exceptions that prove the rule. Regrettably but understandably, most people most of the time are so strongly interested in their own welfare that they are neglectful of the welfare of others.

This weakness of the species-preserving instinct when compared to the self-preserving instinct is to a large extent due to an illusion of self-importance arising from the proximity of one's own self. Just as the telephone pole next to which one is standing seems larger than all the others, so one's own self, to which one is closer than close, seems more important than all other selves. We—unlike very young children—are able to take the perspective of other people, especially if we are disposed to try. However, when we do take the perspective of others and begin to see what they see and feel what they feel, we do so from afar and, owing to the illusion of self-importance, tend to feel their feelings less strongly than we feel our

own and, therefore, to view their needs as less important than our own. Later I offer some thoughts about how the illusion of self-importance might be overcome. Here it suffices to suggest that this illusion plays a major role in our tendency to feel self-regarding impulses much more strongly than we do other-regarding or compassionate feelings.

The second answer to the question about the ego's bad reputation is that ordinarily—that is, before spiritual awakening—the ego is to a significant extent out of touch with spirit. Ordinarily, the ego is unaware of spirit as a power at work within the soul, let alone as a power in relation to which the ego is an inferior power. Although the ego's compassionate feelings are expressions of spirit, the ego does not recognize them as such. The ego thus ordinarily experiences spirit without awareness that it is in fact spirit that it experiences. If the ego does have any of awareness of spirit, it ordinarily does so only vaguely, as an unknown attractor for which it might long or to which it might pray. Thus out of touch with spirit, the ego knows no power within the soul greater than itself; and for this reason it suffers from the illusion of being the sovereign power of the soul.

This illusion of self-sovereignty predisposes the ego to be threatened by spirit should spirit ever manifest itself within the soul with sufficient power for the ego to realize that spirit, not it, is in fact the sovereign power of the soul. The ego, accustomed to the presumption of sovereignty, is understandably resistant to any power that would disabuse it of this presumption. Now because spirit is the source of compassion, any resistance on the part of the ego to spirit must be counted as resistance to compassion, at least to compassion in the fullness of spirit's expression. The ego thus stands in the way of spirit and, therefore, compassion so long as it is either (1) out of touch with spirit sufficiently not yet to realize that spirit is the source of compassion and the sovereign power of the soul or (2) in touch with spirit sufficiently to be aware of these facts about spirit but nonetheless still sufficiently attached to its own presumption of sovereignty to be resistant to spirit's superior power.

Bringing together our two answers to the question about the ego's bad reputation, we can say that the ego has this reputation in large part because, owing to the illusion of self-importance, it tends to give self-regarding impulses priority over other-regarding feelings and because, owing to the illusion of self-sovereignty, it tends to be at odds with spirit in the fullness of spirit's expression. Under the spell of these illusions, the ego is subject to ignorance (both illusions), selfishness (the illusion of self-importance), and sin (the illusion of

self-sovereignty). The ego must for this reason dispel these illusions if it is to overcome its bad reputation. Unfortunately, the illusions of self-importance and self-sovereignty are deep-seated and not easily dispelled. Fortunately, though, there are spiritual practices that work against these illusions and in time can dispel them. Two such practices in particular are especially effective because they directly target the illusions in question. The first is the practice of loving kindness, which targets the illusion of self-importance; the second is the practice of beckoning a higher power, which targets the illusion of self-sovereignty.

The practice of loving kindness

In this practice the ego seeks to become more compassionate by *trying to be* more compassionate. It does so by practicing charity, generosity, good will, or, to adopt the Buddhists' way of referring to it, loving kindness (Pali: *mettā*). Loving kindness can be practiced both in meditation and in action. In meditating on loving kindness, the ego focuses on others in an attempt to elicit feelings of loving kindness for them. It is easy to elicit such feelings in meditating on people who are near and dear. The challenge is to widen the range of people for whom feelings of loving kindness come forth, so that in the end no one is left out. Compassion grows not only when compassionate feelings occur more often and grow stronger but also and perhaps especially when the range of compassion widens.

There are many ways to meditate on loving kindness. One way that is both powerful and simple is to employ the imagination in an effort to experience what it would be like to be other people, people of all sorts. In this meditation the ego uses the imagination to project itself into other people's lives, seeking both to see and to feel as they do. Practicing this meditation requires the suspension of negative judgment. Negative judgment creates distance, and in the meditation we are describing—let us call it “vicarious imagining”—the ego uses the imagination to get so close to others that in imagination it *becomes* others, even others whom the ego would ordinarily find offensive or reprehensible. In practicing vicarious imagining the ego is attempting to become others so that, in seeing what they see and feeling as they feel, it can begin caring for them as it cares for itself.

To recall, compassion involves not only tender but also tough love. This point bears repeating here because the instruction to suspend negative judgment in practicing vicarious imagining

does not imply that negative judgment is in itself inappropriate. In particular, it does not imply that all people are inherently good and deserving of tender love. Again, suspension of negative judgment is simply an expedient for eliciting compassionate feelings for the widest possible range of people. The purpose of suspending negative judgment is to be able to feel compassion even for people who might merit negative judgment, people for whom compassion would properly be tough rather than tender love, love of intervention or discipline rather than of affirmation or service.

Practicing loving kindness in action, as in meditation, is an attempt to elicit the very feelings that are being practiced. The ego seeks to “do good unto others” not because that is what the ego should do or because the ego will accrue merit for doing so but rather because doing good unto others is what the ego wants—or, rather, is *trying* to want—to do. The point of practicing loving kindness in action is to learn to experience satisfaction in acting in behalf of others, whether by working to reduce their suffering, to increase their happiness, or, with tough love, to help them free themselves from harmful feelings and behaviors. For most people such attempts to act with loving kindness are more a matter of effort than satisfaction in early stages of practice. However, as practice deepens, more and stronger compassionate feelings arise and the balance gradually swings in the opposite direction.

Practicing loving kindness, whether in meditation or in action or both, is one of the principal endeavors of the world's religions. Mention has already been made of Buddhism, for which the *Karaniya Metta Sutta*, the Buddha's discourse on loving kindness, is the foundational text encouraging the practice. In Buddhism loving kindness is one of two primary forms of meditation, the other being the practice of mindfulness leading to insight. These two forms of meditation are said to complement each other and to cultivate a balanced enlightenment rich in both love and wisdom. In Hinduism loving kindness is the focus of one of the major forms of yoga, bhakti yoga, which puts love into practice in meditation, ritual, and action. Perhaps the most influential spiritual classic of Hinduism, the *Bhagavad Gita*, extols bhakti yoga as the most direct and powerful route to liberation. In turn, in Christianity loving kindness is practiced as the second of the two greatest commandments of the religion. After enjoining his followers to love God, Jesus enjoined them to “love your neighbor as yourself” (Matthew 22:35–40, Mark 12:28–34). According to Christianity, these two forms of loving practice eclipse in importance

anything else one might do in seeking to lead a spiritual life.

Practicing loving kindness leads to growth in compassion because the attempt to love others is self-potentiating, which is to say, it produces rather than exhausts love. The more one tries to love others the more love one has for others. Trying to love others taps into hidden resources of love, transforming what hitherto was potential loving energy into actual loving feelings. Practicing loving kindness thus fills rather than empties the well of love. It produces increasingly strong pulsations of energy that arise from the depths of the soul and flow outward to others through the agency of the ego, as loving feelings that draw the ego to others. The ego practicing loving kindness may be surprised to discover that such resources of love exist within the soul.

The ego, in thus growing in compassion for others, at the same time grows in understanding of the true measure of its own importance. The increasingly strong feelings of love for others that the ego experiences lead the ego to understand — not only abstractly but also experientially— that it is no more important than others. These feelings awaken the ego to the fact that it shares a common life with others, a life that is equally valuable in all who participate in it. The ego's proximity to itself is thus put in proper perspective, as a proximity of psychological distance only, not of value or importance. In this way the practice of loving kindness eventually dispels the illusion of self-importance.

It is worth noting that the practice of loving kindness, although not aimed directly at the illusion of self-sovereignty, can in time dispel this illusion as well. It can lead to this result because the ego, in practicing loving kindness, may eventually arrive at the insight that the increasingly strong feelings of love that upwell from depths within the soul arise from a source lying beyond the ego itself. The ego may eventually come to see that these feelings, rather than being generated by itself, as its own feelings of love for others, are instead expressions of a previously invisible power that is now awakening within the soul. The dawning of this insight, if and when it occurs, brings the ego to understand that it is neither alone nor supreme within the soul, that it shares the soul with another, superior power. The practice of loving kindness can thus disabuse the ego of its presumption of being the sovereign power of the soul. This point made, let us now turn to the practice of beckoning a higher power, which takes direct aim at the illusion of self-sovereignty.

The practice of beckoning a higher power

The practice of beckoning a higher power has two major stages: (1) the stage of beckoning proper, which occurs before the higher power has manifested itself; and (2) the stage of adapting to the higher power, which occurs after the higher power has manifested itself. In the first stage the ego prayerfully invites or meditatively awaits the manifestation of a higher power, something that is greater than the ego and that, the ego believes, will ground, enlighten, redeem, or complete it. In the second stage the ego, having begun discernibly to experience the higher power it had beckoned, seeks to conform itself to this power to avoid, as the lesser power, being affected harshly by it.

The first stage of practice can be undertaken in many ways. Most types of prayer and meditation are exercises that beckon a higher power, which might be understood personally or impersonally, as a daemon, God, the holy, Brahman, sacred emptiness, undifferentiated consciousness, and so forth. Such exercises can take the form of devotional outreach to a personal god (e.g., most forms of religious prayer) or of alert attention awaiting the manifestation of a higher plane of consciousness or reality (e.g., many Hindu and Buddhist meditations leading to breakthrough absorptions or insights) or of silent receptivity poised for the manifestation of a higher spiritual being (e.g., Roman Catholic prayer of quiet). Whatever specific form it takes, the first stage of the practice of beckoning a higher power has two purposes. It has the primary purpose of eliciting contact with the higher power and the allied purpose of preparing for such contact by adopting a posture of receptivity, either a posture of reverent submission (when beckoning a personal god or higher spiritual being) or a posture of non-resistant openness (when beckoning a higher plane of consciousness or reality).

The second stage of the practice of beckoning a higher power begins once beckoning proper has led to discernible contact with the power. Substituting "spirit" —understood in a sense sufficiently wide to include both personal and impersonal interpretations— for "higher power," we can say that the ego now meets spirit face to face. This meeting with spirit can be more or less gradual or sudden, more or less gentle or harsh. For present purposes, it will be helpful to assume a sudden and harsh manifestation, not because such a manifestation is the rule —it may be a rare exception— but rather because such a manifestation throws into relief two substages through which the second stage of the practice of beckoning a higher power

can pass. The substages are these: (1) the substage of spirit's tough love of the ego, which removes the ego's resistance to spirit and, therefore, to compassion; and (2) the substage of spirit's tender love of the ego, which helps the ego grow in spirit and, therefore, in compassion. These two substages lead to the culminating goal of ego-spirit union, which fully realizes the life of compassion.

The substage of spirit's tough love of the ego is so described because the ego, in meeting spirit face to face, immediately understands not only that it is much more out of conformity with spirit than it had assumed but also that it needs spirit's disciplining help, spirit's tough love, if it is to achieve conformity. No matter how hard the ego might have worked to establish a posture of receptivity to spirit in advance of meeting spirit face to face, it finds, once it has experienced spirit directly, that it is deeply resistant to spirit's superior power. This resistance constitutes a challenge to spirit; and the ego, as the lesser of the two powers, must lose the challenge, again and again. Spirit in this way disciplines the ego, helping it overcome its resistance.

Specifically, spirit disciplines the ego to help it overcome its continuing tendency to revert to its previous presumption of sovereignty and to help it eliminate countless defenses and habits that oppose spirit because they were developed on the basis of that presumption. When the ego reverts to the presumption of sovereignty, spirit, in opposite and more powerful fashion, asserts sovereignty over the ego, overpowering it and thus forcing it to recognize its lesser status. When the ego's defenses try to keep spirit at bay, spirit breaks through the defenses, wounding the ego and causing it anxiety. When the ego's habits constrain spirit, spirit disables the habits by arresting or derailing them, thus undermining many of the ego's developed response routines. In these and other ways, spirit humbles and disciplines the ego with tough love. In theistic terms, spirit might here be said to be a wrathful god who punishes the ego for its sins. In more broadly spiritual terms, spirit might here be said to be a frightening spiritual force that purges the ego of impediments to spiritual life. In our terms, these formulations are simply ways of saying that spirit here assists the ego in its struggle to conform to spirit by helping the ego eliminate resistances to spirit that the ego has difficulty eliminating on its own.

The substage of spirit's tender love of the ego is so described because the ego, having been overpowered, wounded, and disabled by spirit's tough love, now begins to be empowered, healed, and re-enabled by spirit's tender love. The ego,

with the help of spirit, has at this point made considerable progress in conforming to spirit. Consequently, spirit at this point undergoes a fundamental change in how it affects and is experienced by the ego. It now begins to affect the ego in ways that are decreasingly painful and increasingly pleasurable, in ways that are seemingly less adversarial or detrimental and evidently more caring or beneficial. In theistic terms, spirit might here be said to change in appearance from being a wrathful to being a merciful god, a god who comforts and inspires the ego. In more broadly spiritual terms, spirit might here be said to change in appearance from being a purgative to being a regenerative power, a power that strengthens and enlightens the ego. In our terms these formulations are simply ways of saying that spirit, having used tough love to help the ego overcome its resistance to spirit, now uses tender love to help the ego grow in spirit.

As the ego thus receives the support of spirit's tender love, it grows closer to spirit, becomes more like spirit, and is increasingly integrated with spirit. The ego in this way increasingly becomes *spirit's* ego, spirit's mind and will. Correspondingly, the love of spirit increasingly becomes the *ego's* love in the sense of being a gift that spirit gives to the ego so that the ego, having grown stronger and wiser in spirit, can share this gift with the world. As the ego and spirit thus grow closer, each taking on the features and strengths of the other, the substage of spirit's tender love of the ego eventually comes to an end and the culminating goal of ego-spirit union is achieved.

This goal is achieved once the ego is in full conformity and is fully integrated with spirit, once the ego and spirit are seamlessly joined as a two-in-one. In reaching this goal, the ego fully accepts spirit not only as the sovereign power of the soul but also as its own higher Self; correspondingly, spirit fully adopts the ego as its own ego. As spirit and the ego are thus united, what was spirit's tough and then tender love of the ego becomes the ego's tough and tender love of others. Compassion ceases being a gift of spirit to the ego and in an important sense becomes the ego's own compassion. Compassion is not here the ego's *rather* than spirit's compassion. The ego does not arrogate spirit's love, taking credit for it as if it derived from the ego itself, which earlier, before discovering that spirit is the source of love, it had done. The ego knows that the compassion it feels for others is "through" it rather than "from" it. It knows that compassion is from spirit and now belongs to it also only because it is now integrated with spirit as spirit's mind and will.

Let us retrace some of the steps that lead to ego-spirit union and, therefore, to the fully realized life of compassion. Initially, compassion consists of intermittent loving feelings that may or may not be acted upon by the ego. The ego assumes that these feelings are entirely its own. It has no idea at this point that compassion originates in spirit. Once the ego begins practicing loving kindness in an effort to become more compassionate, it begins to prime the pump of love and in this way eventually begins to experience stronger compassionate feelings. However, it still assumes that these feelings are entirely its own. Indeed, because the ego now experiences stronger compassionate feelings, it may consider itself to be an especially compassionate being. Such thinking is understandable, but it is symptomatic of the ego's ignorance of spirit and corresponding arrogation of spirit's love.

As compassionate feelings continue to grow in strength, the ego's assumptions about both its status and the source of compassion eventually undergo fundamental change. What the ego had initially assumed was a growth in the strength of its own compassionate feelings it eventually comes to see is the manifestation of a higher power within the soul, a power that is both superior to the ego and the true source of its compassionate feelings. Meeting this power face to face, the ego is disabused of both its presumption of sovereignty and its presumption of being the source of compassionate feelings. Concomitantly, it begins to understand both that spirit is the sovereign power of the soul and that spirit is the source of compassionate feelings. Furthermore, in coming to these understandings the ego comes to understand as well that spirit's love is not only a tender love of others but also a tough love, a tough love that is now aimed primarily at the ego itself in order to help it overcome its resistance to spirit.

As resistance to spirit gives way increasingly to conformity to spirit, the ego's assumptions about both its status and the source of compassion once again undergo fundamental change. Having at this point ceased being the target of spirit's tough love, the ego ceases perceiving itself as a recalcitrant subject being humbled and disciplined by spirit; and having become the beneficiary of spirit's tender love, the ego begins perceiving itself as a devoted subject being uplifted and nurtured by spirit. Concomitantly, the ego ceases perceiving compassion as only spirit's compassion and begins perceiving it as primarily spirit's but also as secondarily its own compassion, as compassion that, although originating in spirit, is now being given to the ego as a gift so that the ego can share this gift with the world.

Finally, once the ego is fully integrated with spirit as a true two-in-one, its assumptions about both its status and the source of compassion undergo one last fundamental change. Now fully integrated with spirit, the ego's perception of itself changes from that of a devoted subject being uplifted and nurtured by spirit to that of a subject that is no longer to any extent other than spirit. In corresponding fashion, the ego ceases experiencing compassion as spirit's tough or tender love of it, the ego, and begins to experience compassion as spirit *and* its tough or tender love of others. Compassion is thus no longer experienced as a gift of spirit to the ego and is now experienced as a compassion that, arising from spirit, belongs to both spirit and the ego. What, from the point of view of the ego, had originally been exclusively its own compassion and then exclusively spirit's compassion and then primarily spirit's but also secondarily (as a gift) its own compassion, thus becomes, as the culminating goal of ego-spirit union is achieved, fully both spirit and the ego's compassion.

In such ego-spirit union spirit is the heart of compassion, the ego the mind and will. Spirit provides love as the outreaching, attractive-attracting energy of compassion. The ego provides realistic understanding of how and to whom love should be distributed and the will to distribute love according to this understanding. Without spirit, compassion is cold, little more than a nagging of conscience to act in behalf of others. Without mind and will, compassion is blind and impulsive, a feeling without reality testing or regulation. All true compassion thus requires both spirit and the ego, and compassion in its fullness requires both fully awakened spirit and a fully developed ego acting as a true two-in-one. It requires that each of these complement the other in such a way that spirit's love flows in the fullness of spirit's power and the ego's mind and will facilitate the expression of this love with mature intelligence and strong, steadfast discipline.

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Larger than Life: A Personal Journey of Encounters with Compassion

Transcendiendo la Vida: Una Aventura Personal de Encuentros con la Compasión

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Abstract

This essay traces major shifts in the author's understanding of compassion in the course of her personal, professional, and spiritual life as a student of philosophy, practitioner of meditation, and work as a psychotherapist. These shifts involved transitions from understanding compassion as an ideal to which one aspires, to a directly felt personal and interpersonal reality, to a larger, transpersonal reality always present to those who can tune into it. The author describes how her study of Hindu and Buddhist thought and meditative practice, her work as a psychotherapist and supervisor of psychotherapy students, as well as her deep-ecological approach to nature influenced these shifts.

Keywords: compassion, empathy, spiritual development, nature as "Original Mother," Great Compassion

Resumen

Este ensayo rastrea los cambios más importantes de la autora, en su comprensión de la compasión en el transcurso de su vida personal, profesional y espiritual como estudiante de filosofía, practicante de meditación, y psicoterapeuta. Estos cambios implicaron transiciones desde la comprensión de la compasión como un ideal al que uno aspira, hasta una realidad personal e interpersonal sentida directamente, y a una realidad transpersonal mayor, siempre presente en los que pueden sintonizar con ella. La autora describe cómo su estudio de pensamiento hindú y budista y la práctica meditativa, su trabajo como psicoterapeuta y supervisora de estudiantes de psicoterapia, así como su acercamiento desde la ecología profunda, influenciaron estos cambios.

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Compassion has molded me and my understanding of it in serendipitous ways, reflecting the idiosyncratic twists and turns of my life and career. At this point on the journey, compassion seems larger than me, larger than life—indeed something that creates and sustains all of life. To me it is not a capacity I possess or cultivate in myself, rather, it is something that may manifest through me when all efforts to possess or cultivate are surrendered.

How I came to understand compassion in this manner did not happen overnight. Earlier in my life, my understanding was conceptual. I thought of compassion as a noble quality within the human being, an ideal that one strives to cultivate in one's spiritual practice. At some point, a realization broke through this somewhat abstract understanding, and the ideal gave way to a palpable sense of something alive in actual human encounters. Still later came the understanding that the wellspring of compassion is, ontologically speaking, something much larger than what could be generated and contained within the human personality or its encounters with others. In other words, I came to see that compassion transcends the human self, however this self may be construed.

The subject of this essay is the meandering journey of transformations in my understanding of compassion. In hindsight, I can discern “major shifts” that demarcate what might be thought of as “stages,” but on the journey, there were no signposts announcing such stages. Needless to say, my story is not meant as a general theory of development for setting standards and signposts for others. Developmental theories are tricky as they inevitably get imbued with cultural values and biases. I believe that specific, biologically based developments such as language acquisition in children are relatively more immune to such biases and so more amenable to generalizing theories that could be supported by empirical research. Spiritual development, however, is a far more elusive phenomenon and not easy to pin down to unequivocal operational definitions despite a variety of interesting and thought-provoking theories on the subject (see, e.g. Grof & Bennett, 1990; Wade, 1996; Washburn, 1988; Wilber, 1986, 2007). My hunch is that the journeys through the subtler domains of human experience and expression we call “spiritual” tend to vary some depending on the persons undertaking them.

On this basis, I will share some highlights from my own journey that involved the aforementioned three major phases in my understanding of compassion. The context of my

evolving understanding has included, though not limited to, decades of philosophical and spiritual inquiry in the earlier years, followed by a quick course in transpersonal psychology as the editor of *The Journal of Transpersonal Psychology* (1999-2001) and later, work as a teacher and practitioner of psychoanalytically oriented therapy, accompanied by periods of intensive meditative practice in group as well as solitary settings. My story is woven from these and other strands, and makes no claim to objective truth or general validity. It may resonate with the reader, or perhaps surprise, or annoy. Such stirrings in the reader would seem to me more worthwhile than the simple acceptance or rejection that might be the response should I attempt to make a case for the “truth” or “validity” of my view.

Compassion as an Individual Human Capacity

When I started my meditation practice in earnest as a college freshman in the 1960's, compassion was not in the forefront of my concern. Like most practitioners who take up *vipassana* or insight meditation in the context of Theravada Buddhism, I took compassion to be something that needs to be cultivated as part of one's personal spiritual development. In this, my understanding was congruent with the Christian tradition in which I had grown up. However, as a student of philosophy, I was more fascinated by the insights about the nature of reality and of the self that were articulated by the foundational Buddhist philosophers of the Mahayana traditions (Nagarjuna, Asanga, Dharmakirti) than I was by the ethical precepts of Buddhist practice.

I did nevertheless explore the *metta* and *karuna* practices described in the Theravada tradition. In this tradition, the meaning of *metta* as “loving kindness” is considered distinct but closely related to the meaning of *karuna* as “compassion.” *Metta* (Sanskrit *maitri*) is a more active stance of wish for the happiness and wellbeing of others, perhaps akin to the Christian *agape*, whereas *karuna* (Sanskrit *karuna*) is the willingness to embrace and be with the suffering of others. The “how to” of these practices was laid out more clearly and meticulously in the Theravada literature than I had found in the English translations of Mahayana writings which were still relatively scarce in those days. I felt comfortable in my conceptual understanding and my practices of *metta* and *karuna*; their effect on me felt good in a lukewarm sort of way. (The beneficial effects of these meditations on behavior as well as on the

brain have more recently been supported by extensive research at the Stanford School of Medicine's Center for Compassion and Altruism Research and Education —see. e.g. Brown & Leary, 2014; Burns and Kobus, 2012).

In hindsight, I was happily slumbering —until I had a rude awakening one day at the university where I was training to be a psychotherapist. A fellow student whom I did not know very well had been diagnosed with cancer. Because of being on chemotherapy, she was unable to tolerate the cigarette smoke which was in those days still liberally present in many professors' offices. Ignoring her pleas, the professor continued to smoke, and she had to get up and leave the room. Without forethought, I found myself in that instant also getting up and exiting the room. In the corridor alone with this woman, I did not know what to say. She was dying. What was there to say when there was nothing I could do to help her? Then I blurted out to her just this —that I did not know what to say. She smiled and told me how grateful she was that I was there with her. "Most people feel uncomfortable when they can't help and so they turn away," she explained.

I was profoundly humbled. All notions of being a good person or a compassionate, helpful person, fell away in that moment. What mattered was being there, being present with, and open to, another's suffering, and I got it at that moment: just "feeling with," "com-compassion." One's compassion gets tested especially when there is nothing one can do to alleviate the suffering. My near-failing of this test became my first major lesson in compassion. There were many more lessons in the years to come, including the following quandary when I myself came down with an illness for which there was no cure: should I keep this from my friends and spare them from an encounter with me where they may feel uncomfortable because they cannot help me? —or should I offer them an opportunity for a lesson that I had found so important for myself?

As a teacher and supervisor of novice psychotherapists, my first lesson in compassion as described above has been invaluable and always relevant: beginning therapists are anxious to help their clients, to alleviate their suffering and make them feel better. When the therapist finds him or herself unable to help or alleviate the client's suffering, bringing compassion to the situation becomes especially challenging. The more profound and intractable the suffering, the more difficult it is for therapist and client alike to

tolerate, much less embrace, such suffering. It is not difficult for me to feel empathy with my supervisees' suffering in the face of their helplessness in this situation, for those situations and that helplessness were intimately familiar to me as a therapist as well. In the contemporary world of psychotherapy dominated by evidence-supported brief therapies, the supervisees' suffering is compounded by the pressure for them to demonstrate fast and efficient performance as therapists. Staying with their suffering for a moment in the supervision session before doing anything about it seems to be needed with many of my supervisees. This helps them, in turn, to provide the kind of holding for their clients' suffering that is needed for the clients to build or restore faith in their own capacity to first tolerate and then productively address this suffering.

Compassion and Empathy

The previous illustration from psychotherapy supervision suggests that there is a close relationship between "compassion" and "empathy." The two are distinct yet they can potentiate each other in a synergistic fashion.

Empathy as I understand it is the capacity to feel what the other is feeling —but more than that: empathy involves a knowing that is broader than feeling, a knowing what's going on deep within the other. Christopher Bollas (1987) has explicated this as the "unthought known" —something the psychotherapy patient deep down, or unconsciously, knows but is not able to consciously think about. A therapist who is in empathic attunement with his or her patient may, by sensing into this "unthought known," be able to help the patient think about and articulate this knowing. As with all capacities, empathy occurs with varying degrees of clarity and also with various degrees of depth. In my use of these terms here, "clarity" refers to the content of the knowing, whereas "depth" refers to how it is known. Thus being able to imaginatively take the perspective of another is a relatively more superficial expression of empathy than is sensing or feeling what is actually going on in the other. Certainly there have been moments when I felt or knew what was going on in the other with great clarity and depth, but at other times, what I felt was less clear and more colored by feelings and thoughts the origin (i.e. in me or in the other) and meaning of which was difficult to sort out. Or, what I seemed to "know" may have been more what I surmised or imagined

than what was actually going on in the client. Such variations in the clarity and depth of empathy involve the vicissitudes of “countertransference” phenomena which are experienced by the therapist or analyst in the session that have lately received a great deal of attention from contemporary relational psychoanalysts (Mitchell & Black, 1995; McWilliams, 2004; Ogden, 2004, 2012; Waska, 2012; Tubert-Oklander, 2013).

Compassion without empathy is sterile and lacks transformative power. When not infused by empathy, it is an abstract ideal that may function as a moral imperative which guides a person's conduct with others. Such a practice of compassion is deliberate and effortful, and its objective is the cultivation of the practitioner's own character more than it is a spontaneous concern for the other. Indeed, the other's suffering has become an opportunity for cultivation of compassion, a means to an end which is the practitioner's self-improvement. A phase in one's personal journey may involve working with one's character in this way. Certainly on my own journey, compassion was a somewhat abstract concept which guided my conduct, more or less, until I was awakened from my slumber by the encounter with my fellow student with cancer. That encounter jolted me out of my self-involvement as a spiritual practitioner into an empathic encounter where the power of compassion was palpable in a way that I had not felt before. When compassion is fueled by empathy, it arises spontaneously in our relationships with others and has the power to transform these relationships.

But empathy can also occur without compassion. Empathy without compassion lacks the power to hold or contain suffering. Empathic capacity in itself does not mean the person is willing to be with another's (or one's own) suffering or even to tolerate it. The lack of tolerance for the suffering can contribute to the compulsion to remove or “fix” it, as previously discussed. Worse yet, when empathy is confused with, or leads to, identification with the suffering, the individual may find herself or himself helplessly caught on an emotional roller-coaster with the other—a common enough phenomenon in intimate partnerships and also one that supervisors of students in psychotherapy training are familiar with. Compassion, when understood and enacted as the willingness to be present with another's (and one's own) suffering, can provide the extra space, extra moment, that can hold the empathic, intimate encounter with suffering as well as the individual(s) involved in the encounter.

Over the decades, I have found the problem

of not being able to tolerate suffering and the tendency to compulsively try to fix it to be common among my psychotherapy students, many of whom are empathic by nature. On the other hand, I have found working with “compassion” as an ideal for conduct to be the relatively more favored approach among spiritual practitioners, many of whom are more retiring and perhaps less empathic by nature. Of course, most people are temperamentally some mixture of the two, and, indeed, many students of psychotherapy are also aspiring spiritual practitioners. When both compassion and empathy are present to a high measure, one is unflinchingly present to suffering that one feels intimately yet cannot alleviate.

My use of the word “willingness” above is deliberate. For it may be the case that at first, one would rather not embrace suffering that seems hopeless and seemingly bottomless, and so it may take courage and an act of will to stay rather than flee. At least that is how it was for me in the early days (and, often enough, still is). In time, however, I noticed that wholeheartedly embracing the suffering of another became easier, more spontaneous. It became evident that there was a power behind my effortful will that did not originate in myself but was larger than myself and larger than my will. Which takes me to the next section.

Compassion as a Transpersonal and Cosmic Reality

My musings here take me to where psyche meets cosmos. By “cosmos” I simply mean the home we humans share with all living beings both known and unknown. Such a characterization will be unlikely to satisfy a physicist or astrophysicist, but I believe it is adequate to accommodating what is actual or even possible in human experience. As such, it is relevant to this discussion of compassion.

In my own journey, I eventually came to see that this cosmos is the “true home” I had longed for in my younger days and sought through my meditative practices. The realization did not announce itself with fanfare or suddenly hit me like a lightning bolt, as it happens in the stories we sometimes hear. It just crept up on me until it finally dawned as something seemingly “already known” or even “always known.” To be sure, it was helped along by flashes of insight here and there, little openings to a reality much vaster than my self (or anyone else's self) that was the playground of compassion. Such flashes, however,

were preceded by years of contemplation that had turned to increasingly larger spheres beyond my self, family and friends, even humanity, to nature. My love of nature had been there from early childhood, and often in my turbulent teens I had sought solace and restoration in nature which I saw as my “original mother.” Such healing experiences early on made it easy for me to later embrace the idea that nature was the source of solace and nurturance for all her children, human and nonhuman alike —thus, that care was an essential quality of hers.

But it was not until my contemplation turned to the dark side of nature that the great depth of compassion and its trans-human origin revealed themselves. Especially in those earlier years, I seemed to have the penchant for “morbid contemplations” which William James (2008) associated with people he described as “sick souls” but also as “twice-born.” As twice-born, according to James, these people perceive a great evil and depth of suffering in the world and cannot reconcile themselves to this depth of suffering in their daily lives by simply tallying up the little sufferings against the little joys and sticking to the plus side of things. Rather, they are often compelled to seek a religion or spiritual understanding that offers deliverance from such great evil —thus a “second birth.”

The great evil was revealed to me by my great love of nature. For this love eventually compelled me to tune into the deep and relentless suffering that was there for living beings in the clutches of the grotesque “eat and/or be eaten” law that governs all life on this planet. My somber reflections extended from fields and forests to the human society and how this same law was reflected in myriad ways in our social and economic life. My great love of my “original mother” clamored for answers and did not allow my attention to veer off into easier, more cheerful subjects. I felt compelled to understand the horrors of life deeply enough to be able to embrace them all. In these tumultuous contemplations I found inspiration in the symbolism of Kali (Zimmer, 1951; Doniger, 2014), the terrifying aspect of Gaia which as the goddess of time in Hindu mythology devours her children whom she loves.

Though not her devotee in the conventional sense, Kali’s symbolism helped me grasp an order of compassion wholly different from what I had understood in the context of human affairs. In my mind I called it “Great Compassion,” for this was compassion that embraces life and death equally. Later, I found descriptions of Great Compassion in

some Tibetan Dzogchen texts (Thondrup, 1989) which described it as the dynamic energy that brings into being all manifestation. Still later, while studying with Rinzei Zen Master Joshu Sasaki, (Puhakka, 1998) I came to see it as the very breath of the living cosmos: breathing in —compassion, breathing out— loving kindness. There is no center-like “self” into and out of which the breath flows but both were happening everywhere at once; or, if you will, there is no place (or time) where the “self” is not. What had started as two distinct but related concepts, *metta* and *karuna*, I now saw as the two phases of one cosmic process.

It Is Contagious

Many have felt or witnessed the power of compassion in human life. This power, I believe, has much to do with the fact that compassion is contagious. By this I mean that it is transmitted from one individual to another directly and without any special effort. This contagion takes place seemingly differently depending on which of the two understandings of compassion informs the experiences of the persons involved —as a quality to be cultivated within the individual, or as a transpersonal and cosmic reality.

Compassion as a quality or virtue to be cultivated

So long as my understanding of compassion was of a quality to be cultivated within myself, the awakening of empathy was crucial for compassion to become manifest in my relationships with others. This was illustrated by my encounter with the fellow student with cancer which I described in the section before the last. There was no thought of cultivating anything in that encounter with the student in the corridor. It remains a matter of speculation as to whether my previous, deliberate *metta* practices might have somehow prepared the ground for this. In any case, I encourage my psychotherapy students to embody compassion in their being rather than try particular methods or deliberate practices.

I am usually successful at this to the degree that I am able to embody compassion myself. The situations I described with psychotherapy students in an earlier section where the students experience difficulty tolerating being present to their clients’ suffering may serve to illustrate how compassion, when taken as a human quality, may be transmitted by embodying it. A behavioral description of my approach in those situations might be to say that I

was “modeling” compassion to the students. My empathic understanding of their (the students’) suffering, together with my willingness to be with that suffering with them, helped in developing their own capacity for compassion, first for themselves and then for their clients. I also believe that it helps if the person doing the modeling has an attitude toward what is being modeled as “nothing special” but as something altogether natural to human beings.

Compassion as a transpersonal and cosmic reality

When compassion is understood and experienced as something vaster and deeper than the human self, it can pervade the interpersonal space of the encounter between persons as well as the interior spaces of the selves in the encounter. These are truly transpersonal moments that now and then occur in various human encounters, including those between therapists and clients. The following vignette of a therapist-supervisor encounter illustrates the subtle transformations in the psychic space that is partially and in moments more fully shared by the two participants in the encounter. The moments of transformation tend to be nonverbal and silent. In the vignette, below, I indicate two such moments in brackets as:

[silence. . .]

A young male therapist describes a session with a long-term client who has been paralyzed by a major transition in her life which she feels unable to handle. The therapist reports that the client deals with the situation in purely intellectual terms and shows no emotion. The therapist acknowledges that he himself felt overwhelmed by anxiety in the session with the client, and even as he is describing this session to the supervisor, he finds himself in the throes of anxiety—which is highly unusual for this self-possessed young man. In the session with the supervisor, his harsh self-criticism further aggravates his anxiety. Listening to the therapist’s story and to his anxiety about it, the supervisor begins to feel anxious, inadequate, and helpless. The supervisor then acknowledges feeling anxiety and helplessness in herself and “in the room” and invites the therapist to also feel it without trying to do anything about it. [silence. . .] He finally says: “Yes, this is the anxiety my client cannot allow herself feel, and I see now how I need to hold it for her. “After some more silence which now feels much less anxious, the therapist suddenly tenses up again and says: “But I can’t tell now

which part of this anxiety is mine and which is the client’s—how can I help her if I can’t?” The supervisor (who likewise can’t tell which “part” of the anxiety in the room is hers and which is his) says, “No need for you to worry about that. Just holding it is enough.” [silence. . .] This silence was followed by a conversation about the transpersonal dimensions of psychotherapy work (new to him), but more importantly, an acknowledgement by him that, for the first time he now has a real taste of the work he has long wanted to be able to do.

Compassion was not discussed or even explicitly named in the above vignette, yet it was deeply felt in the interstices of the words and especially in the silences. Psychoanalytically oriented therapists might recognize the phenomenon of *projective identification* (McWilliams, 2004; Ogden, 2004, 2012) whereby the anxiety was transmitted initially from client to therapist and later in the supervision session from therapist to supervisor. The holding helped transform, or in Wilfred Bion’s (1961) terms, “digest,” the anxiety and allow for compassion to eventually manifest.

Conclusion

It would seem evident that compassion is desperately needed for any viable future of humanity and the planet. At the same time the expression of compassion in human life is quite mysterious, not fully accounted for by evolutionary psychology or other scientific theories of human nature (Hornstein, 2005). In this essay I have offered my personal understanding of compassion and how it may be transmitted from one person to another. In different phases of my life, the meaning of compassion revealed itself in different ways, and I discussed the principal difference being that of two standpoints from which compassion can be viewed and experienced. One is the standpoint of the individual person, and the other is a larger standpoint of nature or cosmos which includes the person and the relationships between persons. In discussing how compassion manifests and is transmitted as understood from each of these standpoints, I have mostly used illustrations from the psychotherapeutic encounter. To me these encounters are not essentially different from what may be there in any encounter with beings, human and others, with whom we share this planet. All relationships are portals to the playground of compassion.

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Developing Compassion for the Homeless

Desarrollando Compasión por la Gente sin Hogar

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Abstract

The author describes how he developed compassion for the homeless through working as a psychiatrist in an inner city health clinic that serves the homeless and poor populations. He documents moving from a position of wanting to avoid contact with the homeless, to a position of compassion for their suffering and situation in life. He emphasizes that a large percent of the homeless are victims of childhood abuse and devastating circumstances, which tend to evoke a strong experience of compassion in those caretakers who work with them intimately. The compassion and prosocial behavior of the poor and homeless, relative to the wealthy, is documented. Compassion is seen as essential to bringing healing to the homeless, poor, and caretakers alike. Two case studies of conglomerate patients are utilized to emphasize how childhood abuse and Posttraumatic Stress Disorder are common in this population, but often go unrecognized and undiagnosed by health care providers and mental health practitioners due to a failure to take an abuse history, trauma history, or review symptoms of Posttraumatic Stress Disorder. As a result, this population is frequently misdiagnosed as bipolar or suffering from only Major Depression. This result in both mistreatment and the tragic failure to treat abuse related conditions that are readily responsive to compassionate psychotherapy based on a compassionate understanding of the life and difficulties of the person being treated. The high incidence and prevalence of physical health problems in this population is documented.

Keywords: compassion, homeless, abuse, posttraumatic stress disorder

Resumen

El autor describe cómo desarrolló su compasión hacia las personas sin hogar, a través del trabajo como psiquiatra en una clínica de salud de una ciudad del interior, que sirve a las poblaciones indigentes y pobres. Documenta su paso desde una posición de querer evitar el contacto con las personas sin hogar, a una posición de compasión por su sufrimiento y situación en la vida. Hace hincapié en que un gran porcentaje de las personas sin hogar son víctimas de abuso infantil y otras circunstancias devastadoras, que tienden a provocar una fuerte experiencia de compasión en aquellos cuidadores que trabajan con ellos íntimamente. Se describe la conducta prosocial y la compasión de los pobres y sin hogar, en relación con la de la gente pudiente. La compasión es vista como algo esencial para procurar la sanación de las personas sin hogar, pobres, y cuidadores por igual. Se emplean dos estudios de caso de pacientes conglomerados para enfatizar cómo el abuso infantil y el trastorno por estrés postraumático son comunes en esta población, pero a menudo pasan desapercibidos, y no diagnosticados por los cuidadores y los profesionales de salud mental debido a un fallo al no recoger un historial de abusos y trauma, o de no revisar los síntomas de trastorno por estrés postraumático. Como resultado, esta población se diagnostica con frecuencia como bipolar o solamente con depresión mayor. Esto da como resultado una falta de tratamiento y el fracaso para tratar condiciones relacionadas con el abuso, condiciones que responden sensiblemente a la psicoterapia compasiva basada en una comprensión compasiva de la vida y las dificultades de la persona que está siendo tratada. Finalmente, se documenta la alta incidencia y prevalencia de problemas de salud física en esta población.

Palabras clave: compasión, gente sin hogar, abuso, estrés postraumático

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Introduction

In February of 2007, I was invited to join the staff of the Staywell Health Center in Waterbury, Connecticut. Staywell is a federally-qualified health clinic whose mission is to serve people who cannot find any willing provider, sometimes because of lack of insurance, undocumented immigrant status, or because no provider was willing to accept their Medicaid or Medicare insurance. Staywell conducts outreach programs to serve the homeless and HIV positive populations. My job would be to serve as the psychiatrist for the Behavioral Health Clinic, located at the Staywell South Main Clinic. My role was to do initial diagnostic evaluations, medication management and work with the staff who would be conducting individual psychotherapy, group therapy and cognitive behavioral therapy with the clients.

In 2007 I had a full time private practice in New Milford, CT, having assumed the private practice of M. Scott Peck, M.D., of *The Road Less Traveled* fame (Peck, 1978) in 1984, and had been doing psychotherapy with his former patients and others who wished to see him. In time, I increasingly functioned as a local psychotherapy-oriented psychiatrist. I accepted the job at Staywell two days a week because I was finding private practice isolating, and the patients repetitive and less interesting, mostly because they were increasingly interested in medications for symptom relief rather than transformative psychotherapy. I thought working with a poor and homeless population would be an enlivening challenge, as well as balancing my perspective on the health care system, which would assist my ongoing advocacy for a single payer health care delivery system for all residents of Connecticut.

I consolidated my private practice and began working at the Staywell South Main Clinic in July of 2007.

On my first day, I was struck that the waiting room of the Clinic was a bustling open space with about 20 chairs full of children and adults, people of all ages and ethnicities, speaking several languages. All of the receptionists were local Hispanic women who conversed with the clients in Spanish and English. As I discovered, the South End of Waterbury is mostly Hispanic, the home of a large Puerto Rican population. However, there are also many African-Americans, Albanians, and South-American immigrants, as well as Euro-American families, the descendents of Waterbury's boom days around the second World War when it

was a major manufacturing hub and attracted a wide variety of European immigrants.

The Clinic building has two long hallways. On one side is the dental clinic, a large open space with a dozen or so dental chairs. The other side is a general medical clinic. My office was half-way down the medical clinic hall, just past the nursing station. All the other doctors were Indian, Filipino, or from the Caribbean islands. Of the 150 or so employees at Staywell, at most 20 were Euro-American. As a designated area of medical need, health care practitioners can work there to have their student loans forgiven, or obtain a Green card allowing them to be employed in the US until they become qualified to apply for citizenship or permanent resident status.

At Staywell I shared my office with Jackie R., a nurse who did outreach to the homeless in shelters. There, she would take blood pressures, test blood sugars and perform other basic screening functions. If a resident of the shelter did not have outpatient care providers she would make appointments for them to be seen at Staywell for all their health care needs.

I knew the homeless population had a high prevalence of mental health and substance abuse problems, but had never treated a homeless person after finishing my training at the University of California, San Francisco Medical Center. The only non-clinical contact I had had with the homeless over that 35 year period was a single night, many years before, when my wife and I had volunteered to serve as the overnight staff at the Dorothy Day Homeless Shelter in Danbury, CT. I remember meeting a young woman with children who had come there to escape domestic violence, and another intelligent man who had become homeless after losing his job and been unable to pay his rent. While no one owned a car, they were forced to leave the shelter in the morning on foot, and come back in the late afternoon to line up for a meal and bed, if available. Once in the shelter, their main motivation was to wash their clothes, take a shower and sleep. I subsequently learned that the homeless in Danbury, whether in a shelter or on the street, had nowhere to go during the day, and were often kept out of even the library and risked being picked up for vagrancy if they wandered the streets. I remember the attitude I commonly had toward the homeless I met on the streets back then. I didn't want to be bothered. I wanted to avoid their asking me for money because I was conflicted about giving money to them. My wish to not interact was mixed with sorrow for them, sometimes fear, disgust or pity, but certainly not compassion

in the sense of being willing to be open to them and share in their life, pain, sorrow and suffering. I was cynical when a homeless person would say, "God bless you" whether I gave him or her money or not.

First Case

On my first day of work at Staywell, I met Alejandra, a 35 year old Puerto Rican woman who was living at the St. Vincent De Paul Homeless Shelter, consequent to being thrown out of the Waterbury apartment of a older man she had known in Puerto Rico who had assisted her leaving Puerto Rico because he was lonely and wanted company. He suddenly made her leave after a couple of months, saying he was "tired of her ugly face." Sadly, she had fled Puerto Rico to be with this man after the physically and sexually abusive man she had been living with in Puerto Rico stripped her naked one night and threw her into the garbage dump, leaving her utterly humiliated and ashamed.

Regretfully, her face was unattractive, marred by coarse facial features and large white splotches, which contrasted sharply with her dark skin. Her demeanor was of a sad sack, shy, deflated, defeated, as if she expected rejection, and would be unable to defend herself if mistreated. She said she always felt sad and depressed, and couldn't remember a time she had not felt sad and depressed. I was moved by her grief, desolation, and horrific abuse history.

I asked her about the splotches on her face and arms. She said they had begun as a child and caused her to be rejected, both at home and in school. In addition, she said her mother had always hated her because she reminded her of her father, a man whom her mother hated for his alcoholism and physical abuse of her.

Her mother was living with a different man at the time of Alejandra's birth. She never knew her biological father. Her "step-father" rejected her too, later sexually and physically abusing her. She remembered her mother beating her and then forcing her to go into a closet, sometimes for days, giving her a bottle of water and a bucket to use as a toilet. Her mother and step-father forced her to quit school so she could work for them.

I asked if she had ever seen a physician about the splotches. She said no, her parents had refused to take her, but she had been told they were eczema. I told her to be sure to speak with her primary care provider at Staywell about the blotches, which I thought might be vitiligo, and

wrote down "vitiligo" for her. She asked if they could be cured, as people on the street avoided her, were frightened by her, or ridiculed her, calling her names and making her life even more frightening, alone and miserable. I said I didn't know if they were curable, but her primary care provider would evaluate them and determine what might assist her.

I asked if she ever had intrusive memories of the abuse she had experienced. "Yes, every day", she said. "Nightmares and flashbacks also." I asked if she had ever spoken with anyone about the abuse. She said no, she has never had anyone she could speak to or trust. We spoke about how it would be important for her to speak with a therapist at Staywell about her abuse. However, the first step would be to feel safe and trust that she could speak about her life without her therapist turning against her and using her as others had done.

And so I began to develop compassion for the homeless, the people I came to think of as the "invisible people." People who were often alone and whom no one wanted to see or care for. So often abused, mistreated, sad, lonely and chronically depressed, misunderstood and rejected. It is well documented that working with people who have suffered through no fault of their own evokes compassion in others (Goetz, Keltner and Simon-Thomas, 2010). This certainly was the case for me.

Although, Alejandra was the first homeless person I met who suffered from Posttraumatic Stress Disorder (which is characterized by a history of trauma/abuse, intrusive memories of the trauma/abuse, nightmares or flashbacks about the trauma/abuse, attempted avoidance of thinking about the abuse/trauma, avoidance of people and places associated with the trauma/abuse, a persistent negative emotional state, disrupted sleep and hypervigilance, as well as a number of other possible symptoms), she certainly was not the last. In fact, over the years it became clear the majority of the homeless and underclass patients who were seen at Staywell suffered from Posttraumatic Stress Disorder, typically from early childhood physical and sexual abuse, but also from witnessing violence, or tragic deaths caused by shootings, fires or "life circumstances", as when a child or sibling suddenly died, or died because of inadequate or unavailable health care.

I remember over the few years Alejandra remained in treatment what a lovely, gentle and thankful woman she became. She learned to trust and rely on her therapist, as well as myself. She joined a church, developed friends, a social support system, and even started a relationship with a boy-

friend. After she became eligible for public assistance and public housing, living on her own in her own place for the first time in her life, she was so appreciative she proudly made a special Puerto Rican flan to thank her therapist and all the staff for being so helpful and kind to her.

One of the rewards of helping the homeless and the poor comes from how appreciative and accepting they are. When I have made mistakes or when these patients experienced side effects to medication, they rarely complained. I assume this is the result of appreciating whatever attempt is made on their behalf, having spent most of their life not being heard and waiting hours for inadequate, insensitive, and often poor health care in hospital emergency rooms. These people, who have little or nothing, have given me more material gifts than all my private patients combined, all things they made by hand, themselves. In fact, recent studies (Stellar, Manzo, Kraus, Keltner, 2011; Piff, Kraus, Cote, Cheng, Keltner, 2010) have shown that the poor have more compassion and give a greater percentage of what they have than the wealthy. In addition, the wealthy are more likely to engage in antisocial and unethical behavior than the poor (Piff, Stancato, Cote, Mendoza-Denton & Keltner, 2012). It appears the very wealthy often have the most disdain for the poor and homeless, blaming them for their situation, rather than understanding they are most frequently the victims of circumstance, and that "there for the grace of God" they go.

Many, if not most, middle-class Americans are a pay check away, or one major illness away, from losing everything they have and becoming homeless, unless they have a supportive family or a support system. Once you are homeless, with no car, particularly if you are poorly educated, have limited English, no skilled trade, it is very difficult to make your way out, particularly if you have dependent children. What such people most want, more than anything, is a job and a steady source of income. They want to become more independent.

Second Case

Adolfo came to see me for his initial evaluation, stating "I don't want to kill someone. I need medication." He was a gigantic hulk of a man, very fit and muscular. His intimidating size and intensity made me somewhat frightened of him. He had been released from jail the week before, after serving six months of a three year sentence for punching out his boss at work. He was living in a squatters encampment, too proud to go

into a shelter. He explained he was married, had children, and had worked all his life, but after he had gone to jail his wife returned home to Puerto Rico because she couldn't afford to stay in Waterbury. She also was disgusted by his violence and didn't want to be near him. I asked what had led to his punching out his boss. He told me his boss was mistreating one his coworkers at the power plant where they worked, pushing his coworker to do more than he was capable of and calling him a *chocho maricon* (pussy fagot). He said he just "lost it", punched him in the chest, causing him to fall over backwards, knocked unconscious. I asked if he had ever done something like that previously. He said that one other time he had punched out a man on the street who was screaming at and hitting that man's son. He said that he wanted to kill that man, and ended up in a local hospital after he told the police what had happened and how he felt. He was diagnosed as having a bipolar disorder and placed on an antipsychotic and mood stabilizer, which he had been taking sporadically ever since. I asked if they helped him with his violent impulses. He said the antipsychotic calmed him to some degree, but the mood stabilizer appeared to have no effect, so he stopped it. He stated he frequently becomes agitated, has racing thoughts and trouble calming himself. In addition, he stated he suffers from terrible insomnia. He denied traditional manic symptoms, and his aggressive, agitated state was ongoing, not episodic like in a bipolar disorder. He also denied a history of attention or school problems which might have suggested an underlying attention deficit disorder, which can sometimes present as racing thoughts and impulsive angry outbursts. Unclear what was going on, I asked him what happened when he was incarcerated. He said he was given large doses of Zyprexa, a very sedating antipsychotic, to try and calm him down and let him sleep. He said the Zyprexa helped some, but the only thing that had really worked was heroin, which he had been addicted to for years, before stopping in the recent past after an ultimatum from his wife and family. He was scared that without medication he would relapse in order to sleep and end up killing someone. When he was in jail, on more than one occasion he had confronted other inmates who were abusing fellow prisoners, threatening to kill them if they didn't stop. He says he would have done it, but they stopped. I told him it sounded like his violent urges were precipitated by him perceiving someone was being abusive and wanted to protect the person being abused. He agreed. I asked if he knew how he had developed such a strong urge to protect people who were being abused. With some

trepidation, fear, and obvious shame, he told me he had been raped as a boy on several occasions by his uncle in Puerto Rico. He was too ashamed to tell anyone, including his wife, fearing they would think of him as a homosexual or simply despicable. In response to the rapes he took up weight lifting and boxing. Within a year his uncle stopped coming near him, knowing full well he would beat his uncle if he tried. He said he hated his uncle, would like to see him die at his own hands for what he did. Though he denied flashbacks, nightmares, or even intrusive memories about the abuse, any abusive situation he witnessed would evoke the murderous rage and hatred that were obviously undigested and caused him daily agitation and restlessness.

Over the two years I knew him, Adolfo found a job, saved money, brought his wife and children back from Puerto Rico and learned to manage his anger, as well as digest the emotions from his childhood. I came to be very fond of Adolfo. He was kind, very gentle and sweet once he learned to trust me. I came to understand that part of his embracing hard work, love of family and honesty was in response to the years he had spent involved in crime to pay for his drug habit. When he swore off heroin he also swore off crime and was trying to make up for all the bad things he had done previously. At the end of our time together Adolfo told me he and his family would be honored to have me visit his family home in Puerto Rico, a small cabin in a very rural area near the coast.

I have included the case of Adolfo in this paper because it is one of many examples of the abused homeless and poor being wrongly diagnosed and treated as bipolar, which has rarely been recognized in clinical or scholarly writing (Salzbrenner, & Conway, 2009). The psychiatric evaluations that homeless and poor people receive at emergency rooms and clinics associated with hospitals are shockingly poor. It is obvious that these "evaluations" have neglected asking about their abuse history, Posttraumatic Stress Disorder symptoms, or learning difficulties, although Posttraumatic Stress Disorder and attention deficit disorders are quite common among this population. Almost all these patients are poorly educated, some illiterate, unable to read street signs or sign their name. They are in no position to question the word, diagnosis or treatment of "doctors." If doctors look for bipolar disorder—the diagnosis du jour—they certainly will find it by focusing on affirmative answers to questions about mood variability, irritability, staying up all night, and an

increased sex drive. However, if they would take the time to ask and question, they would find these symptoms rarely occur together and episodically as is characteristic of manic states. In addition, asking about staying up for days on end is commonly confused with the depressive symptom of being unable to sleep, not the decreased need for sleep which is common in manic states. Almost all the homeless and underclass have been seriously depressed at some point in their lives. Often they report psychotic experiences (Morgan, C., Reininghaus, U, et al., 2014) such as hearing voices or seeing shadows, but if you pursue this, typically you will find this to be a symptom of Posttraumatic Stress Disorder rather than a true psychotic disorder, although many people with Posttraumatic Stress Disorder can be appropriately diagnosed as suffering from Major Depression with Psychotic Features. Despite this, false or misleading diagnoses of psychotic disorders often result from a failure to recognize and treat their underlying abuse. I try to think the best of other mental health professionals, and think that the misdiagnoses that are made are a function of cultural insensitivity and the pressure to see more patients than is humanly possible. Still, the toll that misdiagnosis and inappropriate treatment have on people is truly tragic, particularly when the underlying issues are amenable to therapy and or can be ameliorated with appropriate medication.

Although there are many dedicated and competent health care providers who work with the poor, many of the providers in medically underserved areas of need are poorly trained, culturally insensitive, and inadequately supervised. Hence, they deliver a poor quality of care. Nonetheless, the homeless are a very physically ill population. Poverty, abuse, the stress of growing up poor and living in very toxic environments, all result in serious illness at a young age, so much so, that hypertension and Type Two diabetes is typical, rather than the exception for a 30 or 40 year old homeless or impoverished person. I have seen people at 40 who have had strokes and heart attacks. A high percentage of this population suffer from HIV and hepatitis. The long-term negative health care consequences of childhood abuse is well documented in the medical literature (Irish, Kobayashi, Delahanty, 2010; Leserman, Drossman, Li, Toomey & Nachman, 1996).

Conclusion

I feel a great compassion for the homeless because they, and the poor, accept their situation,

and bear witness to our disregard and frequent lack of concern for their welfare. I do not mean to idealize the poor. I have met many homeless and poor people who are seeking drugs, disability and trying to scam the system. But the poor and homeless are human beings who make up the "body of Christ", the good, the bad, the ugly. The prostitutes, thieves, gang members, murderers all have stories and lives that deserve our compassion and understanding. When respect, receptivity and attention are given, it is appreciated and they respond. In the process, we ourselves are opened and learn how to be with an other and share in their lives. In so doing, both patient and health care givers are healed, by compassion (Shonin, Van Gordon, Compare, Zangeneh, & Griffiths, 2014; Shonin, Van Gordon & Griffiths 2014), even as the world and the structure of our society remain terribly broken and dysfunctional.

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Entrevista

Aportaciones a la Psicología Transpersonal: Entrevista con Claudio Naranjo

Contributions to Transpersonal Psychology: An Interview with Claudio Naranjo

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Resumen

En esta entrevista con Claudio Naranjo se repasan las aportaciones principales de este autor a la psicología transpersonal, incluyendo el uso de la meditación en el contexto de la psicoterapia, la integración de los diferentes caminos espirituales y el análisis del proceso de transformación interior que subyace en todos ellos, el uso de diferentes agentes farmacológicos en contextos psicoterapéuticos (incluyendo el MDA, el MDMA, la *ayahuasca* y la *ibogaína*), el interés por el chamanismo, la dimensión transpersonal de la Gestalt, el desarrollo del programa SAT y el énfasis en desarrollar una educación transpersonal. Se repasa asimismo su relación con Fritz Perls, Alexander Shulgin, Stanislav Grof y Josep Campbell, entre otros, y su vínculo con la psicología transpersonal.

Palabras clave: psicología transpersonal, meditación, espiritualidad, Gestalt, Claudio Naranjo

Abstract

In this interview the main contributions of Claudio Naranjo to transpersonal psychology are reviewed, including the use of meditation in the context of psychotherapy, the integration of different spiritual paths and the study of the process of inner transformation that underlies all of them, the use of different pharmacological agents in psychotherapeutic contexts (including MDA, MDMA, ayahuasca and ibogaine), his interest in shamanism, the transpersonal dimension of Gestalt, the development of the SAT (Seekers After Truth) program and his emphasis on developing a transpersonal oriented education. His relationship with Fritz Perls, Alexander Shulgin, Stanislav Grof and Josep Campbell, and his link with transpersonal psychology are also reviewed.

Keywords: transpersonal psychology, meditation, spirituality, Gestalt, Claudio Naranjo

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IP: Claudio, tú eres uno de los pioneros en el campo de la psicología transpersonal. ¿Qué te llevó a interesarte por este campo?

CN: Lo que me interesó en la psicología transpersonal no fue que existiera un grupo con este nombre, porque mis primeros trabajos sobre el tema anteceden, antedatan (Naranjo, 1967; Shulgin, A. T., Sargent, T and Naranjo, C, 1967a, 1967b). Mis primeros libros fueron algunos de los primeros libros transpersonales. El primero de ellos, *The One Quest* (Naranjo, 1972), *La única búsqueda* en su traducción al castellano, respondió a un pedido (Naranjo, 1969).

Fui consultor para el Instituto para el Estudio de Políticas Educativas, en el *Stanford Research Institute*, un centro de investigaciones norteamericano muy prestigioso, que me encomendó ver qué había en el llamado *Movimiento del Potencial Humano*, que tenía su capital en *Esalen*. Un Movimiento que fue como la parte más práctica y vivencial de la Psicología Humanista, que surgió luego, un poco posteriormente, como una traducción académica de ese fenómeno. Me encomendaron ver qué había en ese Movimiento que fuera útil para la educación del futuro. Y solo con el correr de los años me di cuenta que pionero era la persona que me lo encomendó, Willis Harman. Porque la educación hasta ahora no se interesaba por tales cosas. La educación se empeña notablemente en ser la más obsoleta y anticuada de nuestras instituciones. Se enseña como el estilo del siglo XVIII, para formar repetidores y para dar información, más que para formar a personas. Curiosamente, ha habido muchos estímulos que me han venido dando desde el mundo de la educación, hasta que terminé apasionándome por el tema.

Ahora me han invitado a Rusia para lo que es el cumplimiento de un largo sueño. Últimamente he terminado muchas conferencias proponiendo que debería culminarse un proyecto de reforma global de la educación en el mundo occidental, porque la educación que tenemos es responsable de que tengamos la consciencia que tenemos y del mundo que tenemos. Porque no hemos tenido otra educación, una educación para la afectividad, una educación para que seamos realmente más virtuosos, una educación para que seamos más conscientes, más auténticos. Y todo esto que falta en la educación está tapado por información. Entonces yo terminaba mis conferencias diciendo: “espero que, ya que los

gobiernos hasta ahora no se interesan por este proyecto de momento, surja un organismo supranacional que se interese”. Y siempre he mencionado, por no saber que otra mencionar, la *Organización Mundial del Comercio*. Ojalá la OMC, que sólo se ha interesado en la globalización de los negocios, también globalice otras cosas como la educación, el cuidado de la ecología, y otras necesidades humanas, porque se necesita la colaboración de todas las naciones. Y ahora, de pronto, ha surgido un consejo para la reforma global de la educación, que tendrá su primera reunión en Moscú en las próximas semanas, y me invitan como consejero, así que ahí está mi pasión de muchos años. Vengo diciendo algo que suena muy blasfemo, que el mundo no lo va a salvar la psicoterapia ni la religión, sino una educación inspirada en la comprensión espiritual y en la comprensión terapéutica de las cosas, que ha permanecido hasta ahora sin el uso importante que podría tener.

The One Quest fue mi primer libro, y en él planteo que todos los caminos llevan a Roma, o a la Meca, no sé qué nombre ponerle a ese mismo lugar a donde se quiere llegar. Cuando lo estaba escribiendo pregunté a mucha gente qué les parecía esta idea, y no encontré a nadie que estuviera de acuerdo. Cada persona con su religión, pensaba que su camino era el camino, y que no se podía poner en un mapa en que para mí es como subir a la misma montaña desde diferentes caminos: desde el norte, desde el sur, desde el este o desde el oeste. Cuando se publicó ese libro, todo el mundo cambió de parecer. No se habló mucho del libro, se agotó muy pronto la primera edición, y dejó de conseguirse, en parte por problemas editoriales de la Viking Press. Pero bastó que estuviera formulado eso para que empezara a hablarse del *meeting of the ways*, se hizo una frase muy recurrente, “el encuentro de los caminos”; o la frase *common ground*, “territorio común”. La comprensión del territorio común entre los distintos caminos se puso de moda. Me tocó ser un catalizador de eso, en la forma más usual que yo he sido catalizador de cosas. Cuando me roban las ideas, las ideas llegan mucho más lejos, cuando yo trato de traspasarlas.

IP: Tus aportaciones a la psicología transpersonal son amplias y numerosas. Incluirían tu primer libro, *The One Quest*, en el que haces esta integración de los diferentes caminos espirituales, y dices que hay un

objetivo común en todos los procesos de transformación interior. Otras de tus aportaciones abarcan el uso de la meditación dentro de la psicoterapia, el estudio del chamanismo, el uso de diferentes agentes farmacológicos en contextos psicoterapéuticos, y la formación de la psicología de los eneatis, entre otras. Vamos a repasar cronológicamente estas aportaciones. En los años setenta publicaste un libro titulado *On the Psychology of Meditation* o *Sobre la psicología de la meditación*, en colaboración con Robert Ornstein (Naranjo & Ornstein, 1971). En este libro establecías un vínculo entre dos áreas que hasta aquel momento estaban muy distanciadas: la psicología y la meditación. ¿Cuál fue tu propuesta y aportación en este primer libro en el que tratabas la relación entre la psicología y la meditación?

CN: La pregunta de cuál fue mi propuesta me lleva a querer decir que yo nunca me he propuesto nada: las cosas me salen solas. Es decir, si me pongo a escribir un libro, me pongo a examinar un tema, a reflexionar, a pensar cómo es la cosa. Pero no sé de antemano que yo tenga una cosa que decir, o que vaya a tener tal o cual conclusión que defender.

Si miro retrospectivamente lo que hice en ese libro, diría yo que le di un gran énfasis en lo que llamo la *vía profética*, en referencia a esos apóstoles cristianos o profetas judíos que se rasgaban las vestiduras, para usar la frase tradicional, y se ponían a hablar en jergonza, o en lenguas, como se dice a veces entre los pentecostales. Los antropólogos conocen mucho lo que es eso: hay un fenómeno de expresión espontánea, en el que las personas sienten que se expresan mejor que nunca. Si yo empezara a hablar ahora *pseudoruso*, por ejemplo... “Ninriski, simonski, saramaronski...” Yo puedo hablar un lenguaje que no entiendo, pero que me pone mucho más expresivo. Y ese fenómeno de abrirse a una inspiración a mí me pareció que debería de considerarse una forma de meditación, aunque fuera tan diferente de la meditación budista o de la meditación yogui, que uno quiere que la mente se ponga inmóvil. Eso es todo lo contrario. Por eso introduje por primera vez esa oposición de lo *dionisiaco* y lo *apolíneo*. El dejarse ir, el trance o la inspiración que viene a través de la palabra. Le di un desarrollo mucho más largo que a cualquier otra parte del libro. Y una consecuencia que tuvo ese libro fue que Osho, cuando todavía se llamaba Rajnessh, tomó la idea y lo hizo como algo central

en su comunidad: las meditaciones dinámicas o las meditaciones expresivas. Publicó un librito de sus influencias occidentales, que me mostraron una vez, y allí confirmé que no se trataba de una coincidencia, sino que me nombraba, junto con Rogers y Gurdjieff, como una de las tres personas que menciona como influencias. Así que fue un libro que tuvo ese eco. Y me dejé llevar por contemplar más ese aspecto de la meditación, que también es el aspecto en la religión africana, o en la brasilera, de la santería como se llama en Cuba, de dejarse poseer por una entidad. Esto existía entre los griegos también, y seguramente en la religión védica. No sólo invocar a los dioses, sino abrirse a ellos, sentirse poseído. El guerrero poseído por el espíritu de Marte, por ejemplo. Eso se ha conocido. Pero me parece que es una cosa distintiva, un aspecto de la meditación completamente distinto, que es estar abierto y como decir: “escucho y obedezco a una voluntad que no es la propia. Escucho y hago lo que me venga”. Y eso se ha traducido posteriormente en mi interés por lo que llamo *movimiento espontáneo*, que no es tanto movimiento como entrega, disciplina de entrega.

IP: ¿Cuál es tu propuesta en tu segundo libro sobre este tema, *Entre meditación y psicoterapia* (Naranjo, 1999)?

CN: Ese libro se llamó en inglés *La vía del silencio y la cura por la palabra*. La cura de la palabra es una frase inventada por la primera paciente de Breuer, quien colaboró con Freud en sus estudios sobre la histeria. El Caso de Ana O, que después retomo Freud. Después se escribió una biografía sobre ella. Ana O hablaba de la terapia que le hacía este colega de Freud, que usaba mucho la hipnosis, como *la cura por la palabra*. La meditación es *la cura por el dejar de hablar, por el silencio*.

Lo que hago en ese libro es una teoría dimensional de la meditación, y hablo de seis facetas de la meditación, que son tres dimensiones bipolares. Una de dejar la mente fluir. Otra faceta de detener la mente. Una de mirar los hechos mentales, los datos sensoriales, afectivos, las observaciones, lo que se presenta a la mente, o mirar al centro invisible de la mente en busca de lo sagrado. Y otra polaridad entre la implicación compasiva, y el desapego, que también son una polaridad, una complementariedad, en la que paradójicamente una lleva a la otra. Esa es una de las cosas. Y hablo de muchas otras cosas, de mis formas de aplicar la meditación en la práctica a

través de ejercicios. La transformación de la asociación libre, por ejemplo: hago una asociación libre en el contexto meditativo. Ha tenido mucho éxito, ha sido uno de mis mejores inventos. Cuando hago grupos, mucha gente me dice: “yo he tenido tantos años de psicoanálisis y nunca había hablado de estas cosas”. Está la gente con menos defensas, al quitarle el contexto autoritario, de sentir que esta con una autoridad, que es el mejor psicoanalista del barrio, como quien dice. Es un popurrí ese libro, tiene muchas cosas. Tiene hasta una parte sobre el uso de la audición musical como aproximación a la meditación. Me gusta mucho ese libro, y en EE. UU. ha circulado poco. Ahora que me estoy empezando a ver mi obra traducida al ruso, esa pregunta que me haces me va a incentivar a proponerlo.

IP: ¿Quieres añadir algo sobre tus aportaciones al trabajo con la meditación en el contexto de la psicoterapia, que otras aportaciones originales has realizado a través de tu trabajo a este campo?

CN: No tengo conciencia de las cosas que he hecho. Ya estoy demasiado viejo para andar haciendo inventarios de las cosas hechas. Así que creo que probablemente he hecho aportes, pero no tengo mucha conciencia, como para decirse: “estas son las cosas nuevas”...

IP: ¿Pero podrías decir que has aportado alguna forma original de aplicar la meditación en el contexto de la psicoterapia?

CN: Yo cuando enseñé meditación enseñé meditación. Y yo me conformo con que los terapeutas progresen en su capacidad de vacío. Que se vayan llegando a ese centro vacío de la experiencia, que en cierto modo es el centro, y en cierto modo es el envoltorio. El envoltorio de todo lo que pensamos, sentimos, queremos, que es la conciencia misma. Entonces, es muy difícil este proceso de tomar conciencia de la conciencia. La conciencia se dice que es intencional: hay conciencia de esto, hay conciencia de aquello, conciencia de las cosas, conciencia y objeto. Pero lo que se busca en la meditación es una *conciencia sin objeto*. Es una autoconciencia que no pasa por la reflexión. Es un fenómeno misterioso. Eso es el *satori*, el contacto con la naturaleza de la mente, como quiera que se llame. Es como si uno fuera adquiriendo poco a poco algo más de una perspectiva cósmica. Una perspectiva

en la que las cosas se miran desde lejos, que las cosas se miran con desapego. El terapeuta es uno que se ocupa de la patología, y la patología es apego. Como dicen en el budismo, todo el dolor viene del apego y de la aversión. Y esta conciencia sin objeto es como la contrapartida del apego.

Entonces, el desapego, que es lo que la meditación aporta, no está en los libros de la terapia, ni en las teorías de la terapia. La terapia habla del deseo, del cumplimiento de los deseos, y no tiene espacio para la idea de que haya un estado en que uno desea menos cosas, porque uno desea más el encuentro con uno mismo, o porque uno ya tiene ese sabor del propio centro de sí mismo. O que ya la mente propia se ha encontrado a sí misma. Entonces uno como que ya está contento como está. Es un estado de creciente alegría, un estado más positivo ante la vida. Y yo creo que lo demás son rebuscamientos.

Si el terapeuta logra desaparecer a su ser, a su ser inferior, dejando a un lado su neurosis, a su mente *samsárica*. Si logra superar la mente *samsárica* refugiándose en ese ser inefable, que ni siquiera está en el tiempo ni en el espacio, que es como una posibilidad que tenemos de conectarnos con la intuición, que en el cristianismo se describe con la palabra “cielo”. Es como irse al cielo. Podemos tener una intuición de lo celestial aún en medio de la vida. Y, aunque no hayamos llegado allí, es como... ese contacto, esa sintonía, nos inspira, nos transforma, nos ayuda..., nos protege sobre todo de malos pasos. Así que yo tengo tanta fe en el efecto de la meditación, no solo en la terapia, sino en el terapeuta como agente transformador, que con eso me conformo en el fondo ya. Porque, como te decía, lo demás me parece, en este momento que me haces la pregunta, como si fuera un rebuscamiento buscar en tal o cual explicación, me parecen detalles.

IP: En otro de tus libros que publicaste en los años setenta, *The Healing Journey* (Naranjo, 1973a), así como en una serie de artículos que publicaste con Alexander Shulgin (Shulgin, Sargent and Naranjo, 1967a, 1967b, 1969, 1971, 1973), y en alguna colaboración con Michael Harner (Naranjo, 1973b), presentaste otra de tus aportaciones a este campo, que es el potencial de ciertos agentes farmacológicos novedosos en aquella época, como potenciadores de la actividad psicoterapéutica, que incluían el MDMA, el MDA, la *ayahuasca*, o

la ibogaína. ¿Nos podrías hablar un poco sobre tu trabajo en este área?

CN: Fue un momento un poco mágico en mi vida, por la densidad de sincronicidades, por el hecho de que, una vez más, todas estas cosas se me dieron como quien me las pone en la mano. Primero vino el MDA (Shulgin, Sargent and Naranjo, 1967a). Es un producto que existía en laboratorios, y lo encargué a un laboratorio para experimentar con él. Había sido descubierto por el descubridor de la anfetamina, Gordon Mannish, quien había experimentado con esta sustancia con un pletismógrafo en un dedo, un aparato para medir la vasodilatación capilar, para ver si servía justamente como un fármaco que ayudara en la vasodilatación capilar. Y alguien me mostró sus notas de laboratorio, en el que explicaba que, en algún momento, vio un anillo de humo. Y nadie estaba fumando. Fue un momento fugaz, pero raro. Y también estaba muy conversador, le pareció que estimulaba la conversación. Entonces yo dije: “por la semejanza de esta molécula con la *mescalina*, valdría la pena probarla más detenidamente”. Y entonces me encontré con la primera sustancia de lo que ahora han venido a llamarse los *empatógenos* o los *entactógenos*. Nombres que surgieron un poco para quitarme la prioridad, porque yo había puesto mi pica en Flandes, en una montaña que yo había escalado por primera vez. Y describo que hay unas sustancias que no son alucinógenos, que son como micrófonos, como microscopios para ver la vida emocional con más comprensión. Y los llame *feeling enhancers*, optimizadores del sentir. No les gustaba yo creo ese nombre a los que luego se quedaron con la idea o se atribuyeron la idea. El MDA tenía un inconveniente, que para ciertas personas era tóxico. Entonces fue muy bueno cuando se descubrió que metiéndole una pequeña modificación a la molécula, se creaba el MDMA, que es menos tóxico y tiene el mismo efecto. Pero me toco así, descubrir un tipo de sustancia sumamente útiles para la terapia, diferente del LSD, de los alucinógenos conocidos.

Después me interese en la *harmalina* (Naranjo, 1967). La historia es larga, pero algo me había atraído a estudiar esta planta. Mucho tiempo dejé pasar. Sentía que era muy peligrosa la aventura, lo usaban cazadores de cabezas, por ejemplo. Hay que ser una persona un poco distinta de mí, con un temperamento más agresivo que el mío para ir a tales aventuras. Finalmente fui y pasé un poco de peligro, sobre todo en el viaje en

autobús desde Bogotá hasta el Putumayo. Había mucho terrorismo en Colombia en esa época, y a veces volcaban los autobuses, y le cortaban la cabeza a cada uno de los pasajeros. Vine a saber el peligro un poco después, no lo medí de antemano. Pero la vida con los nativos fue fácil, podría contar muchas historias. Pero lo más interesante con respecto a esto que decía de que me cayeran las cosas en la mano, es que yo tenía conciencia de ser el primero que experimentaba con el alcaloide de esta planta en el mundo civilizado, digamos. Hice mis experiencias con voluntarios de Chile, que no sabían lo que tomaban. Y vieron tigres y serpientes y águilas, tales como los nativos. Y el primero que había extraído el alcaloide lo había llamado *telepatina*. Entonces yo pensé, “¿será que hay una comunicación telepática entre los nativos y estos voluntarios a los que les estoy dando la *harmalina*?”. Bueno, concluí que no. Concluí que era un mundo arquetípico, una zona muy especial del mundo arquetipo, a la que me referí con el nombre de *mundo reptiliano*. El mundo del dragón podría decir. Que es la síntesis de serpiente, águila y un tigre. Y me llevo a mucha reflexión este descubrimiento de estas imágenes tan ajenas a la cultura, tan ajenas a las expectativas de las personas.

Y les estaba contando una vez a unos amigos sobre este tema, en una casa a la que había sido invitado, donde había un misionero francés, que había estado en el Gabón. Cuando yo le conté de los chamanes que se transforman en tigres, él me dijo: “pero eso es muy parecido a los brujos del Congo y del Gabón que se transforman en leones”. Y me contó que a veces se le ha disparado a un león y se ha encontrado la bala en el cuerpo de un chamán. Bueno, con el *yagé* o *ayahuasca* también ocurre que las personas que alucinan ven al chamán transformado. La transformación interna de alguna manera favorece la alucinación de quien lo mira. Entonces, cuando me contó esto el misionero, me puse a buscar que hay en África que pueda tener este efecto, y me encontré que había un producto en farmacias, que se llamaba *Lambren*, que se importaba a Francia como reconfortante, para fortificar a los convalecientes. Así que me puse a experimentar con eso, y no tardé mucho en darme cuenta que tenía propiedades bastante parecidas a la ayahuasca. Ahora es el gran negocio psicodélico, hay muchos centros en el mundo que viven de usar la *ibogaína* para cortar adicciones. Tiene ese efecto especial. Se usa mucho para el tratamiento de las adicciones, ya que es una droga permitida en muchas partes

del mundo. Así que mi experiencia es que se me cayeron en las manos, una tras otra, estas cosas, en un momento en el que estaba tal vez en el lugar correcto a la hora correcta.

IP: Ya que estas hablando de la *ayahuasca* y la *ibogaína*, ¿qué relación encuentras entre el chamanismo y la psicoterapia?

CN: Con respecto al chamanismo, claro que el chamán es el terapeuta original, pero también es el místico arcaico, original. Y no estaban separadas la meditación y la terapia, o la espiritualidad y la terapia. Ahora estamos volviendo a una cultura *neochamánica* podríamos decir, por este interés, por este reconocimiento de que ambas cosas pertenecen a una misma metadisciplina. Una diferencia del chamanismo con la psicoterapia es el uso frecuente de las así llamadas plantas mágicas. Y otra diferencia es que no tienen los chamanes ideología, no tienen teorías sobre la psicoterapia. Se las arreglan como pueden. Pero eso de que se las arreglan como pueden más bien se podría traducir en que tienen un efecto de presencia, tienen un efecto... Son un poco curanderos. Aunque no actúen explícitamente como curanderos, su presencia tiene una influencia sanadora. A veces hacen tal o cual cosa, pero es su presencia la que actúa. Entonces su formación no es la de un terapeuta que ha aprendido a hacer tales y cuales cosas de acuerdo a tales o cuales teorías de terapia, sino que son personas que actúan de manera muy creativa e individual. Yo lo compararía a lo que fue Fritz Perls, que no se repetía, no acudía a técnicas ya creadas. En cada momento parecía que estaba haciendo lo que se le ocurría. Le conocí precisamente cuando fui a hacer un taller a Esalen sobre chamanismo en compañía de Carlos Castaneda, y le tuve en el auditorio a Fritz Perls. Y él, que siempre se peleaba con todos los que tenían algo que decir, argüía que él también era chamán. Y cierto. Yo creo que afirmaba algo que era verdad. Perls era un chamán disfrazado de terapeuta.

IP: ¿Qué te llevo en primer término a interesarte por el campo de los psicodélicos?

CN: Sería largo explicarlo en detalle, pero digamos que después de haber sido sujeto experimental para una experiencia para una muy pequeña cantidad de ácido lisérgico (LSD) en condiciones de privación sensorial por alguien que quiso hacer ese experimento en Chile en la clínica psiquiátrica,

inspirado en el trabajo de John Lilly. Después de haber tenido ese sabor del LSD, que no fue muy profundo, años después, cuando estuve en EE UU, pregunté quién podía hacer terapia con LSD. Y me conectaron con Leo Zeff, sobre el cual luego se escribió un libro llamado *The Secret Chief* (Stolaroff, 1997). Y con él tuve mi primera experiencia terapéutica, en un momento de la vida en el que yo necesitaba un encuentro terapéutico conmigo mismo, o con una situación que estaba viviendo. Tenía que decidir sobre una situación amorosa, una situación en la que o decía si y continuaba, o al no decidirme perdía a la mujer que estaba esperándome en Chile pero que estaba a punto de irse a otra parte. Esa decisión externa me reclamaba algo que estaba más allá de mi decisión ordinaria, y fue como quien va a un oráculo queriendo encontrarme con una verdad interior.

Esa experiencia de LSD fue muy importante, y coincidió con que yo ya estaba sobre la pista del *yagé*, que ahora más bien se llama *ayahuasca*, pero en Colombia se le llamaba *yagé*. Yo había tenido una conversación con Richard Schultes, el famoso botánico que había identificado las plantas del *yagé*, y él me dio datos para que entrara en contacto con sus recolectores de plantas entre los indios Cofán, en Colombia. E hice una expedición al Putumayo, camino de Chile, cuando termine una beca Fullbright en los EE UU, y ahí empecé a investigar, sin haber tenido una gran experiencia personal yo mismo. Porque no fui uno de esos que se siente amigo de la *ayahuasca*, o a quien la *ayahuasca* trata bien. En la dosis que tomé la primera vez, por lo menos, no me llevó a encontrarme con un jaguar, sino con un tigre de papel, un *cartoon*. Y lo sentí como una caricatura de lo lejos que estaba de mi mundo instintivo.

Pero hice una investigación de la *harmalina*, no del *yagé* natural, sino de la *harmalina*, por razones que ahora sería largo de explicar. Y acerté que este compuesto, que no se encuentra en la *ayahuasca* natural, pero que es de la familia de las *betacarbolinas*, un compuesto relacionado, resulta más activo que la *harmalina* que contiene la *ayahuasca*, y me permitió hacer interesantes hallazgos aún sin la mezcla de la otra planta, a la que yo no tenía acceso en Chile. Y fue para mí una experiencia interesante, no solo por lo que comprendí a través de las experiencias ajenas sobre el mundo arquetípico, sobre las serpientes y diversos animales, sobre las águilas etc... sino por lo que me incitó a hacer un rol, que no pretendía hacer, de terapeuta. Y resultó para mí una reconexión con la terapia, después de haberme

retirado de la actividad terapéutica por la sensación de ser un fraude cuando trataba yo de hacer psicoterapia analítica según los modelos aprendidos con gente que me llegaba al Policlínico de la universidad, muy necesitaba. Y me decía: “qué hago yo, si estoy engañando a esta gente, no puedo...”. Y no me sentía útil. Aquí me sentí útil, durante este experimento que no pretendía hacer terapia. Y empecé a encontrar formas de ser que no podría definirte las ahora, sobre todo por la distancia del tiempo, pero me hizo sentir que yo podía funcionar en forma espontánea frente a personas que me hablaban de cosas profundas, ya fueran extáticas o terribles. De modo que yo le debo mi actividad como psicoterapeuta a ese experimento, a esa situación con la *harmalina*, aunque estaba más en una situación experimental en aquella ocasión.

Entonces, que más me acerco... La sed de buscador. Y el limitado éxito de las cosas que se me ofrecían. Incluso después del encuentro con Fritz Perls, que fue muy liberador para mí, no sentía yo que había llegado a la plenitud, o a la perfección, o a la salud. Y así fue como me convertí en el descubridor de los *empatógenos*. El primero de ellos fue el MDA, al que en un libro que no está traducido al castellano, *The Healing Journey* (1973a) le llamo “la droga del análisis”. Después vino el MMDA. Yo los llamaba *feeling enhancers*, como te decía, “optimizadores de la emoción”, porque te llevan o a las emociones dolorosas de la infancia o al éxtasis. O a la consciencia de lo que requiere atención, sobre todo como un purgatorio, en el que lo que te está molestando en la vida se te hace muy presente, y entonces te pide reparar algo. Después le cambiaron el nombre a *empatógenos*, cuando no *entactógenos*, creo yo que en gran medida como para atribuirse el mérito del descubrimiento. Un poco como me pasó con el eneagrama, que los piratas del eneagrama quisieron olvidarme y no me mencionaron en sus libros.

IP: ¿Y cómo conectaste en aquella época con Alexander Shulgin, con el que publicaste varios artículos?

CN: Lo conocí en aquella época en casa de amigos comunes, en Berkeley, cuando llegué a Berkeley por primera vez, cuando ya estaba encaminado a mi expedición al Putumayo. Él estaba entusiasmado con una investigación sobre los alcaloides del peyote, y esa fue nuestra primera conversación. Nos sentimos como colegas,

investigadores. Y después, cuando volví a Berkeley, me propuso esta asociación, con él y Tony Sargent, que él me presentó, y con quien publicamos varias cosas (Shulgin, Sargent and Naranjo, 1967a, 1967b, 1969, 1971, 1973). Me tenían como el experimentador que lleva a cabo los test en humanos, después de hacer en EE UU las pruebas farmacológicas en animales. Y mi situación como chileno, y la protección de la universidad en Chile, me daba esa posibilidad, cuando estaba ya prohibida la investigación con psicodélicos en EE. UU. Así que firmamos una asociación y colaboramos hasta que yo me fui a Arica en el año 70, fuimos muy buenos amigos. Después nos distanciamos un poco, pero nos seguimos encontrando ocasionalmente, y algunos años después me presentó en una conferencia para el aniversario del LSD, en un evento público en la Iglesia Unitaria de San Francisco.

IP: Durante aquellos años colaborasteis en varias publicaciones sobre diferentes sustancias.

CN: Y más que publicaciones, porque probé los 6 tipos de TMA, ensayé los 6 tipos de MMDA, el d-MMDA, el 4-bromo, una serie de productos. Así que fue una época de pocos años, en los que tenía una actividad muy densa cada vez que iba a Chile. Entre mis estancias en California, aprovechaba que allí podía hacer estas cosas, formaba grupos. Y ahí ya me interesaban ya otros factores, ya no era solo... Con el MDA la primera prueba la hice en mí mismo, en compañía de Lee Sanella, una persona que pasó a ser bastante conocida después. Ese primer viaje con el MDA me cambió la vida, y me cambió la perspectiva sobre mi vida amorosa. Toda la experiencia le estuve contando a Sanella mis relaciones amorosas. Y mientras no me hacía efecto, mi manera de relatar estas cosas era problemática, veía relaciones problemáticas. Pero cuando me empezó a hacer efecto se me dio la vuelta, y empecé a sentirme inocente, que yo lo había hecho lo mejor que podía dadas las circunstancias, en todo momento. Me sentí aliviado de la culpa excesiva. Después lo usé sistemáticamente, hice el primer estudio terapéutico, y me llamó mucho la atención el potencial para las regresiones del MDA. Cuando salió el MDMA también hice los primeros ensayos, aunque no fui el único, Shulgin se lo dio a varias personas. Y me llamó mucho la atención. Después me pareció un error que quisieran publicar un artículo sobre el MDMA, porque me parecía que eso iba a llevarlo a la prohibición.

Shulgin y otros tenían la idea de que se iba a poder comercializar, de que se iba a poder argüir entre la comunidad de terapeutas que lo estaban usando para legalizarlo. Y no resultó así. Porque la Corte de California si decidió que se podría permitir el uso. Pero luego hubo el veto de la *Food and Drugs Administration*, la FDA. Así que mi intuición fue más acertada, y eso llevó a un problema, cuando se estaba usando con bastante libertad hasta entonces, porque era una droga no catalogada.

IP: Y hablando sobre el MDMA, desde hace algunos años Rick Doblin, desde MAPS (*Multidisciplinary Asociation for Psychedelic Studies*) está trabajando para intentar conseguir que se legalice el uso terapéutico del MDMA. Por otro lado, hace poco se celebró un congreso internacional sobre la *ayahuasca* en Ibiza, en el que participaste. Y tú mismo publicaste un libro sobre la *ayahuasca* hace tres años (Naranjo, 2012). ¿Crees que van a tener algún rol estas sustancias de cara a un futuro próximo dentro de un contexto médico o psicoterapéutico en Occidente, crees que se les va a volver a dar este rol o este lugar?

CN: Yo creo que sí. Tengo la impresión de que está cambiando mucho la sociedad. Se han dado ya dos grandes pasos. El feminismo ha equilibrado un poco el patriarcalismo del mundo. La liberación sexual ha sido como la voz del animal, o la voz del niño interior, que se libera del ambiente represivo también paternalista. Y ahora falta la revolución psicodélica, que se vislumbró en los años 60, pero fue abortada por el sistema, por las autoridades.

Yo creo que ahora las cosas son diferentes, creo que se les va a dar una oportunidad a los psicodélicos nuevamente. Yo no he hablado de este tema durante muchos años, me he mantenido al margen, esperando el momento adecuado. Pero ahora voy a escribir un libro, con la idea de que esto puede ayudar a que se cambien las leyes, a que se dé el paso. A que se comprenda cabalmente que pérdida de energía, qué pérdida de oportunidad ha significado la prohibición de estos fármacos de tanto poder terapéutico. Sobre todo cuando el mundo lo que más necesita es conciencia.

IP: ¿Y para ti cual sería, de estos compuestos que has conocido a lo largo de estos años, el más interesante para hacer terapia, o los más interesantes?

CN: Yo creo que el MDMA y la *ayahuasca* son una polaridad muy interesante. Una va hacia la liberación del animal y la otra abre el corazón. El LSD y los hongos son como para un grado más avanzado. Tienen el potencial más de llevar a experiencias místicas. Pero terapéuticamente es más impresionante el efecto del MDMA y la *ayahuasca*.

IP: Otro de los temas que has trabajado mucho en varios de tus libros ha sido el tema del *viaje interior*. Hablábamos sobre tu primer libro sobre este tema, *The One Quest* (1972) y posteriormente publicaste *Cantos del despertar* (Naranjo, 2002) y *El viaje interior en los clásicos de Oriente* (Naranjo, 2013) en el que exploras las diferentes etapas del proceso de transformación. ¿Nos podrías explicar un poco cuál fue tu tesis en este libro?

CN: *Cantos del despertar* vino primero, y posteriormente se hizo una segunda edición ilustrada para que apareciera junto con el libro *El viaje interior en los clásicos de Oriente*, como dos tomos, uno sobre Occidente y otro sobre Oriente. El tomo sobre occidente, *Cantos del despertar*, lo escribí primero, y el primer capítulo de ese libro es un ensayo en bastante profundidad sobre las etapas del viaje interior.

Mi mapa es un poco diferente del mapa de Joseph Campbell. Campbell (1959) habla más de un viaje de ida y vuelta, mientras que yo hablo de un viaje que es casi más un doble viaje. Un viaje inicial, un viaje que lleva a una especie de castillo celestial que no se puede traer al mundo, a una experiencia espiritual no integrada. Y yo he insistido en que después de esta experiencia espiritual viene *la noche oscura del alma*. En la experiencia directa de las tradiciones espirituales hay esta caída que viene después del periodo expansivo. Hay expansión y contracción. Y luego es como si se hiciera otro viaje, como si se tuviera que emprender el viaje de nuevo. Ahora, para hablar en términos de la mitología de los cuentos de hadas, para llegar a ser rey otra vez, para recuperar el reinado que se había perdido. Así como Ulises, que vuelve y tiene que triunfar sobre todos los pretendientes que le están comiendo sus rebaños e intentando llevarse a la cama a su mujer. Entonces, la idea principal es mostrar que toda la gran literatura del mundo es una literatura sobre el viaje.

La experiencia interna del viaje es el tema común de todos los grandes libros de Oriente y de

Occidente. Y eso la gente no lo sabe. La gente los lee con interés y no sabe porque son tan importantes. Es como la música, que te mueve profundamente, pero no sabes lo que te está diciendo, no lo sabrías traducir. Yo he querido traducir ese mito implícito que está en los grandes libros. Pero también creo que lo que he logrado es dar una respuesta a los expertos en mitología que dicen que Josep Campbell se equivoca al decir que el *viaje del héroe* se corresponde a un proceso interior de todos nosotros, o de algunos de nosotros, un viaje que los místicos pueden hacer. Curiosamente, en la mitología, el folklore, los académicos no han llegado a darle la razón a Campbell, y dicen: “¿por qué a veces toma un mito de una cultura, y otras veces otro mito de otra cultura? No es válido decir que todos los mitos de todas las culturas tengan el mismo lenguaje o los mismos significados...”. Le ponen en duda. Y creo que el tipo de regularidades que yo muestro en el mundo de la literatura, no en el de la mitología, como hizo Campbell, es como un devolverle la pelota a los académicos, es decirles: “esto me parece que es una prueba de lo que ustedes no han entendido”. Me parece que el *mito del héroe*, el hecho de que esté presente no en los mitos de tal o cual cultura, sino en toda la literatura universal, me parece suficiente.

IP: ¿Entonces hay una influencia de Josep Campbell en estas obras, aunque luego modificaras su propuesta?

CN: Yo me embobé de Josep Campbell cuando llegué a California.

IP: ¿Llegaste a conocerle personalmente?

CN: Sí, y fui quien hablo en su funeral. Hubo una doble celebración, una en Nueva York y otra en California. En California fue a mí a quien se me dio esa oportunidad. Y este libro, *Cantos del despertar*, fue inicialmente dado de forma oral en forma de un curso en Berkeley. Y había un amigo cercano de Josep Campbell que asistió a las reuniones, que eran una por semana, y le iba contando a Campbell lo que yo decía. Y me gustó mucho que a él le estaba gustando, yo tenía ese retorno. El día del funeral también se presentó este médico y me dijo: “te quiero hacer saber que a Josep Campbell le gustó mucho tu tratamiento de la literatura como mitología creativa”. El abrió ese campo de lo que él llamó la *mitología creativa* para ir más allá de lo que se llaman habitualmente

mitos, a los romances y a ciertas obras literarias. Y luego yo lo generalicé más.

IP: Por otro lado está tu relación con el Instituto Esalen en los años 60 y 70, en donde realizaste varios cursos y conociste a Fritz Perls, con quien trabajaste en el contexto de la Gestalt. ¿Qué relación encuentras que hubo entre el Instituto Esalen y la psicología transpersonal?

CN: La psicología transpersonal yo diría que tiene dos o tres raíces. Una raíz se la atribuye a sí mismo Stan Grof. Tomé un libro suyo hace poco, *Healing Our Deepest Wounds* (Grof, 2012), y ahí dice que él les dio la idea de la psicología transpersonal a Tony Sutich, Abraham Maslow, y un pequeño grupo que fueron los fundadores de la psicología transpersonal. Por otra parte, dos personas que vinieron un poco después, Frances Vaughan y Roger Walsh, se enamoraron de las ideas de Ken Wilber. Entonces, por otro lado, es como si se hubiese identificado a la psicología transpersonal con las ideas de Ken Wilber. Yo creo que fue un error que detuvo un poco la psicología transpersonal el decir “ya tenemos la teoría”. Yo creo que fue cierta pobreza del mundo transpersonal, de los intelectuales que se reunieron y constituyeron este campo, una cierta pobreza frente a la aspiración de hacer una psicología que estuviese a la altura de las tradiciones antiguas. Y con Wilber querían un genio que les representara, una bandera. Así como *Esalen* necesitó a Fritz Perls, necesito la psicología transpersonal a Ken Wilber. Y yo creo que cayó en la tentación Ken Wilber de declararse como genio universal, de identificarse con la imagen que le proponían, que era un poco propagandística para la psicología transpersonal. A mí no me ha interesado Ken Wilber, lo encuentro como alguien que lee muchas cosas y es un gran teórico. Pero sólo un teórico. No es una persona que primero es antes que todo un buscador. La pasión por la teoría le hace que quiera ensamblar las cosas un poco apresuradamente, no viene desde la experiencia suficientemente profunda para las libertades que se toma. Así que no me ha interesado Wilber. Pero diría que Grof es un pilar de la psicología transpersonal, Wilber es otro. Por suerte, son suficientemente distintos. Uno es psicodélico, el otro es implícitamente anti psicodélico, desprecia un poco Ken Wilber a los que se interesan en drogas. Y no sé si hay un tercer pilar o no... Tal vez son estos fundamentalmente. Ha estado una persona que se llama Jim Fadiman,

que fue amigo mío un tiempo, y que luego yo creo que ha sido más que nadie el causante de que no se me haya invitado a enviar un artículo a la revista *Journal of Transpersonal Psychology*, o asistir a uno de los congresos transpersonales. El único congreso transpersonal al que asistí fue al que me invitó Muktananda en Bombay en 1982.

IP: ¿Diste una charla en aquel congreso?

CN: Hablé en aquel congreso, y creo que tuve un efecto un poco perturbador. Abrió el congreso Stan Grof, y yo hablé después en una mesa con Frances Vaughan y un junguiano, sobre una serie de preguntas que formuló Frances Vaughan, entre las cuales estaba: “¿cómo sería un proceso de transformación saludable y seguro? En este caso le dije: “preguntarme una forma segura de morir y renacer es una pregunta demasiado norteamericana. ¿Cómo hacer el viaje del héroe sin tener el peligro de caer a un abismo? No creo que se pueda preguntar. El viaje del héroe tendrá siempre algo que requiere coraje, que es una gran aventura, y que no se puede higienizar, esterilizar”. Contesté cosas así. Por lo que supongo que Frances Vaughan quedó un poco más alejada de mí. Y dije algo también crítico con la tónica de lo que Stan Grof propuso, de que Freud dijo que la cura en el psicoanálisis transformaba la depresión en un sufrimiento sano ante los dolores de la vida. Y entonces Grof afirmaba, no fueron sus palabras exactas, pero decía “nosotros ya hemos dejado atrás esa visión tan limitada de Freud, nosotros buscamos el éxtasis, buscamos los estados superiores”. Y yo hice alguna referencia a que me parecía más profundo Freud, que es cierto que existen estados alterados de consciencia, entre los cuales está el éxtasis, pero que solo una persona que ha llegado muy lejos sabe que el estado al que se llega no es la desaparición del sufrimiento, sino que más bien es otra actitud ante el sufrimiento. Y que el éxtasis viene justamente de que uno tiene otra actitud ante el sufrimiento, sin que deje de existir.

He tenido siempre ese diálogo con Grof, cuando nos veíamos a menudo, que eran los tiempos de Esalen. Nos conocimos en Maryland, cuando Grof aún trabajaba en investigación con psicodélicos en el Centro de Investigaciones Psiquiátricas de la Universidad de Maryland. Fui allí a dar una conferencia y de visita, a ver a John Lilly, para hacer unos experimentos de inmersión en los tanques de privación sensorial, y ahí conocí a Grof. Después se vino a Esalen, y se

quedó a vivir en el centro. Organizó cosas en Esalen, a las que me invitó muchas veces. Teníamos un diálogo en el que él era más un supernalista, una persona más dada a la fascinación con los estados alterados de consciencia, y yo más consciente de que el estado supremo no es un estado alterado de consciencia, sino que es... Es como el chamán que viaja al cielo y al infierno, pero que su lugar central es la tierra. Que tiene acceso, pero que la capacidad básica es una capacidad que corta a través de todos los estados de consciencia.

IP: ¿Y cuál fue tu rol en Esalen durante aquellos años, en los que estabas muy activo y visitabas mucho el centro?

CN: Hubo un rol al que se ha referido Jeff Kripal (Kripal, 2008), que escribió una biografía sobre Esalen. El me describe allí como quien trajo el elemento chamánico y el énfasis en las prácticas. Eso lo retomo después George Leonard, que fue presidente de Esalen: la práctica espiritual, que para él era la práctica sobre todo física (Leonard, 1993). Mi primer taller que hice que no fuera Gestalt, cuando Esalen me dio carta libre para hacer un trabajo original, le llamé *Sadhana for the West*. La idea *sadhana* es como la agenda de la práctica espiritual. Propuse una práctica uniendo confesión, autenticidad, consciencia del aquí y ahora, encuentro... En fin, una serie de elementos originales con ciertas cosas antiguas.

IP: También estuviste mucho tiempo trabajando con Fritz Perls en Esalen. ¿Qué actitud tomaba Perls en relación a la psicología transpersonal y la espiritualidad?

CN: Despectiva. A él no le interesaban las cosas que se llamaban espirituales. Pero yo diría que él fue una persona profundamente espiritual, cuya espiritualidad se podría comprender desde dos ángulos diferentes. Una, el ángulo de lo dionisiaco, que es una forma de espiritualidad que parece no espiritual para la mayor parte de las religiones. Y la otra, yo lo veía como algo parecido al *Dzogchen*, como ese nivel de la práctica budista en el que no hay forma, no hay buen comportamiento, no hay práctica. Es como una espiritualidad muy implícita. Recuerdo una vez que trabajaba con un pastor protestante, un teólogo. El teólogo algo le decía de Buber, y estaba el concepto de Dios en la conversación. Y Fritz le dijo: “tu pones a Dios

entre tú y yo”. La prioridad estaba para Fritz en la realidad del encuentro.

IP: A pesar de que, en realidad, las influencias en la psicología transpersonal y en Perls en muchos casos son muy parecidas: Perls también trabajo con el Zen, con la meditación...

CN: Yo una vez le pregunte si meditaba, y me dijo: “todo el tiempo”.

IP: Y también trabajo con psicodélicos, tuvo esa faceta de experimentador con psicodélicos.

CN: Si, claro.

IP: Pero sin embargo eso no le llevó a reconocer la dimensión espiritual en ningún momento de una manera explícita.

CN: No. El veía que los así llamados espiritualistas estaban encantados con un mundo de representaciones, y no los veía como personas tan saludables, digamos, o realizados. Los veía como encantados con los humos del incienso. Yo diría que creía algo así como lo que se representa en la Odisea, en la historia de la isla de los lotófagos. Cuando vuelve Ulises a tierra tiene que incluso dejar atrás el apego a las ninfas, a la Diosa que lo ha recibido. Volver a casa implica dejar atrás esa sensación de la inmortalidad. Pero de camino a casa pasa por una etapa, la isla de los lotófagos. Los que se alimentan de los frutos del loto. Un fruto mágico que provoca el olvido y hacia que los hombres de Ulises no quisieran regresar a casa. Y es como una referencia al quedarse enganchado con los alucinógenos como sustituto del avance en el viaje. Yo creo que Perls veía a los transpersonalistas en un entusiasmo semejante al de los lotófagos. Como una pasión de la ensoñación espiritual que se identifica con estados alterados de conciencia, sin insistir en la conciencia básica del aquí y ahora más sutil, que es el que produce todo eso. En la presencia. Fritz tenía una fuerte presencia. Es como una parte silenciosa de la mente. Tenía la mente Zen, se lo sentía como algo semejante a un maestro zen.

IP: Leí hace poco en un artículo tuyo (Naranjo, 1996) que los cursos que hacía en Esalen Perls los llamo Gestalt Awareness Training, realmente sí que daba este énfasis.

CN: Si. No era la palabra terapia la que usaba. Daba cursos sobre expresividad, sobre conciencia emocional...

IP: Sin embargo luego tu si le diste esta dimensión cuando hiciste desarrollos posteriores de la Gestalt, y empezaste a hablar de Gestalt Transpersonal en algún momento (Naranjo, 1993a, 1996).

CN: Si, es cierto que escribí alguna vez un artículo sobre aspectos transpersonales de la Gestalt. Pero no era transpersonalizar la Gestalt, sino más bien reconocer que la Gestalt ya era transpersonal desde el comienzo. Por ejemplo, John Enright (Enright, 1980) quería complementar, como agrandar la Gestalt para darle una dimensión espiritual que no tenía. Y mi respuesta ante eso era: “no se ha dado cuenta este hombre, pero cuando la Gestalt habla del ahora, si entras en la experiencia, si no te quedas en unas pocas palabras, se trata de la experiencia de la meditación, se trata de... (silencio largo). Se trata de la consciencia desapegada incluso”. (Silencio). Esa mirada que tenía Perls que no se enganchaba con el otro. Era la capacidad del desapego. “What if...”. Decía: “¿so what?”. Yo lo llamaba *so-whatness*. La *y-queidad* de Fritz. ¿Y qué? “Ah, ¿qué sufres profundamente la perdida de tu madre? ¿Hasta cuándo vas a sufrir profundamente la pérdida de tu madre? ¿Tú quieres que yo te la devuelva? ¿Lloras para que alguien te la devuelva? Toma una actitud más sana, hombre. Lo pasado es pasado. Tú estás aquí entero”. Había una... Había mucho budismo intrínseco en él. Aunque su paso por el Zen fue muy breve. Pero captó la esencia.

IP: Posteriormente a tu paso por Esalen desarrollaste el programa SAT (*Seekers After Truth*). ¿Crees que el programa SAT representaría tu principal aportación al campo transpersonal, la integración de diferentes elementos que has ido realizando en el programa SAT?

CN: Bueno. Yo he tenido la mente de un teórico, así que yo no diría que ha sido poco mi aporte a la integración del conocimiento. Creo que he sido sobre todo un integrador de conocimiento. Pero en mi trabajo práctico, ha culminado mi trabajo el SAT, porque he inventado muchas cosas: ejercicios terapéuticos, he facilitado el desarrollo una forma de teatro terapéutico que no existe fuera del SAT. A través de otros colegas como Juan

Carlos Corazza y otros, yo les he pedido que junten e integren el trabajo que conocen con ciertas cosas que vienen del SAT. Y eso le ha dado otro poder a su trabajo actual. Entonces he favorecido el trabajo de estas cosas. El trabajo que hace Ginetta Pacella, por ejemplo, le llamo *movimiento espontáneo*. No es tanto de movimiento espontáneo, es de entrega, de entrega al trance. Esa entrega es lo que más se parece a la experiencia psicodélica, sin tomar nada. Dejarse ir. Es un trabajo de entrega. Han existido cosas así en otros contextos, el *movimiento auténtico* que se originó en el mundo de la danza. Pero yo he cultivado más una forma sin relación a técnicas establecidas. Y se va profundizando eso, en la medida que pasan los años. La experiencia del SAT se... es como que las herramientas mismas van haciendo una evolución, en la cual yo tengo cierta participación indirecta por presencia.

Así que he originado muchos elementos que constituyen el programa SAT. Pero sobre todo el programa es algo que no podría haber sido diseñado abstractamente desde la partida, sino que es algo que ha evolucionado, que he acompañado a través de una evolución. Y como soy viejo, son ya 40 años de evolución. Y se puede decir que es una experimentación continua de año en año. Cambiarle un poquito por aquí, agregarle un poquito por allá, permutar el orden de ciertas cosas, para que cada curso sea como un *mandala* en el que hay cierto equilibrio. Y que se da, que se yo, *psicología de los eneatis*, que te da un corte horizontal de tu carácter, con el *proceso Fisser-Hoffman*, que te da la vertical, desde la formación del niño hasta ahora. Se entrecruzan estas dos formas de ver. Y así hay muchas resonancias entre las distintas partes del programa, que no son explícitas, pero que las vive quien pasa por allí. Y así ha ido evolucionado el SAT, que fue primero para buscadores, personas como yo, personas cercanas, amigos, buscadores. Después lo requirieron los terapeutas, porque está muy visto que el terapeuta necesita ser persona desarrollada para que le funcione la terapia. No basta con el aprendizaje profesional. Y por último, he elegido ponerle más atención a los educadores, con la idea de que si sanaran los educadores, si se volvieran seres completos, estaría ahí el potencial para cambiar el mundo.

IP: Últimamente, desde la publicación del libro *Cambiar la educación para cambiar el mundo* (Naranjo, 2004) y en muchas charlas que has ido dando durante estos años, has hecho mucho

hincapié en esta idea de una transformación en el sistema educativo como forma de transformar el mundo.

CN: Muchas charlas, sobre todo estos últimos años. Doy muchas conferencias porque creo que es la comunidad quien tiene que entenderlo, y no las autoridades, porque no creo que las autoridades vayan a responder a tales ideales que no han producido ellos mismos. Pero la comunidad lo va entendiendo mejor, y yo creo que va a salir una nueva educación. Sino dentro del sistema, en los intersticios, como algo ajeno a las instituciones fosilizadas, que ya no cambian.

IP: Y hablas al mismo tiempo de una educación transpersonal. Cuando te refieres a esta educación transformada, ¿qué elementos habría que añadir para que la educación fuese una educación transpersonal?

CN: Principalmente salir de esa idea de que la educación sea un imperialismo de la razón. Pura información. Recuperar la educación emocional, recuperar las dimensiones emocionales. Recuperación de lo terapéutico, que está artificialmente separado. Pero no se puede separar la formación de una persona de la sanación de una persona. La evolución pasa por sanar. La recuperación de lo instintivo. A mí me parece importante, porque nuestra civilización misma esta castrada. Lo que yo llamo el mundo patriarcal es un mundo castrado que se ha opuesto o que ha exiliado la animalidad como cosa primitiva y peligrosa. Tendría que ser diferente la educación para que no sea un encorsetamiento de la espontaneidad de todos los que pasan por ahí. Y para que sea transpersonal la educación, en otros términos, para que sea espiritual, tiene que buscar la totalidad de la persona. En eso tiene razón Grof con la palabra *holotrópica*. La educación debería ser *holotrópica*, en el sentido de apuntar hacia el todo de lo que somos, a la integración de nuestras partes. Yo fui muy influido por Gurdjieff. La idea de que tendríamos que tener una educación para tricerebrados: intelecto, emoción e instinto. Lo que él llamaba el centro motor, pero es lo instintivo. Los tres centros deberían estar igualmente presentes, como en un diálogo continuo en nuestra vida. Pero la gente se ha vuelto unidimensional, la educación nos vuelve a todos un poco académicos. Y el academicismo, lo académico no existe. Es decir, tiene una existencia fantasmal, imaginaria.

No son vidas verdaderas las de la gente educada académicamente.

IP: Por otro lado, nos puedes explicar el uso que haces de la música, tanto aplicada a la psicoterapia como a la meditación, esta dimensión que le ves a la música como herramienta de trabajo espiritual.

CN: Claro. Es un gran vehículo del espíritu la música. Yo tengo una formación musical que me permite recurrir al repertorio clásico para apoyar el desarrollo de ciertas vivencias que todos necesitamos, como la devoción y la compasión. También el goce, la vivencia del goce. Una de mis ideas centrales es mi *teoría de los tres amores*, y uso la música como vehículo de los tres amores: el admirativo, el erótico y el compasivo. Porque pienso que tenemos poco amor en nuestra vida. Tenemos más amores falsos, cosas que llamamos amor, pero que no pasan de ser el deseo del amor, o la imaginación del amor. Creo que somos pobres en cuanto a capacidad amorosa, y que es un camino volverse capaz de adorar. Y la música lo permite. Más que la religiones establecidas. Creo que la música es una religión oculta. Y no despierta las mismas alergias que los credos. Es una experiencia que no necesita creer en nada, que no necesita ideología. Y el amor sana. Lo que llamamos espíritu está muy íntimamente vinculado a lo sagrado. Y a su vez, como la belleza depende del ojo que la mira, lo sagrado depende de una capacidad sacralizante, santificante, que tiene que ver con un tipo de amor. Es una forma de amor: al amor que admira, el amor que respeta, que mira hacia arriba, hacia lo alto. Es un amor que falta mucho en la gente, porque se nos enseña a hacer las cosas para un fin, y entonces pasamos la vida por alto. Vamos muy apurados hacia encontrar algo. Y ya es un paso detenerse en el aquí y ahora para encontrar lo sagrado. Pero a veces no basta, se necesita afinar el oído. Se necesita ese espíritu sacralizante. Y tiene que ver con el amor, es como el amor que siente un niño hacia los padres cuando muy pequeño. Y ya lo hemos olvidado de esa conciencia. Pero los padres eran Dios, o eran dioses, era un mundo de otro orden para nosotros. Y después nos decepcionamos con nuestros padres, nos enojamos, les cortamos la cabeza, y nos quedamos sin el amor a Dios. Invalidamos esa parte de nosotros.

Así que la música es un gran recurso, y la música transmite, como transmiten las tradiciones espirituales, el espíritu de los maestros. También la

música transmite la experiencia de ciertos maestros que fueron místicos ocultos. Fueron aparentemente sólo talentos musicales. Pero fueron mentes que captaron dimensiones muy profundas de la vida. Así que es alimento, la música es alimento. Pero requiere una introducción, algo así como los cursos de apreciación de la música. Solo que los cursos de apreciación de la música son relativamente superficiales, te hacen apreciar la forma de la música y no te orientan hacia el misterio. No te hacen sentir que la música es más que música, la tenemos encajonada como objeto estético, un placer del oído. Y eso nos aleja de la idea de que es una transmisión personalísima de vivencias del compositor, y nosotros a veces no estamos a la altura de captar, porque se necesita atención y aprendizaje también.

IP: Y tú has desarrollado herramientas para apreciar esta dimensión de la música para poder trabajar con ella en psicoterapia.

CN: A veces he hecho talleres sobre la música como complemento de la meditación, o de la psicoterapia. Pero en mis programas lo pongo también como un ingrediente entre otras cosas, no como un compartimento separado.

IP: Hemos hablado de muchas cosas: de meditación, de psicodélicos, del viaje del héroe, de chamanismo, de Gestalt... Entonces, ¿cuál dirías que es el hilo conductor que puede enlazar todos estos elementos con algo a lo que se le ha llamado psicología transpersonal, aunque se le podrían poner otros nombres?

CN: La transformación. La transformación del mundo de las pasiones en el mundo del despertar. Un mundo en el que las pasiones se transforman en otra cosa. Es el viaje de la superación del ego en el fondo, el viaje del ego a la esencia. Una transformación que uno se podría imaginar al comienzo que es como la muerte del ego y el nacimiento de la esencia, y que en realidad no es tan simple de poner en palabras, porque al final ni el ego se queda de lado. En una persona que se ha transformado el ego sirve a sus propósitos. Todo lo que se desarrolló como ego para usos defensivos y egoístas, pasa a estar al servicio del mundo, o del proyecto, o de la inspiración, de la actividad creativa de la persona.

IP: ¿Así que es una muerte del ego relativa en realidad?

CN: Si. Una muerte y una 'reasimilación' del ego. Es algo parecido a lo que describe Jung como la reintegración de la sombra. Me parece que eso es la idea principal. Según como se defina la psicología transpersonal...

IP: ¿Tú cómo definirías la psicología transpersonal, la has tratado de definir de alguna manera?

CN: Alguna vez lo he pensado, pero yo, yo nunca me acuerdo de lo que pienso. Tendría que repensarlo de nuevo. Yo me acuerdo que cuando se definió por primera vez la psicología transpersonal, para la primera página de la revista, del *Journal of Transpersonal Psychology*, fue una descripción muy aproximada, que decía "nos interesamos en tales cosas, como experiencias cumbre, estados alterados de consciencia, la inspiración, la creatividad, el éxtasis... ". Como una definición denotativa más que connotativa: esto, esto y esto es parte de nuestro territorio. No se quiso ir a dar una definición de la esencia. Y me parece correcto eso, porque es como decir: abarca lo que no ha entrado hasta ahora en la psicología mecanicista, en la hidráulica freudiana o en el conductismo. Las partes menos conocidas. Pero es como si uno se pregunta: ¿le interesa a la psicología transpersonal la teología? Claro que si uno se interesa en entender algo que te transforme, no va a quedar fuera la especulación teológica, o el equivalente budista de todo lo que se dice de la filosofía *mayámica*, el vacío etc. Pero no se puede pretender que la psicología transpersonal incluya la teología. Creo que no se deben hacer definiciones categóricas con límites claros. Las cosas son más *fuzzy*, más borrosas, de límites más borrosos.

Pero lo fundamental es el proceso humano de crecimiento, que es un crecimiento 'espiritualizante'. No se puede desconocer que la transformación y el desarrollo humano llevan de un estado que es como de gusano y termina en un estado que es como de mariposa, que vuela a otros espacios que los gusanos no pueden acceder. El despertar, la maduración terapéutica, está definida pobremente si no entra el contacto, el despertar al espíritu. Si el psicoanálisis o la psicoterapia no llevan a las personas al descubrimiento de su espiritualidad, es que se queda corto. Está demasiado apegado a la resolución de los problemas del vivir.

IP: Muchas gracias, Claudio.

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