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Tiffany A. Romer  
Seeing the Light in  
Psychotherapy: Exploring  
Transformational Change  
Through Object Relations,  
Self Psychology, and  
Transpersonal Psychology

### ABSTRACT

This theoretical study examines the phenomenon of transformational change (TC) and explores how mental health clinicians can use object relations theory and self psychology along with transpersonal psychology to increase understanding of TC. Initially an established conception of TC is presented. Next, TC is compared with similar phenomena; spiritual awakenings, mystical experiences and quantum change. Then the history of spirituality and religion within the fields of psychology, social work, and substance abuse are reviewed. From this historical review it is inferred that a predominantly disparaging view of religion has created a therapeutic environment inhospitable to exploration profound spiritual experiences.

This study proceeds to examine previous research that explores spirituality and religion through object relations theory and self psychology. As well, research regarding transpersonal psychology, a psychology that has specifically studied extreme spiritual states, is incorporated to consider how transpersonal psychology views and works with phenomena similar to TC. This information is used to postulate how TC may be perceived through object relations and self psychology. It is then proposed that with an awareness of and better understanding of TC clinicians can be more prepared to appropriately assess and treat people who have experienced TC, or are in the midst of TC.

SEEING THE LIGHT IN PSYCHOTHERAPY: EXPLORING TRANSFORMATIONAL  
CHANGE THROUGH OBJECT RELATIONS, SELF PSYCHOLOGY, AND  
TRANSPERSONAL PSYCHOLOGY

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

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2011

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## **CHAPTER ONE**

### **Introduction**

Within the field of substance abuse spirituality is not only accepted, but virtually mandatory. In twelve step programs by the second step the idea of a higher power is introduced and essential to the following ten steps (Forcehimes, 2004). When branching away from addictions and into mental health, the focus on spirituality dims and it recedes into the shadows of the more familiar concepts such as egos, conflict, mastery and early relationships.

Traditionally, psychodynamic theories have not emphasized an understanding of the client's spirituality; psychoanalysis kept a distance from religion and spirituality (Pitchon, 1998). I am proposing we welcome spirituality out of the shadows and allow it a place among the more familiar concepts.

Recently a new crop of spiritually oriented books and teachers have been lining best seller lists and entering mainstream media; Oprah being a major portal between the spiritual and the network TV audience. She has introduced spiritual authors and figures such as Eckhart Tolle, Byron Katie, Dr Wayne Dyer, and Martha Beck who have all gone through transformative spiritual experiences. This burgeoning interest in and practice of spirituality is bound to emerge in the 50 minute therapy session. If we do not work to understand and allow space for spirituality we are likely to miss important information from our clients or worse, are at risk for viewing a profound spiritual experience as indicative of psychosis.

Spirituality by its nature is expansive, hard to define, and different for each person. This creates a challenge in studying spirituality within the confines of today's empirical standards. One aspect that is perhaps easier to define and focus in on is the experience of transformational change (TC). Experiences of TC can be defined differently, but one manifestation familiar to many is when someone says they "saw the light," were in the presence of a higher power, felt surrounded in love, and connected to all things.

There is no consensus on exactly what to call these experiences or how to define them. In "Transformational Change: A Historical Review" White (2004) listed five characteristics of TC:

1. Transformational change is sudden, unplanned and unanticipated.
2. Transformational change is vivid.
3. The effects of transformational change are comprehensive: it is not merely a behavior change, but a revolution in character. Personal narratives after experiencing transformational change are marked by three parts: Who I was, what happened, who I am.
4. Changes from transformational changes are positive.
5. The effects of transformational change are enduring.

White further clarified transformational change by describing the stages of TC; a period of isolation and traumatic discontent, exposure to a message of hope, a breakthrough experience, validation of the experience, and entrance into a community of shared experience.

This paper will primarily use White's concept of TC, but will also introduce other terms used to describe similar phenomena and will note the subtle differences between the terms. With a solid understanding of TC this paper will explore the history of TC, its relationship with the field of mental health and how mental health clinicians can use the psychodynamic theories of object relations and self psychology as well as transpersonal psychology to better understand and work with TC experiences.

### **Methodology**

I believe it is possible to incorporate TC and other spiritual experiences into therapy. This requires being open to the idea of TC and finding theories that allow the therapist to better understand TC. This paper will explore how to do this by taking a brief look into the history of TC and psychology and then theoretically examining how to understand TC through applying object relations, self psychology, and concepts from transpersonal psychology.

These experiences have deep roots in our history; they have catalyzed religious and social movements (White, 2004). Experiences similar to TC had been revered in the past and then began their descent as the Enlightenment made science the ruler of reality. This paper will tour through this history to develop a deeper understanding of TC and to expose us to views of TC that are not pathological.

To understand how and why TC is at risk of being pathologized by mental health workers we will examine the development of psychology and consider what influences may have led to the exclusion of spirituality in psychology. We will also look at the history of social work and consider factors that may have influenced the extent to which spirituality was incorporated.



With a historical background in place we will then shift our focus to current psychological theories that have been used to explore spirituality. As we see how these theories explore the broader concept of spirituality we can then infer how these theories explain TC.

### **Research Question**

The traditional psychological theories have not explicitly addressed how to clinically work with profound spiritual experiences. A younger psychology, transpersonal psychology, does work with spirituality. Psychodynamic theories are the foundation of psychology and I believe they remain essential to any therapeutic work; however the work may prove more effective when drawing from other psychologies. I will research the question of “How can mental health practitioners use psychodynamic theories and transpersonal psychology to work with experiences of TC?”

### **Sequence of Chapters**

The paper will progress in the following manner; define TC and similar experiences, give a history of these experiences, describe the history of psychology in its relation to spirituality, outline the basic concepts of object relations theory, self psychology, and transpersonal psychology, review studies that have used these theories to explore spirituality, and then extrapolate and apply these theories to TC.

**Defining TC and similar phenomena.** Chapter II will add to the description of TC already given. Similar phenomena include spiritual awakenings, quantum change, and mystical experiences (Cook, 2004; Forcehimes, 2004; Herrick, 2010; Miller, 2004; Shaw, 2005). This chapter will describe the many features these share as well as the subtle differences that distinguish one from another. It is also important to note what TC is not; TC is not religious.

This chapter will describe conversion experiences and distinguish why these are not considered TC.

**Historical to modern TC.** Chapter III will describe the history of TC dating back to early religious and spiritual figures that had experiences that could be classified as TC and will then move forward to how Bill Wilson's spiritual experience led to the development of Alcoholics Anonymous (Frost, 2003). Wilson's experience will lead into a discussion of the importance of spiritual experiences within the field of substance abuse. This chapter will also include descriptions of Eckhart Tolle's, Byron Katie's, Martha Beck's, and Dr Wayne Dyer's experiences and a case for why the experiences of these modern spiritual leaders can be described as TC.

**History of the mental health field and spirituality.** Chapter IV will look at Freud's views on religion and spirituality and will explore how world events of the time may have shaped his views. Jung, whom had a close personal and professional relationship with Freud, shared many of Freud's views; but their views differed greatly on the topic of spirituality (Solomon, 2003). I will describe Jung's views, his incorporation of spirituality and his reception within the field of mental health. With a general understanding of Freud and Jung, I will then go on to outline the development of psychology's four major theoretical perspectives; psychodynamic, behavioral, humanistic and transpersonal. As well I will describe social work's religious roots and how the desire to gain credibility as a profession led social workers to distance themselves from the religious roots (Cowley & Derezotes, 1994).

**Psychodynamic theories of object relations and self psychology.** Chapter V will give a basic outline of object relations and self psychology. It will then review studies that have

worked with spirituality using the theories of object relations and self psychology. These studies indicate how attachment patterns may impact spiritual experiences and how spiritual experiences may reflect one's development (Amarasingam, 2009; Hall, 2007; Pargament & Saunders, 2007; Rogers, 2007).

**Transpersonal psychology.** Chapter VI will give an overview of transpersonal psychology and its emphasis on spirituality. Transpersonal means to go beyond the personal level; to include higher states of consciousness (Cowley & Derezotes, 1994). The foundation of transpersonal psychology is spiritual and because of its explicit focus on spirituality transpersonal psychology offers ways of understanding TC and distinguishing between psychosis and transcendent experiences (Nelson, 1994). There are however practical limitations of transpersonal psychology that this chapter will include, such as, difficulty with coverage by insurance companies (Nelson, 1994).

**Discussion.** Chapter VII will directly apply to TC by synthesizing information from all chapters, with particular attention to concepts from object relations, self psychology, and transpersonal psychology that were introduced in chapters V and VI. I will attempt to answer my research question of "How can mental health practitioners use psychodynamic theories and transpersonal psychology to work with experiences of TC?" through drawing upon research related to the more general topic of spiritual experiences cited in previous chapters and describing how it can be linked to the more specific experience of TC.

## CHAPTER TWO

### **Defining and Differentiating TC and Similar Phenomena**

Profound, spiritual life changing experiences have been the heart of inspirational stories and social change, but only recently have they come under the microscope of social science and measurable experiences. TC is a complex experience that has been broken down into characteristics and stages as described in the previous chapter. Specifically because White (2004) found a way to translate aspects of TC into observable components we are now able to begin differentiating between various spiritual, religious, and mystical experiences. To briefly review, TC is sudden and vivid and the effects are comprehensive, positive and enduring. As well, there are stages of change; isolation and traumatic discontent, exposure to a message of hope, a breakthrough experience, validation of the experience, and entrance into a community of shared experience. Other phenomena similar to TC include spiritual awakenings, quantum change, mystical experiences, and conversion experiences.

#### **Conversions**

The easiest experience to differentiate from the others listed is conversion because conversions are usually centered on religion; all other experiences listed are independent of religion. Mahoney and Pargament (2004) differentiated conversions from other TC like experiences by noting that conversions incorporate “the sacred” into the content of change. There is not one agreed upon definition for a conversion experience, but most social scientists agree that “conversion involves a process of radical personal change in beliefs, values, and, to some degree, change in personal identity and worldview” (Steigenga, 2010, p. 77).

This synthesis of varying descriptions and definitions of conversions is helpful in identifying the similarities; however the synthesis also left out religious change, the central element. This key element may have been neglected because it may have been encompassed in the changes in beliefs and values. Another area where conversions and TC differ is the life stage. The difference is in when they have their experience. Conversions tend to occur in early to mid-adolescence while TC experiences tend to occur after the age of 25 (White, 2004).

### **Quantum Change**

The term *quantum change* is most similar to TC; the terms are essentially interchangeable. The difference between the terms is simply that the term quantum change is vaguely defined which makes it difficult to use in research. TC has been defined and broken down into stages and characteristics which make it more amenable to research. Miller and C'de Baca, the authors of the book "Quantum change: when epiphanies and sudden insights transform ordinary lives" (2001) described their attempts to define quantum change by writing "we find a precise definition elusive" and went on to describe (not define) quantum change as "a vivid, surprising, benevolent, and enduring personal transformation" (p. 4).

When an experience of quantum change is described it is often an experience that would also meet the criteria for TC. Further descriptions of quantum change highlight the similarities. Mahoney and Pargament (2004) gave multiple descriptors of quantum change; "a sudden breakthrough of awareness and consciousness that occurs with seeming effortless," "Quantum change alters peoples' understanding of what is fundamentally important in life," "a shift in the pathways by which a person discovers what is most significant in life and an alteration in the destination perceived to be of greatest importance in life," and "quantum change

does not necessarily involve the belief that the sacred is involved in these changes” (p. 487).

The last point is important to emphasize; TC, just as quantum change, does not necessarily involve the sacred. Often people consider these experiences sacred and I am studying them within the context of spirituality; but a spiritual dimension is not essential to quantum change, nor to TC.

Although there is no definition or specific criteria for what constitutes quantum change, Miller described two categories of quantum change; the “Mystical or Epiphany type” and the “Insightful type.” The mystical or epiphany category can be characterized by (a) experiencing a passive and transient state of consciousness, (b) it is often difficult to put into words, (c) there is often a presence of a divine Other, (d) there is an experience of unity, (e) is similar to near death experiences; (f) most do not cause enduring change. The other category, the “Insightful type” of quantum change, is a “sudden realization and knowing, recognized as authentic truth” that “reorganizes one’s perceptions of self and reality” and is often accompanied with intense emotion (Miller, 2004, p. 456-457). The general differentiating theme of these two categories is that the mystical type involves a sense of being acted upon by an outside force and the insightful type is a breakthrough of internal awareness,” (White, 2004, p. 464). The only aspect described above that does not correspond with TC is that the mystical type experiences generally do not cause enduring change; TC is noted for enduring change.

### **Mystical Experiences**

Another term often used is a type of variation or addition to the word *mystical*. *Mystical experience* is a term similar to TC that has been used in humanistic psychology. A significant difference between TC and a mystical experience is that the mystical experience does not always

result in enduring change; just as the mystical type of quantum change does not always result in enduring change. Although the term *mystical experience* is not interchangeable with TC, mystical experiences are an important area of research because the word *mystic* has a long history, dating back to pre-biblical times. The old age of this word has allowed a substantial body of literature to develop specifically on mystical experiences.

In “A Pathway to spirituality” Shaw (2005) described mystical states:

Mystical states are characterized by a sense of consciousness of the oneness of everything. Duality, separateness, and multiplicity are obliterated. Time and space are perceived as nonexistent. There is a loss of the bounded self and one experiences the self as a part of something timeless and eternal. (p. 352)

It should be noted that the sense of oneness described in mystical experiences is often present in TC; it is not a required characteristic of TC.

Cook (2004) offered an older take on mystical experiences, referring back to William James, a psychologist who in the early 1900’s published his lectures “The varieties of religious experience.” In these lectures James identified four marks of a mystical experience; ineffability, a noetic quality, transiency, and passivity. These four marks are also included in the description of quantum change of the mystical or epiphany type. These four marks are not required characteristics of TC, but are often present.

### **Spiritual Awakenings and Spiritual Transformations**

Another term commonly used and similar to TC is *spiritual awakening* or *spiritual transformation*. I will be using spiritual awakening and spiritual transformation interchangeably because I have not come across any literature differentiating the two. Spiritual awakening is a term most familiar to Alcoholics Anonymous (AA); it is a required step in the twelve steps. In

AA one is supposed to turn their life over to a higher power, spiritually cleanse their past through confession, and await the cleansing of a spiritual awakening (Forcehimes, 2004).

AA co-founder, William “Bill” Wilson, defined a spiritual awakening as a “mystical and instantaneous life-changing incident” (Forcehimes, 2004). Later Wilson decided that spiritual awakenings did not have to be sudden; they could also be gradual because many people in AA were not having sudden transformations. The concept of hitting bottom (also familiar to AA) is the first step on the path to a spiritual transformation then followed by contrition, and surrender (Forcehimes, 2004). Chapter III will provide further information on Wilson and his relevance to TC.

In “A Therapist’s spiritual experience” Herrick (2010) listed nine characteristics of a spiritual experience.

1. A state of ecstasy bliss, love, and joy
2. A sense of union with the universe and/or God and everything in existence
3. A sense of ultimate freedom and belonging
4. A heightened awareness transcending space and time
5. An awareness of unity of opposites
6. A revelation that carries a sense of essential authority
7. A loss of ego functioning
8. A sense of lacking control over the event
9. A greater sense of meaning and purpose of life (p. 111)



Although she used the term *spiritual experience* and not *spiritual awakening*, or any exact terms described previously; the characteristics she listed are consistent with spiritual awakenings and mystical experiences.

### **Conclusion**

By attempting to differentiate the terms that describe phenomena similar to TC; (conversion, mystical experience, quantum change, and spiritual awakening) I hope to have both clarified that each term has a slightly different meaning and to have muddied the boundaries of these terms. TC is a term I have chosen to work with because it is clearly defined; however using a clearly defined term does not accurately reflect the fluid and amorphous nature of spirituality and these profound experiences.

## CHAPTER THREE

### Historical and Modern TC

#### Introduction

This chapter gives a history of TC. Profound changes in the lives of historic figures and modern leaders will be described in this chapter. I will also attempt to make a case for why these experiences could be considered TC. In addition, in this chapter will familiarize the reader with TC and give examples of how it is described. This chapter also includes a series of TC examples to illustrate that a range of people have these experiences: TC is not only experienced by those considered as the extreme religious.

In order to make a case for how some experiences can be considered TC it will be important to briefly review the basic characteristics and stages of TC. TC is sudden and the effects are comprehensive, positive and enduring. The stages of TC are a period of isolation and traumatic discontent, exposure to a message of hope, a breakthrough experience, validation of the experience, and entrance into a community of shared experience (White, 2004)

White's article that defined the term *transformational change* was published in 2004; however the experiences the term describes have been documented for centuries. The earliest experiences documented were generally those of religious figures. Although these experiences occurred in a religious context and were filtered through religious lenses the experiences themselves were not inherently religious.

## Historic Religious Figures

Catholicism tends to describe more of these experiences than other religions. This may be in part because Catholicism developed a term that describes a stage of TC: *the dark night of the soul*. In the sixth century Pope Gregory the Great described the dark night as a phase of spiritual development: “The joy and peace of contemplation could only be attained for a few moments after a mighty struggle. Before tasting God’s sweetness, the soul has to fight its way out of the darkness that is its natural element” (Armstrong, 1993, p. 219). Further descriptions of the term dark night include “a period of wrestling with the evil one, with their own internal evil, with the need to be in control, with the need to always feel good, with the need to feel that God is close;” and “experience of loneliness and desolation in one’s life associated with a crisis of faith or with profound spiritual concerns about the relationship with God” (Durà-Vila & Dein, 2009, p. 300 & 544).

TC begins with a stage of isolation and traumatic discontent, which then leads to exposure to a message of hope and the ensuing stages. The dark night by itself is not TC; however, it does describe the stage of isolation and traumatic discontent.

One of the earliest accounts of TC is from St. Augustine who lived in the fourth century. Durà-Vila and Dein summarized St. Augustine’s dark night in “The Dark night of the soul: Spiritual distress and its psychiatric implications” (2009).

St. Augustine was very distressed in the middle of a spiritual battle, crying, feeling that God was angry with him, exasperated by his perceived weaknesses, he heard a child’s voice coming from a neighboring house who was singing repeating this chorus “Take and read!, take and read!” He interpreted this as a command from God to open the codex of the Apostle Saint Paul and read the first chapter that he found. As soon as he finished reading a few sentences that his eyes fell on, he felt “how a light of security was poured in my heart, frightening off all the darkness of my doubt.” (p. 549)

The “darkness of my doubt” implies he experienced a stage of isolation and discontent, he was exposed to a message of hope through the child’s voice, and the breakthrough experience was the “light of security” that “poured in my heart.” This quote does not directly describe validation or entry into a community of shared experience; however the documentation of St. Augustine’s experience shows he was validated by his religious community, but it is unclear if this community was one of shared experience.

St. Teresa of Jesus from the 16<sup>th</sup> century is another influential Catholic figure who wrote of her own dark night. In “The Dark night of the soul: Spiritual distress and its psychiatric implications” Durà-Vila and Dein (2009) summarized her experience:

Her soul felt desperate, restless and uneasy as she felt surrounded by darkness and affliction. She faced “doubts and suspicions” when her faith and virtues were “muffled and asleep” and had physical suffering added to her spiritual pain. A process of mental filtering seemed to have taken place during her Dark Night through which she selectively remembered her misfortunes and “all the favours that the Lord granted me were forgotten.” She evaluated herself in a negative light: full of imperfections, evil, sin and possessing a false humility. There are vivid memories of moments of indifference, insipidity, apathy and emotional numbness when she felt nothing. Her thoughts were at times muddled up, her mental blurring could last from one day to several weeks when her mind was unable to be the master of herself to control the “stupid things” that were appearing in it. Her praying became dry, fruitless and desolate, even a painful experience for her soul and body ... just after taking the communion ... I felt so good in soul and body” or at other times hearing “the Lord just telling me: Don’t dismay, don’t be afraid ... I felt completely healed.” (p. 550)

Durà-Vila and Dein went on to describe the aftermath of her dark night. Afterwards she found that her “soul came out from it like gold, sharper and clearer, to be able to see the Lord in herself.” She also stated that “the darkness of my soul” was dissolved by the “sun coming up” (p. 550).

St. Teresa of Jesus's account also described a prolonged period of isolation and discontent followed by a message of hope, "don't dismay, don't be afraid;" a breakthrough experience illustrated in her statement that her soul came out of the experience "like gold;" and lastly, the validation and shared experience are implied by the documentation of her experience (Durà-Vila & Dein, 2009, p. 550).

St. Paul of the Cross from the eighteenth century is notable for the extended period of isolation and discontent he faced. When describing his dark night that lasted 50 years he wrote: "I cannot remember, for fifty years, to have had a day free of suffering." However this period did end and "he recalled how he was rewarded with the experience of union with God – 'a marvelous and highest wonder' – when he felt that he was dissolving in God." St. Paul of the Cross wrote that the dark night "produces in the soul two wonderful effects: one is to purify it from any hint of imperfection ...; the other is to enrich the soul with virtues" (Durà-Vila & Dein, 2009, p. 551-552).

The example above clearly indicates a breakthrough experience; however the message of hope that precedes the breakthrough was not elucidated. This breakthrough was said to have happened after taking communion; perhaps the communion served as a message of hope. When St. Paul of the Cross wrote of the effects of the dark night on the soul he emphasized the enduring impact of these experiences.

One of the more recent and well known Catholic figures who experienced a dark night (and debatably experienced TC) was Mother Teresa. She, like the saints described above, had a prolonged period of discontent and isolation. She described this forty year period as "this terrible darkness inside of me, like if everything was dead" (Durà-Vila & Dein, 2009, p. 554).

Durà-Vila and Dein (2009) summarized her eloquent reflections on this period; “Her perceived source of suffering was her ‘constant longing for God that is causing me this pain deep in my heart.’ She felt that God’s place in her soul was empty: ‘There is no God in me” (p. 554).

Durà-Vila and Dein (2009) captured what may have been a breakthrough experience:

‘Moments of intense light in her darkness’...During the mass she asked God for a sign that He was pleased with her congregation and at that instant ‘the long darkness, the pain of loss, of loneliness, the strange suffering of ten years’ disappeared ‘today my soul is full of love, with an indescribable joy.’ (p. 555)

Her experiences cannot clearly be designated as experiences of TC; it appears after a breakthrough experience she would eventually return to a stage of discontent and isolation and later have another breakthrough experience. One of the characteristics of TC is that it leads to profound and lasting change. It appears the changes she experienced were profound; however the impact may or may not have been lasting. She may be someone who did not experience TC or someone who repeatedly experienced TC.

### **Classic Accounts of TC**

Some staple holiday stories and classics in literature are stories of TC. *It’s a Wonderful Life* and *A Christmas Carol* are both fictional accounts of TC. In the movie, *It’s a Wonderful Life*, the main character, George, under great financial distress believes he would be worth more dead than alive; he readies himself to end his life by jumping off a bridge when an angel intervenes. The angel delivers a message of hope through showing the character how the people in his life would be if he had never been born. After the angel delivers this message, George’s will to live is renewed and he joyously returns to the life he had been fleeing (Capra, 1947). In Dickens’s book, *A Christmas Carol*, the miserly Ebenezer Scrooge is delivered a message through the ghosts of Christmas Past, Christmas Present, and Christmas Yet to Come (Dickens,

1843). This message causes Ebenezer Scrooge to reform his life and he in turn leads a more generous and fulfilling life.

### **Modern TC Experiences**

Even within the field of psychology one of the most influential figures experienced TC. Jung had a near death experience at age 68 after having a heart attack. He found himself in space looking at the earth below “bathed in a gloriously blue light.” He was approaching a temple where he ~~would~~ believed he would be given a life review when his physician floated up from Earth and told him there had been a protest against Jung leaving earth. The experience transformed him. After this a “fruitful period of work began for me. A good many of my principal works were written only then.” He also found it easier to accept “the conditions of existence as I see them and understand them” (Nelson, 2011, p. 109 & 110).

TC is usually an inherent part of substance abuse treatment programs. This is because Wilson’s TC led to the development of AA and the concept of twelve step programs. Wilson described his first alcoholic drink as a “miracle” and that when he drank he felt like “I belong to the universe; I was a part of things at last” (Frost, 2003, p. 68). Wilson embarked upon decades of binge drinking while performing well at work on Wall Street. Wilson attempted to quit drinking many times, but was unable to. During the Great Depression Wilson’s income took a hit as well as his ego and he entered a period of traumatic discontent and isolation. During this time a friend of Wilson’s visited; this friend once too had a drinking problem and described how religion had helped him. Talking with this friend and hearing his success was a message of hope for Wilson. Still he continued to drink. While in a hospital after binge drinking Wilson prayed and “a great white light spread through his room and a feeling of peace came upon him.” After

this event he researched other spiritual experiences and religious practices. Wilson was released from the hospital and never drank again; he instead followed his calling to help others with sobriety, eventually founding AA. (Frost, 2003, p. 68)

The twelve steps conclude with “Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs” (Twelve steps and twelve traditions, 1981). To an extent the steps work to induce a spiritual transformations or TC. Initially spiritual awakenings were expected to be sudden, however many people were not having sudden awakenings. Wilson eventually added that awakenings can be sudden or gradual; each person has an experience based on what they need (Forcehimes, 2004).

Currently, decades after Wilson’s TC, people outside of AA are sharing their TC experiences. There is a new wave of spiritual leaders who have described their experiences of TC. Eckhart Tolle, best known for authoring “The Power of Now” and “A New Earth,” described being at a low place in his life, considering suicide, when he questioned “Who is the ‘I’ and who is the ‘self?’” This questioning brought him to a deeper sense of self, “to consciousness itself.” The next day Tolle awoke and was “completely at peace for the first time since childhood” (Winfrey, 2008, Eckhart Tolle).

On Oprah’s Soul Series she introduced her guest, Dr Wayne Dyer, as “the father of the spiritual movement as we know it.” In Dr Wayne Dyer’s exchange with Oprah he described a pivotal moment in his life. As a child, his father walked out on him, he grew up in foster home, “carried around deep anger, deep resentment and deep hatred” and was abusing alcohol. He went to Mississippi and ended up at his father’s grave where he said, “from this moment on I send you



love, from this moment on I will never have any resentment, or hatred or bitterness towards you at all.” He said after that moment he stopped drinking, lost weight and the right people started showing up in his life. Dr Wayne Dyer said he “Never had an angry thought toward him or toward anyone else since that time” (Winfrey, 2008, Wayne Dyer).

Byron Katie another modern spiritual leader had a transformational awakening that then led her to developing a process of inquiry in which one questions the reality of the thoughts they have that cause suffering. Also a guest on Oprah’s Soul Series, she described her moment of change and what led up to it. Byron Katie went through a deep depression where she would not leave her bedroom for weeks. While sleeping on the floor, because she did not see herself as worthy of sleeping on a bed, “a cockroach crawled over my foot and in place of all the darkness was a joy I can’t really describe.” She also said, “In that moment I saw what I was believing wasn’t true for me. In that moment the world instantly happened. I saw everything differently.” Her life transformed after that moment and she began her path to develop the process of inquiry in order to teach others to free themselves of the suffering their thoughts cause (Winfrey, 2008, Byron Katie).

Martha Beck, a bestselling author, Oprah magazine contributor, life coach, and an inspirational being, wrote of her encounter with a growing ball of light during an emergency surgery (Beck, 2005). Beck unambiguously described her transformational experience as one of benevolence, love and unity; she felt “wrapped in the arms of love” and “the vivid, drenching, infinite presence of love and peace and joy. It was...home” (p. 111 & 112). She told of the difficulty in describing the ball of light; “I seemed to perceive it with several senses I usually don’t possess, all of them specially designed to experience beauty beyond anything words could

ever convey” (p.111). The book in which she wrote of this experience included reflections on her history of being a victim of incest, neglect, and generally feeling disconnected from the community she grew up in (Beck, 2005). This specific, TC experience she described did not have an immediate precursory feeling of isolation and traumatic discontent; but she did have a long history preceding this experience of feeling isolated and feeling traumatic discontent. This experience did result in enduring change; it was a key piece along her spiritual path that led her to her faith.

### **Conclusion**

Although TC may seem to be a rare experience reserved for people on the far ends of religiosity and/or spirituality; from the examples above I hope to make clear their far reaching, non-discriminatory nature. These experiences have been documented for centuries and have happened to people from all walks of life. Even though these experiences are not as rare as they may seem, there are reasons people feel inhibited from sharing them in psychotherapy sessions. The next chapter will help shed light on how such profound life changing experiences often go unmentioned in psychotherapy.

## **CHAPTER FOUR**

### **Spirituality in the Mental Health Field**

#### **Introduction**

The role of religion and spirituality within the field of mental health dates back to the beginning of psychology. In the article “On Mapping the Psychology and Religion Movement: Psychology as Religion and Modern Spirituality” Parsons (2010) classified the role of religion within the field of psychology into three periods. The first period which Parsons considers the “psychology ‘of’ religion” begins in 1880 and extends to World War II. Parsons considered the second period to be the Post-War period through the 1960’s which included the genesis of behaviorism, ego psychology, object-relations theory and humanistic theories. Parsons states that during this second period the “psychology ‘of’ religion” continued, however the psychology and theology dialogue matured and grew to extend to many social arenas. In the third period, from the 1970’s to present, the relationship between religion and psychology has been segmented. Instead of the “psychology ‘of’ religion” new areas arose such as “religion ‘and’ the human sciences.” This period also included many new models; significant to this paper is the development of transpersonal psychology (Parsons, 2010).

#### **First Period: Freud and Jung**

The first period Parsons described, between 1880 and WWII, is a starting place for the role of religion within psychology. At the time the two most influential figures within psychology were Sigmund Freud and Carl Jung. They both held strong beliefs as to the role and

function of religion and/or spirituality. Freud believed religion was a product of wishful thinking, the oedipal complex and neurosis. Jung, Freud's protégé, differed with Freud in regards to religion and believed the absence of religion, not the presence of it, is a symptom of neurosis (Palmer, 1997).

The context in which Freud developed his beliefs around religion is important for understanding what factors may have influenced the development these beliefs. Freud was born in 1856 to a Jewish family within a Catholic town in what was then the Austrian Empire. Within a few years of his birth he and his family moved to another city within the Austrian Empire, Vienna, where Freud largely remained until age 82. At age 82, in the year 1938, Hitler invaded Austria and Freud moved to England (Palmer, 1997). He died shortly after moving, in 1939.

Freud was living in a time of anti-Semitism. In *Contemporary Psychoanalysis and Religion: Transference and Transcendence*, Jones wrote "To the extent that religion performed a civilizing function and kept instinctual chaos at bay, Freud could approve of it - but Freud was living in a time where it seemed the civilizing function was failing" (1991, p 3).

Although Freud is of Jewish descent he claims to have always been an atheist. Freud grew up in a household where he was exposed to Jewish teachings, celebrated the Christian holidays of Christmas and Easter and during his early years he had a Catholic nanny he was quite fond of. Freud was exposed to a range of Judaism and Christianity. Although Freud did not prescribe to any particular Jewish beliefs, he is said to have valued "Jewish independence of thought and intellectual courage" (Palmer, 1997, p. 6).

Freud's academic pursuits were in the field of medicine. Freud was a medical student who studied the anatomy of the central nervous system (Palmer, 1997). In terms of his beliefs Freud is described as a rigid determinist meaning, "all phenomena, including all human actions and choices, operate according to the principle of universal causation, namely, that every event has a cause" (Palmer, 1997, p. 6). This has been translated into psychoanalytic terms that the unconscious determines what the conscious impulse and action will be.

This background gives us an idea of the soil from which Freud's religious beliefs grew. A basic summary of Freud's view of religion is that it emerges from wishful impulses that originate from the helplessness of childhood and it survives into adulthood through the image of the father-god (Palmer, 1997). Freud states his views of religion and psychology in four major works: *Totem and Taboo* (1913), *The Future of an Illusion* (1927), *Civilization and its Discontents* (1930), and *Moses and Monotheism* (1939).

In *Totem and Taboo* Freud theorizes on the origins of religion. He makes five major assertions in this work: (1) "the origin of religion is to be found in the ambivalent relation of son to father," (2) a collective sense of guilt is inherited from the original killing of the father, (3) the Oedipus complex becomes the personal repetition of the universal experience of killing the father, (4) the effect of guilt from the killing of the father is religious behaviors that are expressions of remorse and attempts to atone for this past universal act of killing the father, and (5) there are three stages in which one can view the universe. Freud described the progression of these three stages: one begins with the view of oneself as omnipotent, then one transfers omnipotence to god, and the most matured stage is to relinquish beliefs of omnipotence and accepting a scientific view of the world (Palmer, 1997, p. 31). Thus, in this work Freud

establishes that religion is a result of the Oedipus complex and the most mature way to view the world is through a scientific lens.

His three following major writings examined religion as a cultural phenomenon. *The Future of an Illusion* reasoned that religion is an illusion that satisfies inherent demands within human nature such as (1) to come to terms with external forces of nature which threaten to destroy humanity (2) to come to terms with internal forces of nature, human instincts, which are no less threatening, and (3) and to satisfy mankind's universal longings for a father figure. In *Civilization and Its Discontents* Freud postulated that one of the primary functions of religion is to defend civilization against the aggressive and libidinal drives of humanity (Palmer, 1997, p 39). In *Moses and Monotheism* Freud analyzed the beginnings of Judaism and to an extent, the beginnings of Christianity. Freud believed that monotheism is the return of the repressed. He compared the development of religion with the development of the individual psyche. In individual development early childhood includes trauma, during latency this is repressed, after latency the repressed begins to re-emerge. In Judaism the killing of a "father prototype," Moses, is the repetition of the murder of the primal father; then civilization entered a repressed period and upon the emergence of a second Moses came a return of the repressed in the form of monotheism. Monotheism re-elevates a powerful male to a position of dominance (Palmer, 1997, p. 45).

There are many critiques that can and have been made of Freud's views; however that is not the purpose of this paper. This paper is explaining Freud's views and delivering them as Freud intended as to show the way in which the place of religion within Freudian psychology

was created. Although there were critics of his view, Freud was the dominant voice of psychology and therefore his view was predominantly available.

The most influential figure within psychology that disagreed with Freud's views on religion was Freud's very own friend, student, and colleague; Carl Jung. As Freud's views of religion circulated Jung began to question these views and develop his own independent view of religion and spirituality within psychology.

Jung's background was different than Freud's. He was born in 1875 to a devoutly Christian family in Switzerland. Jung's family valued both religion and medicine. Jung initially chose to study medicine, but after personally witnessing and studying occult phenomenon and later reading a textbook on psychiatry he "in a flash of illumination" chose to study psychiatry (Palmer, 1997, p. 88).

Jung and Freud developed a close relationship which Jung proposed to be more of one between a father and a son than one between equals. Freud, enjoying the role of surrogate father, allowed for this to develop but eventually became concerned with what he perceived as Jung's oedipal desire to replace the father.

Jung largely agreed with and supported Freud until Jung solidified his own beliefs on the topic of religion which were substantially different than Freud's. Jung believed it was "not the presence of religion which is a symptom of neurosis but its absence" (Palmer, 1997, p. 92). This may derive from Jung and Freud's opposing interpretations of religion. Jung believed a feeling of dependence and powerlessness is the core of religious experience, but Freud stated that the feeling of powerlessness is the opposite of religious feeling (Fromm, 1950). So, Freud saw religion as a way for people to feel powerful and Jung saw religion as a way people came to

recognize their powerlessness. Jung also believed the fundamental psychological drive is integration, not gratification.

In 1911 and 1912 one of Jung's most important works on the unconscious was published. In this he renounced Freud's libidinal theories and introduced the concept of the collective unconscious. The collective unconscious is deeper than the unconscious, it is the unconscious "which includes the primordial and universal images common to all mankind" (Palmer, 1997, p. 95). One implication of the collective unconscious is that within the total of unconscious material, Freud's concept of unconscious is dwarfed; what Freud considers the unconscious has a much less significant role in the whole of unconsciousness. Another major implication of Jungian's concept of a collective unconscious is that for Jung, the consciousness arises out of the unconscious; but for Freud the unconscious arises out of consciousness (Palmer, 1997).

Also, important to Jung's beliefs on religion and spirituality was his out of body experience after having a heart attack at age 68. As described earlier in "Modern TC," chapter three, in this experience he was approaching a temple when his physician met him in this other realm and called him back to Earth. This occurred after the death of Freud, so it does not have bearing on their relationship but it did strengthen Jung's spiritual views. Jones in *Contemporary Psychoanalysis and Religion: Transference and Transcendence* stated that the goal of Jungian psychology was "the recovery of the sacred buried within each self" which made Jungian psychology "a theology in disguise – envisioning a universal power outside of conscious control that brings health and wholeness when accessed through dreams, symbols and intuitive experience" (1991, p. 5).



## **The Second Period: Following Freud and Jung**

The period following the rise of Freud and Jung brought about new theorists and views of the psyche. During this period behaviorism was created. Behaviorism was split into many sub-groups, but essentially believed behavior is learned and the only real data was that which could be objectively observed (Mills, 1998; Stats, 1996). Ego psychology, which also developed during this period, stemmed from Freud's concepts of the id, ego, and super-ego. Ego psychology focused on the ego and its functions and defenses; it did not focus on any relationship with religion and/or spirituality. One ego function within ego psychology is object relations. Object relations was later expanded upon and developed into a theory in itself. The focus of object relations theory is on the relationship between the self and other (Flanagan, 2008). Although this is not inherently religious or spiritual in nature; religion and spirituality do fulfill self-object needs and have been studied from an object relations perspective. Object relations will be expanded upon in Chapter V.

Spirituality has a place within humanistic psychology. One of the most well known humanists, Maslow, created a hierarchy of needs that peaks with self-actualization. Maslow also wrote about peak experiences which, depending upon the specific experience could be considered TC. Maslow saw religion as an effort to communicate peak experiences (Breslauer, 1976). This incorporation of peak experiences allowed for humanistic psychology directly addressed spirituality.

## **Third Period: Segmenting Religion from Psychology**

The third period, which we are currently in, began in the 1970's. Parsons describes this period as one in which the relationship between religion and psychology is a segmented

relationship. While this is true when studying the relationship between psychology and religion; when solely studying psychology (not the relationship with religion) it seems clear that psychology had been largely segmented from religion upon conception by Freud. In this third period when psychology and religion are able to have a relationship in which both wholly exist independent of the other; transpersonal psychology has grown, a psychology with an inherent focus on spirituality. Transpersonal psychology will be addressed further in chapter VI.

### **Social Work**

Early social welfare organizations in the 1800's were formed within churches, charities, and by the upper class. Social workers tended to be female, religious, and/or affluent. Their focus tended to be on providing "food, shelter and helping with emotional and personal difficulties with religious admonitions" (Zastrow, 2010, p. 1). As the nineteenth century progressed the scope of services provided by social welfare organizations expanded to serving the poor, unemployed, physically ill, mentally ill, and orphans. These organizations were not coordinated with each other, leading to poor distribution of services. As a result the Charity Organization Society (COS) developed; COS brought organization to prior social welfare efforts. COS registered applicants, assessed the needs of each applicant, provided direct services and coordinated with agencies already established within the community. By the late 1800's settlement houses began to develop in poor neighborhoods. These were houses in which social workers would live and attempt to reform the poor neighborhood they were in. These settlement houses were mostly run by the daughters of ministers (Zastrow, 2010).

In the early 1900's social workers were slowly beginning to get paid for their work; instead of strictly being volunteers. Still, social work was not recognized as a profession. In order

to be recognized as a profession social work distanced itself from politics, developed a specific body of skills, and developed a knowledge base that would distinguish social workers from general do-gooders. One way in which this was achieved was by developing a three part procedure of “study-diagnosis –treatment” (Blau, 2007, p. 260). This shift towards a more scientific procedure was an attempt to more closely align with the most respected professions of the time. In developing a body of skills and aligning with science; social work distanced itself from its religious roots. To be recognized as a profession, social workers could no longer simply be affluent church members reaching out to disadvantaged populations. Social work became recognized as a profession after World War I. As social services were in greater demand, such as during the Great Depression, social work was more widely recognized as a legitimate profession.

### **Field of Substance Abuse**

Prior to AA treatment approaches were diffuse, but generally incorporated aspects of religion to some extent. One of the earlier, most prominent treatment approaches was the use of mutual aid groups in which addicts would gather and experiment with sobriety. Little has been written about how they attempted sobriety. Some mutual aid groups were religious/spiritual and some were strictly secular. There was reliance on religion in the treatment of addiction; specifically reliance on conversion experiences. To briefly review from chapter two, conversion experiences are defining moments, but are not spontaneous, do not always produce enduring change and are inherently religious in nature. Addiction was a problem substantial enough that in the mid-1800’s religious revivals addressed addiction by stressing conversions and recovery (McGovern and McMahon, 2006).

The Salvation Army was established in the late 1800's and its treatment components included confession, transformation and reforming personal identity. The Oxford Movement was another mutual aid approach to recovery. This movement began in the early 1900's and was a precursor to AA. The Oxford Movement focused on the need for personal spiritual change, and emphasized honesty, purity, unselfishness and love (McGovern and McMahon, 2006).

Wilson, founder of AA, experienced TC and maintained sobriety thereafter (as described in Chapter III). Within 12 step programs, such as AA, spirituality or religion is a necessity. As listed on [www.12steps.org](http://www.12steps.org), the twelve steps of AA are:

1. We admitted we were powerless over alcohol — that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Seven of the twelve steps are directly related to spirituality and/or religion. As early as the second step, the necessity and centrality of spirituality/religion is made clear to the addict.

Treatment approaches have broadened over time, but most all substance abuse and addiction programs have a religious/spiritual component. Chapter seven will theorize on why this is; why spirituality tends to be a common factor in recovery from addiction.

### **Conclusion**

Freud's view of religion as a neurosis and the growing emphasis on the scientific process has limited the extent to which social work and psychology practitioners learn to address religion and/or spirituality with clients. If a practitioner takes a purely Freudian perspective on religion, a client who shares a significant religious/spiritual experience could be pathologized. Over time theories that incorporate a neutral, or even positive, view of spirituality have emerged; but Freud's views left a lasting mark. Certainly, Freud's analysis of religion is valuable and is likely accurate in some cases; however allowing Freud's view of religion as a neurosis to exist while also learning other views of religion/spirituality would allow for the most accurate conceptualization of a client.

Often substance abuse is separated from mental health. It seems this separation has allowed addiction treatment to develop in its formative years mostly independent from psychology. This may be why substance abuse treatment continues to have such emphasis on spirituality/religion. Researching spirituality/religion in the treatment of substance abuse may

lead to new approaches in the mental health field. Specifically, the relatively frequent occurrences of TC within 12 step programs, may also garner information that could be extended to the mental health field in general.

## CHAPTER FIVE

### Psychodynamic Theories of Object Relations and Self Psychology

#### Introduction

Psychodynamic theories that evolved post-Freud were more compatible and hospitable towards religious and spiritual beliefs and practices. Object relations and self psychology are two theories that have been studied in relation to religion and spirituality. I have not found literature specifically connecting these theories with TC; however understanding their general relationship with religion/spirituality will create a basis for hypothesizing on how they can be used to understand and work with TC.

#### Object Relations Theory

In the 1940's, the decade following Freud's death, new theories were being developed that extended beyond drives; theories that began emphasizing the impact of early relationships on human development. The theory of object relations proposes that our health and psychological constitutions are a function of the quality and type of relations with past and current objects (Rogers, 2007). The term *object* refers to something outside the self, often a relationship with a person or thing. However, the object is not merely a person or a thing; it includes the relationship one has with the object, the way in which the relationship was internalized and how/if needs are or are not met by or through the object (Flanagan, 2008; Hall, 2007; Rogers 2007).

Object relations works on the premise that objects are incorporated into the psychological make-up of a person; similar to the idea of how the food one eats becomes part of one's physical body (Flanagan, 2008). Significant objects to a baby are often its primary caretakers. The baby begins to build an internal map of relationships based on their interactions with these objects. If a baby's cries of hunger are generally responded to in a reasonable time by a primary caretaker delivering nourishment and soothing the baby will begin developing a relational map in which it believes its needs will generally be met; objects are soothing and dependable. If a baby's cries of hunger are ignored or met with retaliation, the baby will begin developing a relational map in which it cannot trust that its needs will be met; objects are dangerous or frightening. The primary caretakers have a significant role in laying the groundwork of this relational map; however it continues to evolve, expand and restructure throughout one's life. This map guides one in their interactions with people, beliefs and approaches towards the world.

Inanimate things can also become internalized into one's relational map. A toddler may have a blanket that provides similar soothing functions as a caretaker has provided. This blanket becomes an object to the toddler; specifically a *transitional object*. The baby learns some soothing needs can be met by the blanket and as well the blanket can serve as a reminder of the toddler's caretakers. When the toddler is alone the blanket can serve some purposes the caretaker usually serves.

The holding environment is another concept important to object relations that relates to spirituality. The holding environment is a psychological and physical space that allows one to feel protected and safe. When one is an infant the holding environment is created by a caretaker who is adequately attuned to the infant's psychological and physical needs and who sufficiently



meets these needs. A holding environment is needed throughout life; a protective space where one feels safe and appropriately contained. Just as an infant may need its caretaker to create an environment that contains the infant's distress; throughout life people need holding environments that contain both internal and external distress.

In object relations theory it is believed that when one's needs are sufficiently and consistently met one is able to develop a true self; a self that is unburdened by the need to adapt to the needs of the objects (often primary caretakers). When one has to consistently alter and adapt in order to try getting the object (primary caretaker) to meet some of its needs, a false self develops.

### **Object Relations and Spirituality Research**

The theory of object relations has been studied in terms of how it can be used to understand one's religious/spiritual beliefs. The emphasis in object relations on a person's relation to an other allows for this; the Divine can be considered an other. Studies show one's relationship with the Divine tends to fall into one of two categories; it may be similar to the relationship one had with primary caregivers or it may be a relationship that compensates for the relationship one had with primary caregivers (Gurney and Rogers, 2007). In *Psychoanalysis, attachment, and spirituality Part I: The Emergence of two relational traditions*, Hall described one's religion as "a relationship with God that reflects and reenacts an individual's deep structure of internalized relationships" (2007, p. 16). This knowledge of what one's God image may represent can provide insight into a person's early relationships and into their current expectations of significant others (Hall, 2007).

One's relationship (or non-relationship) with the Divine is malleable and can perform many functions. Some research has shown a correlation between higher levels of object relations development and a loving, stable, and emotionally close relationship with God. This can be interpreted in different ways – as a representation of early relationships or as a compensation for those relationships. One's object relations may be more developed because they have had stable, “good enough” objects that adequately met their needs throughout their life. It is also possible that they may have had objects that did not adequately meet their needs and they formed a relationship with the Divine in order to compensate; they may have been able to use their relationship with the Divine to serve as a model for healthy object relations which then allowed them to extend their concept of a healthy object beyond the Divine and into their social circles.

Hall stated that some use their (image of) God to serve an emotion-regulation function that they could not provide for themselves, possibly because of poor object relations. Hall explained a compensatory use of one's God image, “when emotion regulation is a central characteristic of an individual's relationship with God, it is an indicator of a more conscious, defensive layer to the God image that is created for the purpose of emotion regulation” (2007, p.17).

Object relations' concept of the transitional object can also be seen in religion and spirituality. In *Reflections on spirituality, religion and mental health*, Carr (2000) made the observation that one's concept of God has functions similar to that of a transitional object. Carr described one function of a transitional object; it enables one to begin differentiating between the subject and the object. Or another way of seeing this is as the transitional object being a space where the subject and object come together. Paradoxically a transitional object is both a space

that represents a separation between subject and object and it is a space where subject and object come together.

A concrete example of how Carr perceives transitional objects to function is the use of a rosary. There is a subject, a Catholic person; an object, God; and the transitional object would be the rosary. A Catholic person can carry their rosary as a physical reminder and representation of their beliefs, their priest and their God. The rosary can be where the person and God come together, but it also represents the separation between person and God. The rosary symbolizes a space between a Catholic person and God; but it is also something one can hold onto to feel closer to God.

Carr stated that religion/spirituality can be a transitional object that lies dormant until needed (2000). An example of this would be a person, their beliefs in a Higher Power and the Higher Power. When a person wants to feel closer to their Higher Power, say for instance when in a state of utter despair, they call on their higher power to help soothe and comfort them. The soothing and comforting can be achieved through the person's specific beliefs or simply the belief that they can rely on a Higher Power can be soothing.

This specific concept of religion/spirituality as a transitional object has not been studied extensively. The general relationship between one's religion/spirituality and that person's object relations has been studied more extensively. Rogers (2007) summarized relationships between attachment, object relations and spirituality/religion:

There is considerable empirical support for this idea, namely that the quality of one's object relations determines the quality and nature of one's representations of the sacred (Hall, Brokaw, Edwards, & Pike, 1998). Adults with a history of secure attachments are likely to envision God as loving and accessible, whereas those with histories of avoidant attachment styles are most likely to describe themselves as agnostics and atheists (Kirkpatrick, 1999; Kirkpatrick & Shaver,

1992). Similarly, those who see God as offering providence but not closeness have parents who provided limitless material provision but little emotional connection (Gattis, Sorensen, & Lawrence, 2001). These God representations are not only formed out of one's internalized representations from childhood, but they are also continually transformed and reshaped and new experiences are incorporated into our internal representations. The level of a client's object relations development therefore informs us about his or her spiritual representations. In short, we create a God according to our needs. (p.156)

## **Self Psychology**

Like object relations, self psychology also focuses on the development of a self within the context of relationships. Self psychology is different though in its emphasis on narcissism. Within self psychology narcissism can range from healthy to pathological; at some developmental stages narcissism is necessary and expected. When this healthy narcissism cannot develop a pathological narcissism begins to grow roots. Self psychology believes people are not repressing drives but “repress unfulfilled archaic narcissistic demands, related to the mother’s rejection of the child’s independent narcissism” (Flanagan, 2008, p. 162). Self psychology believes a “healthy self is derived from experiences in which caregiving others, known as ‘selfobjects,’ meet the specific needs of the emerging self.” (Flanagan, 2008, p. 165). Kohut, who developed the theory of self psychology, believed that disturbances of self-selfobject relationships in childhood are what lead to problems within the self (Flanagan, 2008). Self psychology believes that the more attunement and love people have for themselves, the more they will have for others.

Another important concept in self psychology is the concept of a tripolar self. Kohut defined a pole as a pathway of development that has its own energy and needs. Kohut believed we have three poles: the pole of the grandiose self, pole of the idealized parent imago, and the

pole of twinship. The pole of the grandiose self is the self that wants to feel special. In order to develop this pole one needs self-objects that mirror one's gifts and talents. The pole of the idealized parent imago was described as "the need to have someone strong, calm, and wonderful to idealize and merge with in order to feel safe and complete within the self" (Flanagan, 2008, p. 175). In order to develop the pole of the idealized parent imago one needs "to see strength and wonder outside of the self, in others, in order to merge with their growth-enhancing qualities" (Flanagan, 2008, p. 175). The third pole is the pole of twinship. The pole of twinship is "the need to feel there are others in the world who are similar to oneself" (Flanagan, 2008, p. 176).

Transmuting internalization is the final concept of self psychology pertinent to this look into spirituality/religion. Transmuting internalization is "the process through which a function formerly performed by another (selfobject) is taken into the self through optimal mirroring, interaction and frustration" (Elson 1986, p. 252).

### **Self Psychology and Spirituality Research**

In "Psychoanalysis and Eastern Spiritual Healing Traditions" Kakar (2003) succinctly made a case for why self psychology is useful in understanding a person's use of spirituality/religion:

What I wish to emphasize is that the theory of cure that makes the best psychoanalytic sense of spiritual healing is the self psychology of Heinz Kohut (1971, 1977, 1984) in which analysis cures by restoring to the self the empathic responsiveness of the selfobject. (p. 662)

Kakar also walked us through the process of healing; of how one can use a spiritual selfobject to heal. Kakar did this with an example of how one may use a guru when seeking and practicing their religion/spirituality. Kakar explained that a guru becomes a selfobject; the guru is strong, calm, reliable and available for merging. Over time one learns to recall the image and

soothing abilities/qualities of the guru when needed; they no longer need the guru's physical presence in order to benefit from the teachings and practices of the guru.

Kakar made a point of differentiating the work of a spiritual healer and the work of an analyst: the spiritual healer is more active in promoting idealization because surrender is often a necessary component of spiritual practices. The spiritual healer knows idealization is necessary in order for one to feel motivated and safe enough to surrender.

Kakar described this process in depth:

Devotees come to the guru, as do patients to the analyst, in a conflicted state. On the one hand, there is the unconscious hope of making up for missing or deficient selfobject responses in interaction with the guru. On the other hand, there is the fear of evoking self-fragmenting responses through the same interaction. The omnipresence of fears of injury to the self and of regression into early primitive states of self-dissolution is what forces the devotees to be wary of intimacy.  
(p. 664)

Furthermore:

...Gurus are generally aware of the dangers of self-fragmentation and the disciple's defenses against the dreaded inner state. The idealizing transference, leading to the merging experience, is thus the core of the healing process in the guru-disciple relationship. Psychoanalysts, of the object relations and self psychology schools, will have no quarrel with this formulation of the basis of healing but will find it a limited one. Their model of the healthy person requires an additional step – of re-emergence; the drowning and the resurfacing are both constituents of psychological growth, at all developmental levels. In Kohut's language, healing not only involves an ancient merger state but a further shift from this state to an experience of empathic resonance with the selfobject.  
(p. 665)

## **Conclusion: Religious/Spiritual Identity and the Theories of Object Relations and Self Psychology**

Although these studies do not relate specifically to TC, some of their findings and theories could be extrapolated to form hypotheses regarding the psychological constitution of those who experience TC; including their object relations and selfobjects.

As well, a few articles addressed how people form and use their spiritual/religious identities. These too can be helpful in looking further into TC and how TC influences spiritual/religious identities. In “Beyond the Spiritual Supermarket: The Social and Public Significance of New Age Spirituality” Aupers and Houtman described how new age spirituality and religion are personally created, “Religious consumers construct strictly personal packages of meaning, which are based on individual tastes and preferences.” (2006, p. 201) They then contrasted this with the overwhelming tendency for people who identify as Christian to have created their religious identity and adopted religious practice through familial socialization during early developmental years (Aupers and Houtman, 2006).

Aupers and Houtman described the spiritual socialization process (2006):

The process of socialization thus unfolds as follows: firstly, latent feelings of alienation become manifest after a conversation with a consultant, raising problems of meaning and identity—“What is it that I really want?”, “Is this really the sort of life I want to live?”, “What sort of person am I, really?” Secondly, the process of soul searching follows, which socializes individuals into the ethic of self-spirituality, with knowledge and experience shifting in tandem. Thirdly, after successful socialization, standardized legitimations are deployed, further reinforcing the ethic of self-spirituality. (p. 210)

Although this process does not describe TC, this is an opportunity to examine this process of spiritual socialization with object relations and self psychology. This process of spiritual socialization could be mirroring early relationships or it could be compensatory

depending on the individual. In this process we could surmise that this person is coping with their feelings of alienation in part by reaching for a selfobject. This selfobject would be one's spiritual beliefs. So we know this person is seeking an attachment, an object; they are not completely withdrawn or hopeless. Also their selection of various spiritual beliefs indicates some sense of agency; they have had to select and reject (on some level) certain beliefs to form their own personalized mix of spirituality. As the person sculpts their spirituality they begin using it to process their experiences; they begin using it as a lens to view their world through. This may indicate a person is beginning to merge with their spirituality. Their spirituality is an idealized other that their reality is merging with. Eventually they are not only using it to interpret their experiences, but also using it in decision making. They have, at this point made, their spirituality into an introject; they have incorporated it into their being. As they experience themselves and the world in a way that reinforces their spiritual beliefs they begin experiencing twinship. Often spirituality includes a concept of unity, or being connected with all things; this feeling of connection may also be interpreted as seeing similarities or sameness with others which may fulfill twinship needs.



## **CHAPTER SIX**

### **Transpersonal Psychology**

#### **Introduction and Development**

Psychology is said to have four forces: (first force) dynamic, (second force) behavioral, (third force) humanistic and (fourth force) transpersonal (Cowley & Derezotes, 1994).

Transpersonal psychology is the only psychology to explicitly study and incorporate spiritual aspects of life. Transpersonal psychology developed after World War II and flourished in the 1960s. Various factors influenced the development of transpersonal psychology: the human growth and potential movement; work of Jung, Maslow, Rogers and more; and a desire for achievement beyond self-actualization (Cowley & Derezotes, 1994). Transpersonal psychology believes humans can go beyond the ego and can go beyond self-actualization (Grof, 1985).

#### **Definition**

Transpersonal psychology is a psychology not easily defined, but a general framework for understanding transpersonal psychology is that it is where psychology and spirituality intersect (Davis, 2000). Transpersonal psychology develops a paradigm for the exploration and psychological understanding of spiritual experiences such as mystical states, mindfulness and meditative practices, shamanic states, ritual, and the overlap of spiritual experiences with disturbed states such as psychosis and depression (Davis, 2000). As well a central concept to transpersonal psychology is non-duality. Davis explained non-duality as, “the recognition that

each part (e.g., each person) is fundamentally and ultimately a part of the whole (the cosmos)” (2007).

The general premises of transpersonal psychology are agreed upon, but there is difficulty generating a more precise and nuanced definition of transpersonal psychology. Hartelius, Caplan and Rardin examined literature about transpersonal psychology through gathering definitions of transpersonal psychology (2007). They found 160 definitions and analyzed these for themes and similarities. The major themes found were that transpersonal psychology is a psychology “beyond the ego,” is integrative/holistic, and is a psychology of transformation (Hartelius, Caplan & Rardin, 2007).

Fontana (2011) in “Approaches to transpersonal psychology” explained transpersonal psychology as a psychology that:

...studies experiences in which the individual sees beyond the conditioned ego, and identifies a deeper and more enduring sense of self. Sympathy, empathy, compassion, altruism, unselfishness, and unconditional love are therefore all part of the concern of transpersonal psychology, as are experiences and beliefs that lead us to see a higher reality.

## **Practice**

The therapist practicing transpersonal psychotherapy has a different role than the therapist practicing from a psychoanalytic perspective. In transpersonal psychotherapy the therapist is expected to open themselves to their client’s and their own experiences; it is a mutual growth process. The therapist develops their own transpersonal growth through their work with a client. The therapist does this in a way where they demonstrate their competence, but they are also transparent regarding the areas they are still learning. By being transparent they are modeling a way to cope in areas of not knowing. This is considered to be of benefit to the client

because this provides a model for the client in how to use experiences for transpersonal growth (Sutich, 1996). Sutich (1996) outlined the role of and guidelines for the therapist:

The therapist or counselor:

- is on his (her) own spiritual path.
- accepts the right of any person with whom he (she) is working to pursue their own path and to change another if that seems desirable.
- has a commitment to the principle that all human beings have continuous impulses toward emotional growth and ultimate states, and accepts that the chief responsibility of a transpersonal therapist is to function in the best way he (she) knows how, to help in the realization of emotional growth as well as ultimate states.
- has reasonable knowledge among other psychological principles, of the role of self-deceptive mechanisms throughout the life cycle, including their function in himself (herself.)
- accepts all individuals as having impulses toward ultimate states whether or not they are on a personal path. More specifically this means working with individuals as much as possible through techniques and forms of relating that are directly relevant to their current state. (p. 12)

### **Comparisons With Other Theories**

Transpersonal psychology's usefulness in working with issues of spirit and/or TC can be seen when compared with psychoanalytic work. In *Transpersonal psychology in psychoanalytic perspective* it was argued that psychoanalysis focuses on the early stages of human development; the time during which the bulk of the ego is formed and transpersonal psychology on the other hand focuses on later parts of life (Washburn, 1994). Psychoanalysis looks at the current state of one's ego and understands and heals through working backwards, seeing the places where development went awry. Transpersonal psychology looks at where one is currently at and focuses on moving forward, moving towards transcendence.

Two of the major theorists in transpersonal psychology, Walsh and Vaughn, (1996) proposed that a person is comprised of four major dimensions: consciousness, conditioning, personality, and identification. Transpersonal psychology differs from other theories in its emphasis on and view of consciousness. The psychologies prior to transpersonal psychology assume normal consciousness is the height of (or close to) maximum development (Walsh & Vaughn, 1996). Transpersonal psychology views normal consciousness as a defensive state of reduced awareness; a distorted state filled with fantasy which strongly influences perception, cognition and behavior. Transpersonal psychology considers optimum consciousness achieved by quieting the mind and removing perceptual distortion caused by fantasies. Optimum consciousness is therefore available and achievable at any time as long as one removes the barriers/defenses of the mind (Walsh & Vaughn, 1996).

### **Spiritual Emergencies and TC**

Spiritual emergencies often meet criteria to be considered TC. Because transpersonal psychology works with spiritual emergencies, a phenomenon similar to TC, it is a good place to begin considering specific approaches to use when working with someone who is experiencing or has experienced TC. The term most often used in transpersonal psychology is *spiritual emergency* so let's explore what this term means.

Lukoff (1998) in "From spiritual emergency to spiritual problem: The Transpersonal roots of the new DSM-IV category" cited Grof and Grof (1989) when he defined a spiritual emergency as:

...crises when the process of growth and change becomes chaotic and overwhelming. Individuals experiencing such episodes may feel that their sense of identity is breaking down, that their old values no longer hold true, and that the very ground beneath their personal realities is radically shifting. In many cases, new realms of mystical and spiritual experience enter their lives suddenly and dramatically, resulting in fear and confusion. They may feel tremendous anxiety, have difficulty coping with their daily lives, jobs, and relationships, and may even fear for their own sanity.

Spiritual emergencies may occur during many situations, some common ones are; mystical experiences, kundalini awakenings, shamanistic initiatory crises, and psychic openings. Spiritual emergencies can appear to be many things depending on the background one has or angle one views from; they can appear as psychosis, TC, transcendence (Lukoff, 1998). Lukoff emphasized that spiritual emergencies have the distinguishing characteristic of having beneficial transformative effects on those who experience them (1998).

Another term used to describe experiences that are similar to spiritual emergencies and TC is *holotropic states*. Fuller in his book *Psychology and Religion: Classical Theorists and Contemporary Developments* described holotropic states as:

...extraordinary states of consciousness; deepening of consciousness, feelings of ecstasy and profound bliss and terror and profound suffering may prevail; may be an experience of psychological death and rebirth ; may attain great insights about themselves, nature, and the cosmos and about philosophical and spiritual matters. (p. 267)

Theorists from transpersonal psychology advocated for the inclusion of these altered or extreme spiritual states to be included in the DSM. They were successful; in 1994 the DSM-IV added code V62.89, Religious or Spiritual Problem (Lukoff, 1998). Common religious problems include the loss or questioning of faith, conversion or change in religious denomination,

intensification of adherence to one's religious beliefs and practices, and joining, participating or leaving a new religious movement or cult. Spiritual problems often revolve around questioning of spiritual values; often triggered by a loss or a sense of spiritual connection (Lukoff, 1998).

The inclusion of religious or spiritual problems in the DSM-IV acknowledges the significance and prevalence of these experiences (they are not necessarily "problems"). Even with the V62.89 code, clinicians must be able to distinguish between a person presenting with a mental illness and someone presenting with a spiritual emergency (or someone with both a mental illness and a spiritual emergency) to determine appropriate treatment.

The concept of the *pre/trans fallacy* developed in transpersonal psychology and describes the dilemma of identifying whether one is experiencing a spiritual emergency or if one is experiencing some type of psychopathology. Wilber, one of the original leading theorists in transpersonal psychology, formed a concept of development which essentially asserted that one goes through a pre-egoic, egoic, and trans-egoic developmental sequence. One in a pre-egoic state may look very similar to one in a trans-egoic state because both of these states appear detached or loosely attached to one's ego (Wilber, 1982). However, if one is in a trans-egoic state (e.g. a spiritual emergency) they have already sufficiently developed their ego and are moving beyond their individual ego; whereas one in a pre-egoic state (e.g. psychosis) has not sufficiently developed their ego.

Lukoff listed criteria that have been proposed for differentiating between psychopathology and spiritual emergencies. People experiencing spiritual emergencies are likely to have thoughts and speech related to spirituality, a willingness to explore their experience, and they should not appear to have conceptual disorganization (1998). Lukoff also found good

prognostic signs to be: good pre-episode functioning, onset of symptoms in less than three months, stressful precipitants, and a positive and open attitude regarding their experience (1998).

Lukoff compiled interventions from a transpersonal perspective that could be used if one is determined to be having a spiritual emergency: normalization and education around spiritual emergencies, temporarily discontinue spiritual practice, eat more grounding foods (e.g. red meat), do more grounding activities (e.g. gardening), engage in light exercise, and engage in expressive arts (1998).

It should be noted that in my research I have not found studies that research the effectiveness of these interventions. One reason for this may be that spiritual experiences are not easily quantified.

## **Critiques**

Transpersonal psychology is a new psychology that varies substantially from prior psychologies. As with all theories, transpersonal psychology has its critics. Mainly the criticisms revolve around its lack of compatibility with current scientific methods; much of its contents cannot be measured. One specific criticism is that transpersonal psychology is not clearly defined and often when definitions are created terms are used that cannot be operationalized (such as, spirit, soul, unity, transcend). Another criticism is that transpersonal psychology is unscientific and irrational. This stems from the nature of experiences transpersonal psychology deals with: transpersonal psychology deals with a spiritual dimension. The spiritual dimension or world beyond the human does not lend itself towards validation by the scientific method. The experiences the field of transpersonal psychology is interested in are things that may be viewed

as indicators of psychopathology: existence of the soul, life after death, out of body experiences, mental healing, precognition and telepathy (Cunningham, 2007).

## **Conclusion**

In a world where insurance selectively covers therapies that produce empirical results and are considered “evidenced based” transpersonal psychology is disadvantaged, as are the people experiencing spiritual emergencies but being treated for psychopathology. Building awareness around the concept of pre-egoic and trans-egoic states will support mental health clinicians in appropriately assessing the treatment needs of clients who present experiencing a spiritual emergency or TC.



## **CHAPTER SEVEN**

### **Discussion**

#### **Introduction**

From the prior chapters it should be clear that instances of TC are a part of human history, major religious institutions, popular culture and they are not isolated to fringe populations. People who have been affected by TC are likely to be in therapy offices not necessarily because of their TC experience, but because this phenomena is more common than it would seem. If someone in therapy has experienced TC they may be reluctant to reveal it for fear of how the clinician may interpret their experience. One of the markers of TC is that it generally divides the narrative of one's life into who I was before experiencing TC and who I was after experiencing TC (White, 2004). Such a monumental and defining piece of one's history would likely be important for the clinician to be aware of; especially if one is practicing from an object relations or self psychology perspective. TC holds such importance to these two theories because of their emphasis on self in relation to an other; one's TC experience is likely to have profound impact on one's self and relation to others. This relation between self and other is also where research on addiction has been particularly pertinent.

#### **Attachment, Addiction and Spirituality**

In the previous chapters we have reviewed the beginnings of the field of psychology and have seen how religion and spirituality were edged out of the therapeutic hour and we have seen how spirituality became essential to addiction treatment. An important commonality between

spirituality and addiction is that they both serve as attachments and/or selfobjects (Flores, 2004; Hall, 2007; Kakar, 2003). One's addiction can be an attempt to self-regulate, use something outside of oneself to internally regulate; this can be any addiction (food, drugs, sex, gambling, etc). The important point is that they are not using a reliable, trusted other (a selfobject) to aide in their self-regulation. As a generalization, this would indicate that someone with an addiction did not experience consistent secure attachments or that over time insecure attachments overwrote earlier secure attachments.

Someone with an addiction has learned to turn to their addiction when in need of soothing and comfort. The addiction may be used to avoid pain/suffering, but over time it creates more suffering as the addiction proves to be an unreliable selfobject. It becomes an unreliable selfobject through its reduced effectiveness over time, increased demands and as one is engaged in addiction one is simultaneously disengaged from truly intimate relationships with other selfobjects and attachments. The addiction reduces the availability of self-objects one may have once been able to rely on (through isolation and relationship problems) while the addiction itself engrosses the person who is addicted. This engrossment also applies to one's sense of self; when one is addicted, little of a self remains. An escape from oneself or a temporary disappearing act may be tempting and desirable at first, but further into the addiction it is a byproduct of addiction; the disappearance is beyond one's control. The addiction becomes a primary attachment to an addicted person.

### **Attachment, Selfobjects and Stages of TC**

While keeping this in mind (an addicted person is losing selfobjects, their attachment to their addiction increases while their sense of self disintegrates) let's review the stages of TC. TC

begins with a period of isolation and traumatic discontent, followed by exposure to a message of hope, which leads to a breakthrough experience and then one needs validation of the experience, and entrance into a community of shared experience.

So when someone is primarily attached to their addiction, they are isolated and likely experiencing traumatic discontent. Many people experience isolation and traumatic discontent; it is not reserved solely for those who experience addiction. A lack of secure attachments and an under-developed self can also manifest in isolation and feelings of traumatic discontent.

Like addiction, spirituality involves the attachment system. Addiction attaches a person to a thing, an act, a substance, etc. Spirituality/religion attaches a person to something larger than oneself, to a feeling of connection and unity (Flores, 2004). In TC the changes one experiences are positive and if during their TC they were exposed to Divinity, it is experienced as benevolent. From chapter five on the relationships between spirituality, self psychology, and object relations we know a person's religious beliefs/spirituality may reflect or compensate for one's early, primary attachments. This positive spiritual experience in TC could be considered a corrective experience if one's early, primary attachments were ones that did not adequately meet their needs.

Perhaps religion/spirituality is essential in substance abuse treatment because while one abstains from their primary attachment (their addiction) they are able to build a new, healthier attachment with religion/spirituality. As well, much substance abuse treatment takes place within groups; which also allows one to build new attachments and to be a part of something larger than oneself. These groups along with encouragement of developing one's religion/spirituality serve as validation of one's experience and provide a community of shared experience.

## **Treatment**

With TC (with or without addiction), after one has their breakthrough experience it is important their experience be validated. If one speaks with people in the field of substance abuse it seems they would be more likely to have their experience validated than if they speak with someone from the mental health field. In the mental health field there is perhaps more chance one's encounter with the Divine would be viewed as a symptom of illness; their experience is less likely to be validated. If their TC experience is viewed as pathological and someone is put in inappropriate treatment they are likely to feel shame or discomfort around their experience which then reduces the likelihood that they will be able to develop a sense of shared experience with others.

With the intention of encouraging recognition and validation of TC, I do not want to discount the importance of identifying pathological symptoms. Just as identifying TC as pathological does a disservice to the person experiencing TC; so does identifying pathology as TC. This is where transpersonal psychology's study of spiritual emergencies is very useful in creating beginning criteria for differentiating between psychopathology and spiritual emergencies: people experiencing spiritual emergencies are likely to have thoughts and speech related to spirituality, a willingness to explore their experience, and they should not appear to have conceptual disorganization (Lukoff, 1998). With accurate identification of the cause of one's symptoms (TC or pathology) being so important it would be important to develop more sophisticated ways of distinguishing between TC and pathology. Transpersonal psychology has led the field of psychology in this endeavor and if others in the mental health field (psychodynamic clinicians, behaviorists, researchers, etc) would join forces and also work to

find ways of distinguishing between TC and pathology more people could be directed towards the treatment approach most appropriate to their symptoms.

Clinicians working from any theoretical background can support someone who has experienced TC through encouraging them to read about TC; this could help them create a narrative for their experience, help validate their experience, and could allow someone to feel connected to others who have shared similar experiences. If someone presents long after their TC experience they may benefit from reviewing that experience and perhaps re-storying it, depending on how others initially reacted.

### **Metamorphosis and TC**

Martha Beck, the author, life coach and Oprah contributor whose TC experience was described previously in chapter three, has added a depth to the popular caterpillar to butterfly metaphor. Inspirational quotes abound with caterpillars and butterflies, but they overlook the middle phase when one is neither caterpillar nor butterfly. Martha Beck slows the transformation and focuses on the chrysalis. The caterpillar builds its chrysalis and before emerging in its new winged form the caterpillar becomes a soupy mix of DNA; the caterpillar is no longer and the butterfly is yet to come (Beck, 2004).

I equate this to TC. The caterpillar both isolates and protects itself in a chrysalis during which point its former self and identity dissolve into its most basic units (DNA) and it then emerges from the chrysalis completely transformed, forever changed. It will never again resume the form of a fuzzy caterpillar inching its way along the ground, but the butterfly's former self is integrated into its being, into its DNA.

Perhaps as humans we do not have such a dramatic change in physical form, but when one experiences TC they are likely to identify with the caterpillar that begins to cocoon itself in, dissolve into a soupy, unrecognizable self and then after exposed to a message of hope one reconstitutes an inner self strong enough to break through the barriers between one's inner self and the world outside one's self. This human experience of emergence during TC should be treated as delicately and with the same awe we would bestow upon a caterpillar turned chrysalis turned butterfly.

Clinicians often have the privilege of witnessing this process or stages of this process. A person may come for treatment when they are beginning to become a chrysalis, they may come when their self is no longer recognizable, they may come when their wings are fighting to spread, they may come when they are migrating and cannot find their way. It is important clinicians are aware of TC; so one knows when to support the person in their metamorphosis, when to create a strong holding environment, when to help one re-orient and find its path. Most importantly we do not want to mistake these transformations for pathology; we do not want to fold the butterfly back into the shape of a chrysalis in attempts to dissolve it into its earlier form.

### **Further Research**

Although this paper cannot offer a manual or step by step approach for working with TC experiences; it does allow the reader to have an awareness of and understanding of TC from varying psychological perspectives. This awareness and understanding is the first step in working with experiences of TC. Further research is needed to create more developed approaches for working with people who have experienced TC. Specific areas to focus on include the following: the empirical investigation of transpersonal psychology's work with

spiritual emergencies; the exploration of themes in how one makes meaning of their experience of TC; the gathering of firsthand accounts of how people perceive their experience of TC to have impacted their mental health; and to interview mental health clinicians who work with clients that have experienced TC.

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