This book shows what psychosynthesis looks like in the empirical practice of psychotherapy. Originally conceived by Italian psychiatrist Roberto Assagioli, psychosynthesis is one of the first Western psychologies to include theoretically both the psychological and spiritual dimensions of the person and to address healing and growth at both of these levels. In effect, it offers an approach to psychotherapy founded in altruistic love, a love that nurtures the innate drive within human beings to embrace and actualize the whole of who they are. Authors John Firman and Ann Gila explore how this empathic altruistic love impacts the actual therapeutic situation and what is involved for the therapist in providing this love for another. They include experientially based models and theory, case studies from both the client and therapist perspectives, and an invitation for both the professional and the layperson to the self-reflection, inner work, and commitment necessary to love and work at this depth.

"A Psychotherapy of Love is a practical and profound book, solidly based on the authors' decades of experience as therapists and as teachers of psychosynthesis. It is filled with illuminating examples of therapeutic interactions and theoretical perspectives from a wide variety of sources—including Freud, Jung, Adler, and Rogers. It also includes spiritual insights from transpersonal psychology, Western mysticism, and Buddhism."

"For Firman and Gila, psychosynthesis is a psychology of love, a powerful statement which challenges popular mechanistic approaches to psychotherapy. This book is essential reading for anyone interested in pursuing psychotherapy as a loving, compassionate, and spiritually grounded profession."

— Robert Frager, Founder, Institute of Transpersonal Psychology

"The subject of empathy is nowadays at the forefront of scientific research, and at the basis of all successful psychotherapy and counseling. Firman and Gila show us empathy in its deepest aspect—as spiritual empathy. Their insight throws new light on the nature of relationships, as well as on the practice of the helping professions. This book will do much to improve the quality of our presence with the people in our lives. It is a splendid tribute to the mystery of love."

— Piero Ferrucci, author of Beauty and the Soul: The Extraordinary Power of Everyday Beauty to Heal Your Life

JOHN FIRMAN (1945–2008) was a psychotherapist in private practice in Palo Alto, California, and an Associate Core Faculty member at the Institute of Transpersonal Psychology.

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Dedicated to

ROBERTO ASSAGIOLI

and

CARL ROGERS
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It is with great sadness and a broken heart that I, Ann Gila, tell you that
John Firman, my husband and co-author, died on June 23, 2008, four weeks
after we signed the contract with SUNY for the publication of this book.
John was diagnosed with pancreatic cancer in late March and lived for only
three months beyond diagnosis.

John was passionate about psychology and especially Roberto Assagioli’s
psychosynthesis. In 1968, John had a peak experience that led him to search
for a psychology that spoke of such experiences. He discovered psychosyn-
thesis and a few years later he spent two months in Italy studying with
Roberto Assagioli. John’s heart and mind were committed to the develop-
ment of psychosynthesis theory, to the exploration of the role of the psy-
chotherapist in relationship to his or her client, and to the understanding of
the development and healing of the human person.

John and I had worked together briefly in psychosynthesis in the 1970s
and then parted as we pursued different directions in our lives. When we came
together again in 1987 John was working as a therapist at a Catholic parish in
Los Angeles and I was in private practice in Palo Alto, California. During the
first several years of our renewed friendship we commuted between our two
homes, spending many weekends sharing our personal and spiritual journeys,
reading many different psychological and spiritual approaches, and discussing
psychosynthesis theory. This was the beginning of our twenty years of work
together and led to the writing of our first two books and now the present one.
After our parting in the 1970s and considering the directions we had each
taken, it was improbable that we would come together again, but Spirit called
and our work together began. Our books have been born out of our shared
desire to know the truth of our lives, our love of psychosynthesis and psychol-
ogy, and our commitment to understand and serve our clients.

Acknowledgments
So, now I speak for both of us as we acknowledge people, places, and creatures that have supported us and our work.

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John wrote some acknowledgments before his death. He wished to recognize my cousin Gene Parodi and his wife, Bonnie, whose empathic presence during a trip we made together to Italy in 2003 engaged John in sharing himself at increasingly intimate levels. This experience reconnected John to the power and presence of Roberto Assagioli, and this reawakening allowed us to remember that Roberto’s therapeutic presence was essentially about empathic or altruistic love. We made a choice then to place this empathic love, this essence of Roberto, at the center of our book on psychosynthesis therapy. Thank you, Gene and Bonnie, for providing the love and nurture that allowed this seed to germinate.

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We want to thank Jane Bunker, editor-in-chief at SUNY, who so compassionately responded to our request to have our manuscript immediately reviewed for possible publication. Her willingness to do this and then offer us an advance contract within days of receiving the manuscript gave John, before his death, the gift of knowing that SUNY would likely publish our book. The joy on John’s face upon receiving this news will always be remembered.

As was true for our two earlier books, this book could never have been written without our clients, students, and trainees who have trusted us to join them in their life journeys. They have been our greatest teachers in allowing us to accompany them to the depths of human anguish and despair; to the heights of hope, joy, and love; in their efforts to hold this entire range of human experience in their lives; and, perhaps most important, in their determination to uncover and follow the wisdom of their hearts.

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And my final acknowledgment: thank you, John Firman, for the gift of your unconditional love that supported me as a person, as a colleague, and as a partner, for all these years. You walked your talk.
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Emphasizing in theory and in practice the central, decisive importance of the human factor, of the living interpersonal relation between the therapist and the patient.

—Roberto Assagioli

Deep within human beings is an innate drive to embrace and actualize the whole of who they are. Given proper nurture, a person develops with the power and direction of a growing seed, synthesizing emergent abilities, acquired skills, and life experiences into a whole, coherent expression of oneself in the world.

The recognition of this impulse stands at the very beginnings of Western depth psychology. Sigmund Freud (1948, 394–395) saw that “psycho-synthesis” within the personality was so fundamental that it need not be addressed directly but would operate naturally if obstacles were removed; Alfred Adler (1957) described a basic striving toward wholeness and an “ideal end form” present in both the human and natural worlds; and C. G. Jung (1960) wrote of the unification and transformation of the personality initiated by a deeper Self beyond the conscious ego.

The Italian psychiatrist Roberto Assagioli (1965), a contemporary of these thinkers, placed the process of synthesis at the very center of the psychology he called psychosynthesis. By psychosynthesis he meant a movement toward organization, coherence, and harmony within the human personality, among individuals, and among human groups. He, with Jung, recognized a deeper Self as the ultimate source of this process, and, like Adler and later Carl Rogers, saw this process operating in the natural world as well.
The contemporary fields of humanistic and transpersonal psychology continue to acknowledge this deep impulse within the human being and have made it a focal point of their research, theory building, and therapeutic applications. Whether described by the seminal “organismic theory” of Kurt Goldstein (Hall and Lindzey 1978), the “self-actualization” of Abraham Maslow (1954), the “actualizing tendency” of Carl Rogers (1980), or the transpersonal study of human development as it moves into realms beyond the personal ego (Boorstein 1980; Scotton, Chinen, and Battista 1996; Walsh and Vaughan 1980), the growing person is widely understood as embracing and synthesizing unfolding human potential.

In sum, there seems to be long-standing consensus among major schools of psychological thought that there is a deep and potent process of synthesis, wholeness, and actualization taking place within the developing human being; that this process can be respected, trusted, and facilitated; and that psychological disturbances may occur if this natural process is obstructed or distorted. But what then are the conditions that allow this unfoldment of human being? What is the nurture that supports this natural directional power within the human soul? Looking closely, we can see that a consensus can be seen forming here as well.

A Special Type of Love

In recent years there seems to be a convergence of views about what facilitates the unfoldment of the human person. Study of infant research reveals that healthy early development occurs as there is an attuned response from “self-regulating others” (Stern 1985); within object relations theory, “holding” and “mirroring” from the caretaker allows the emergence of the “true self” (Winnicott 1987); in self psychology, it is empathic attunement that catalyzes the “nuclear self” (Kohut 1984); in humanistic psychology the “structure of self” and “self-actualization” develop as needs for safety, belongingness, love, and respect are met (Maslow 1962; Rogers 1951); in attachment theory, accessible and responsive attachment figures support the growth of a secure and confident child (Cassidy and Shaver 1999); some recent thinking in the field of positive psychology points to compassion as key to healthy human development (Cassell 2005); and finally even current neuroscience speaks of “the shaping physiologic force of love,” finding that “attachment relationships” and “limbic resonance” with significant others shape the “neural core of the self” (Lewis, Amini, and Lannon 2001; Siegel 1999).

It appears that all these different approaches perceive, though from quite different vantage points, that human being flourishes within an empathic, respectful communion with others, a communion that we believe can be called “love.” It seems that it is love that facilitates the innate drive of synthesis, wholeness, and actualization; love that supports the human journey
over the course of a lifetime; love that allows the human spirit to thrive. Looking even more closely at the operation of this love, however, we can see that this is a particular type of love. This is a love that can see and embrace the whole of who we are—in short, an empathic love.

This is a love that can see a baby beyond our hopes and fears for him, see a child beyond our delight or disappointment with her. A love that can see a friend distinct from our needs and expectations of him, see a partner and not simply our ardor or anger toward her. And a love that can see a psychotherapy client beyond our wish to cure or control, teach or advise him. This love does not obliterate any of these motivations in us, but remains free of them and so can reach beyond them.

It is therefore a love that can reach us no matter what our physical appearance and behavior, no matter what our moods and thoughts, no matter what the condition of our person. We are touched at a level deeper than what we feel or think about ourselves, deeper than our gifts and deficits, deeper than our social roles or personal ego. Again, while none of these aspects of ourselves is ignored or discounted—indeed these aspects of ourselves may also be loved—we are yet not reduced to any of them. Loved like this, we find ourselves free to appear as we are, to feel what we feel, to think what we think. Free to discover who we authentically are.

To the extent we live in the conscious embrace of this love, our life journey unfolds gracefully. We are supported in negotiating each life-span developmental stage as it emerges; feel secure in synthesizing our gifts and developing skills; and have the wherewithal to engage the joy and the pain, the successes and the failures, that life brings. Held in this love, we experience a union with others and the world beyond any sense of dualistic separation or alienation between self and other. We are thus at home with other people, the wider world, and ourselves. There is a sense of basic trust and belonging that invites us into the world to discover and follow our deepest callings.

**When Love Is Absent**

But without this empathic love, when we are seen for what we have or do, when we are used as objects for the needs and demands of the environment, this foundation is undercut. We lose a sense of being a subject in communion with others and the world and experience ourselves as objects separate and alienated from others and the world. We then must undertake the desperate task of surviving as a separate object in the world, to somehow become the person we must be in order to find belonging and security, in fact, to find any sort of existence at all.

Most deeply, when we are unseen and unloved for who we are, we experience emotional abandonment, neglect, and isolation, and ultimately face the possibility of personal nonexistence itself. Threatened with personal
annihilation, we are not led to embrace and synthesize our unfolding potential, but are instead forced to truncate and distort this potential—largely unconsciously and automatically—in order to survive within the nonempathic environment. In this way we are dominated by environmental demands and inwardly enter a state of profound and often hidden alienation from self and other.

Living under the threat of annihilation and alienated from the powerful unfoldment of our natural potential, we may find ourselves struggling with any number of psychological disturbances: painful patterns of thought and action, addiction to drugs and alcohol, obsessions with work or play, compulsivity in sex or relationships, the torment of anxiety and depression, a lack of meaning and purpose in life, or perhaps a numbing immersion in daily routines. This painful inner turmoil may cause major disruptions in our lives such that we seek professional help, or it may exist quietly and insidiously as a hidden substrate of our seemingly normal lives, causing us in Thoreau's words to “lead lives of quiet desperation.”

Those who become aware of this painful and tragic state of affairs—perhaps shaken by a life crisis or transformative experience—at some point may begin to seek a way to face the inner emptiness and bring to life the lost aspects of themselves. They may begin to seek a way to face the threat of non-being and regain their footing on their deeper journey of unfoldment, a journey that has been hidden, misguided, or distorted.

Clearly, a powerful support for such an undertaking would be a psychology rooted in the knowledge that the presence of this empathic love nurtures the human journey and its absence derails it. Such a psychology might offer a coherent understanding of this love as well as effective, practical ways of allowing this love to heal and nurture human unfoldment. This book attempts to present just such a psychology.1

TOWARD A PSYCHOLOGY OF LOVE

Given this description of empathic love, it is clear that this love is a crucial provision for the growth and development of human being. The powerful thrust of human unfoldment, of “nature,” demands the “nurture” of love, as an acorn demands sunlight, soil, and water to become a seedling and eventually an oak.

Remember again, however, that this love is of a very particular kind. This is not a love that sees the other as fulfilling one’s desires and dreams, not a love that views the other as something to be changed or managed, not a love blinded by ideas and images of the other (whether positive or negative). So this life-giving love must issue from beyond—and at times in spite of—the hopes, fears, and designs of the personality or personal ego. Although it is somewhat elusive and difficult to recognize, some psychologists have described it well.
Existential-humanistic psychologist Rollo May wrote of this type of love using the traditional term, “agape,” which he described as “esteem for the other, the concern for the other’s welfare beyond any gain that one can get for it; disinterested love, typically, the love of God for man” (May 1969, 319). And of course, Carl Rogers’ (1980) term for something quite like this love was “unconditional positive regard”—a caring for the other in a “non-possessive way,” a “prizing” of the other in a “total rather than conditional way.”

This love is also what Roberto Assagioli called “altruistic love” deriving from a deeper or transpersonal Self beyond the conscious personality. He wrote that this love may also be called “caritas” or “agape” and involved “a sense of essential identity with one’s brothers [and sisters] in humanity” (Assagioli 1973b, 94, 116). He held further that:

Altruistic love is not limited to the members of the human family. It can also embrace all living things in the animal and vegetable kingdoms of nature. This inclusiveness is expressed in the Buddhist love for all living creatures, and by Saint Francis in his “Song of the Creatures.” One might say that an increasingly conscious sense of this universal brotherhood is behind the growing trend toward the cultivation of harmonious relations with the environment. This is the higher and broader aspect of ecology. (Assagioli 1973b, 117)

Here there is a union of love beyond any sense of separate isolated selfhood, a union that can be experienced as including all living things and even the entire cosmos. In such love, the statement “I love you” becomes “We are all held in love,” or even “We are love.”

It is our contention that the kind of love that nurtures personhood, the natural unfoldment of human being, is precisely this “disinterested,” “unconditional,” or “altruistic” love. A psychology that includes a working understanding of this altruistic, empathic love—and its absence—would thus be well suited to address many issues in the field, from psychopathology to positive human potential, from personal growth to larger social and environmental problems.

THE THERAPIST AND EMPATHIC LOVE

Furthermore, it would seem to follow also that a primary job of psychotherapists within a psychology of love—if not the primary job—is to love their clients in this altruistic, empathic way. No matter what technique or method is employed, no matter what therapeutic goal one may seek, without this empathic love, healing and growth cannot occur.

This is why, in our view, research overwhelmingly finds the therapeutic relationship to be such a significant factor in psychotherapy:
The clear message of five decades of outcome research is that it is the relationship of the client and therapist in combination with the resources of the client (extratherapeutic variables) that, respectively, account for 30% and 40% of the variance in successful psychotherapy. Techniques account for 15% of the success variance, comparable to 15% success rate related to placebo effect. (Bozarth 2002, 174)

Such research findings suggest the viability of intentionally utilizing the client’s frame of reference, “courting” the client, and going with the client’s direction in therapy. (176)

Assagioli was clear about the centrality of the therapeutic relationship also, as can be seen in this account by psychosynthesis therapist and author Piero Ferrucci:

Finally one day I went to Roberto [Assagioli] and said that I have concluded that techniques and diagnosis don’t matter. It’s all about the relationship between the client and therapist. Roberto said, “I’ve been waiting for you to figure that out!” (Ferrucci 2005)

Assagioli was perhaps being a bit hyperbolic in this statement—his first book, *Psychosynthesis: A Manual of Principles and Techniques* (Assagioli 1965), deals extensively with assessment and technique, among other things. But Assagioli’s message to Ferrucci is unequivocal and emphatic: compared to the relationship between therapist and client, all other therapeutic issues must take a far distant secondary position.

Again, in our view, because empathic love is the essential operative principle in psychotherapy, the therapeutic relationship is by far the most important element in psychotherapy. Love has been explicitly affirmed in recent psychotherapy texts:

The naming and practice of these qualities of heart allow clinicians to reclaim the use of the word *love*, without overly sentimental, romantic, or sexual overtones. Psychotherapy is an expression of love—love as compassion, joy, equanimity, and kindness. It gives our profession a chance to renew and reclaim the deepest elements of our own practice, and the deepest elements of connection and healing. (Germer, Siegel, and Fulton 2005, 98)

From a spiritual perspective, I believe this is another way of saying that the therapist nurtures the client’s soul, and through this nurturing the client is healed. Love is the most powerful healer of the suffering soul, and in therapeutic relationship love takes the form of empathy, respect, honesty, caring, and acceptance. (Sperry and Shafranske 2005, 140)

Interestingly enough, if altruistic love is in fact central to psychotherapy, and therapists do not realize this, the tremendous power of this love can be
confused with other types of love such as romantic love (eros), friendship (philia), or parental love (storge). That is, therapists unaware they are experiencing altruistic love may be led into romance, friendship, or parenting with their clients—all violations of the therapeutic relationship. It is telling that just such “countertransferences of love” fill the disciplinary lists of licensing boards.

So therapists seeking to express altruistic love will need a psychology of love that supports them in doing this. They need a coherent theory and effective praxis affirming that the love they have is what is most needed in therapeutic work; they need to know why and how loving their clients beyond clinical diagnosis, powerful technique, or therapeutic agenda is crucial to the health and well-being of those in their care.

We believe that Assagioli’s psychosynthesis can contribute to such a psychology of love. The elaboration and extension of his work in our prior books, *The Primal Wound* (1997) and *Psychosynthesis* (2002), reveal psychosynthesis as an approach deeply founded in “the ways and power of love,” to use the phrase of renowned Harvard sociologist Pitirim Sorokin (1954). In this current book we bring an even stronger focus to this empathic love, outlining a personality theory, a developmental theory, and then an approach to psychotherapeutic practice that all revolve around the central pivot of this love.

Maintaining this focus, we will draw upon aspects of other approaches that look in the direction of this love as well. These include infant research, object relations theory, self psychology, depth psychology, intersubjective psychology, attachment theory, neuroscience, positive psychology, and humanistic and transpersonal psychology. While there is no attempt to synthesize these disparate approaches or present them in their entirety, we will at times illuminate the salient connections between them and psychosynthesis.

We have written this book for counselors, social workers, spiritual guides, and psychotherapists; for those training in these callings; for parents, educators, and religious leaders; for those seeking to understand the nature of love either personally or professionally; and for anyone seeking a psychotherapy of love to assist them on their path of healing and growth.

Herein the reader will find experientially based models and theory, practical examples and applications, techniques and methods, as well as an invitation to the self-reflection, inner work, and commitment necessary to love and work at this depth. A description of the chapters follows.

Chapter 1 outlines the earliest and most widely known psychosynthesis personality theory: Assagioli’s oval-shaped or “egg” diagram including the nature and formation of the middle, higher, and lower unconscious; the relationship of “I” and the source of altruistic love, Self; and the processes of personal psychosynthesis, transpersonal psychosynthesis, and Self-realization. In discussing “I,” “Self,” and “will” we have followed our usual convention of not using definite articles or possessive pronouns with these terms. We believe
that the use of such articles and pronouns in phrases such as “my ‘I,’” “the Self,” or “the will” tends to suggest an object of awareness rather than the pure subjectivity these terms were meant to convey.

Chapter 2 presents a psychosynthesis developmental theory that is founded in the thought of Assagioli, but is supported by research and insights from many other approaches. The natural life-span development of personality is seen as a function of empathic altruistic love, while the absence of this love—primal wounding—leads to the formation of the adaptive, defensive, survival personality.

Chapter 3 and the remaining chapters are devoted to a psychosynthesis clinical theory. This chapter begins by describing the empathic altruistic love that nurtures human being as spiritual empathy, and outlines how this empathy impacts the actual therapeutic situation. Here begins too an exploration of what is involved for the therapist in providing this empathic love for another.

Chapter 4 delves more deeply into the inner world of the therapist who chooses to express spiritual empathy with clients. It will be seen that therapists need to enter into a process of death and rebirth as they leave their own experiential worlds in order to join clients within their worlds. Special attention will be given to the nature and function of empathic curiosity and what Assagioli referenced as the “mystical unity” between therapist and client (Kretschmer 2000, 276).

Chapter 5 further develops the theme of spiritual empathy as it explores the deep mutual rapport or attunement that develops between people within an empathic field. This empathic resonance is shown to be a powerful dynamic in therapy that works to expand clients’ experience of themselves and allows early wounding to emerge and be healed. Also discussed is traumatic resonance, the emergence of the therapist’s wounds within the empathic field.

Chapter 6 addresses power and ethics in therapy beginning with the crucial recognition of the power imbalance in the therapeutic relationship and the need for altruistic power in a therapy grounded in spiritual empathy. Discussed are the four uses of therapeutic power that are important to spiritual empathy. Also addressed here is the relationship of therapy to the oppression from larger sociopolitical systems that surround the therapeutic endeavor.

Chapter 7 begins the presentation of the stages of psychosynthesis that can occur within a field of altruistic, empathic love. These stages are based on those outlined by Assagioli but are extended to the clinical situation, drawing on case vignettes. This chapter describes stage zero or the Survival Stage. Here the person’s authentic identity has been replaced by automatic patterns of thought and action designed to survive early unloving, nonempathic environments. The therapist’s role in facilitating the transition out of this stage is discussed.

Chapter 8 presents the next stage of psychosynthesis, stage one or the Exploration Stage. Awakening from the thrall of the survival stage by the
power of empathic love, the person is free to explore the heights and depths of their arising experience and spheres of their personalities. Here there is a quest for the authenticity lost in developing the survival mode. The nature of this exploration, an extended case example, and the therapist’s task are described.

Chapter 9 moves to stage two of psychosynthesis, or the Emergence of “I.” This emergence is understood as the natural blossoming of the person’s authentic selfhood within the loving, empathic field of the therapeutic situation. Here is discovered a new sense of self-awareness and freedom that allows the expression of one’s unique gifts and skills in the world. Again, the therapist’s role in this emergence is discussed.

Chapter 10 describes the stage of Contact with Self in which one held in empathic love can move beyond self-actualization toward broader questions of life meaning and direction in Self-realization. Here, through a variety of different forms and supported by the spiritual empathy of the therapist, the person is seen contacting a deeper sense of wisdom—Self—by which to guide life decisions.

Chapter 11 details the final stage of psychosynthesis that may emerge within altruistic love, that of Response to Self. Continuing the process of Self-realization begun in the prior stage, here one responds to the contacted wisdom and guidance, and encounters new sets of challenges in living a life in relationship to deeper Self. Several illustrative cases are presented and the therapist’s role is described.

Chapter 12 defines psychosynthesis therapy as quintessentially a psychotherapy of love, in which there is a deep recognition of our shared union in Spirit. We end with a discussion of the “Way of the Therapist,” the calling to be a psychotherapist of love.

In closing, let us say again that we have attempted here to provide a practical, applied theoretical orientation—drawing upon current thinking about psychotherapy—that moves toward an understanding of psychotherapy as an act of love. It is our heartfelt hope that, in reading and using this book, therapists and prospective therapists will be supported in uncovering, remembering, and expressing their love for their clients—the probable reason they have felt called to the field of psychotherapy in the first place.

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To love well calls for all that is demanded by the practice of any art, indeed of any human activity, namely, an adequate measure of discipline, patience, and persistence.

—ROBERTO ASSAGIOLI
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Chapter One

Psychosynthesis Personality Theory

This conception of the structure of our being offers us a wider and more comprehensive understanding of the human drama, and points the way to our liberation.

—Roberto Assagioli

In 1910, a young psychiatrist-in-training named Roberto Assagioli (1888–1974) conceived of a psychology he called psychosynthesis. By “psycho-synthesis” he meant to denote the realization of wholeness or synthesis both within oneself and with the world—a counterpoint to Sigmund Freud’s “psycho-analysis” that implied the analysis of the person into component parts.

Assagioli had been quite active in early psychoanalytic circles, so much so that C. G. Jung had written to Freud about him as “our first Italian” (McGuire 1974, 241). However, Freud (1948) felt strongly that “psycho-synthesis” occurred automatically as analysis proceeded, so for him there was no need to focus on synthesis per se.

For Assagioli on the other hand, synthesis was fundamental to human nature; it was an intrinsic impulse toward integration, wholeness, and actualization and deserving of study in its own right. While accepting the need for analytic exploration of the personality, Assagioli sought to understand the movement of synthesis as it occurs within the individual, among couples and groups (inter-individual psychosynthesis), and in the world at large. He understood synthesis as a powerful evolution toward “union, beauty, and harmony” that arose from “links of love” among individualities (Assagioli 2000, 27).

Assagioli subsequently developed psychosynthesis as a broad point of view, a way of looking at human beings from the standpoint of this evolution toward integration, relationship, and wholeness. As he wrote, psychosynthesis is “first
and foremost a dynamic, even a dramatic conception of our psychological life” (Assagioli 2000, 26). Psychosynthesis is thus not a particular technique or method, but a context for technique and method; nor is it a psychotherapy, but a way of practicing psychotherapy; nor is it a spiritual path, but a perspective on the experiential terrain of spiritual paths.

This chapter presents a personality theory that recognizes the workings of this impulse toward synthesis at the very core of the human being, while the next chapter traces this impulse as it forms the axis of growth over the human life span. The remainder of the book is then devoted to a psychosynthesis clinical approach that can be called psychosynthesis therapy. Here the nurture of this impulse toward synthesis is seen as empathic love, and thus the therapeutic task and the role of the therapist is essentially about synthesis, relationship, and love.

ASSAGIOLI’S MODEL OF THE PERSON

The earliest and most widely known psychosynthesis model of the human personality is Assagioli’s oval-shaped or “egg” diagram illustrating what he called “a pluridimensional conception of the human personality” (Assagioli 2000, 14). This model was first published in the 1930s (Assagioli 1931; 1934), later becoming the lead chapter in his book Psychosynthesis (2000), and it remains an integral and vital part of psychosynthesis theory to this day.1

Mindful of Assagioli’s statement that this model was “far from perfect or final” (Assagioli 2000, 14), we here present his model with one change: we do not represent Self (or Transpersonal Self) on the diagram. While Assagioli’s original diagram depicted Self at the apex of the higher unconscious, half inside and half outside the oval, the diagram that follows does not do so; in this rendering, Self is not assigned to any one particular sphere at all, and instead should be imagined as pervading all the areas of the diagram and beyond. The need for this change will be discussed later. Figure 1.1 is then a rendering of Assagioli’s diagram with this one modification.

One general comment about this diagram is that Assagioli understood the oval to be surrounded by what C. G. Jung termed the collective unconscious (unlabeled) or “a common psychic substrate of a suprapersonal nature which is present in every one of us” (Jung 1969, 4). This realm surrounds and underpins the personal levels of the unconscious and represents innate propensities or capacities for particular forms of experience and action shared by the species and developed over the course of evolution. Let us now describe each element in the diagram in turn.

THE MIDDLE UNCONSCIOUS

The middle unconscious . . . is formed of psychological elements similar to those of our waking consciousness and easily accessible to it. In this inner
region our various experiences are assimilated, our ordinary mental and imaginative activities are elaborated and developed in a sort of psychological gestation before their birth into the light of consciousness. (Assagioli 2000, 15)

The middle unconscious is depicted in the oval diagram as immediately surrounding the field of consciousness and will. This is meant to symbolize that this area of the unconscious immediately underpins our ongoing daily awareness and behavior. The middle unconscious is not a repressed area of the personality dissociated from awareness, but rather an unconscious area that is in direct association with awareness. The field of neuroscience has used the term “nonconscious” with much the same meaning:

Huge amounts of evidence support the view that the “conscious self” is in fact a very small portion of the mind’s activity. Perception, abstract cognition, emotional processes, memory, and social interaction all appear to proceed to a great extent without the involvement of consciousness. Most of the mind is nonconscious. These “out-of-awareness” processes do not appear to be in opposition to consciousness or to anything else; they create the foundation for the mind in social interactions, internal processing, and even conscious awareness itself. Nonconscious processing influences our behaviors, feelings, and thoughts. Nonconscious processes impinge on our conscious minds: we experience sudden intrusions of elaborated thought
processes (as in “Aha!” experiences) or emotional reactions (as in crying before we are aware that we are experiencing a sense of sadness). (Siegel 1999, 263)

The phrase, “sudden intrusions of elaborated thought processes (as in ‘Aha!’ experiences),” echoes Assagioli’s statement quoted earlier, “mental and imaginative activities are elaborated and developed in a sort of psychological gestation before their birth into the light of consciousness.” Here is a level of the unconscious that is not in opposition to consciousness, but which contains the complex processes and structures from which we operate in our daily lives. It is in direct association with consciousness and supports conscious functioning in a number of ways.

**Structuralization of the Middle Unconscious**

One way the middle unconscious supports consciousness and will is that we here assimilate our unfolding inherited endowment and our interactions with the environment to form patterns of thought, feeling, and behavior by which we express ourselves in the world. Assagioli affirms the neurobiology involved in this process, referring to it as developing “new neuromuscular patterns”:

This process is apparent in the work of acquiring some such technical accomplishment as learning to play a musical instrument. At first, full attention and conscious direction of the execution are demanded. Then, little by little, there comes the formation of what might be called the mechanisms of action, i.e., new neuromuscular patterns. The pianist, for example, now reaches the point at which he no longer needs to pay conscious attention to the mechanics of execution, that is, to directing his fingers to the desired places. He can now give his whole conscious attention to the quality of the execution, to the expression of the emotional and aesthetic content of the music that he is performing. (Assagioli 1973b, 191)

Assagioli’s “neuromuscular patterns” would in today’s neuroscience be understood as neurons firing together and so becoming organized into neural networks: “In a process called long-term potentiation (LTP), excitation between cells is prolonged, allowing them to become synchronized in their firing patterns and organized into neural networks (Hebb 1949)” (Cozolino 2006, 42). These neural networks can then interconnect, “allowing for the evolution and development of increasingly complex skills, abilities, and abstract functions” (42).

Whether learning to walk, talk, or play an instrument; developing roles within family and society; or forming particular philosophical or religious beliefs, we create these complex expressions by synthesizing our innate gifts and environmental experience into a larger whole. In this way, areas of what Assagioli (1973b; 2000) so aptly and so early called the “plastic unconscious”
become structuralized into what he called the “structuralized” or “conditioned” unconscious. Perhaps one of the most complex expressions of this structuralization is the formation of what Assagioli called subpersonalities (Assagioli 2000).

Subpersonalities

Among the most sophisticated of the integrated patterns structuralizing the middle unconscious are subpersonalities. Subpersonalities are like some of the “atoms” that make up the “molecule” of the personality, or the “organs” that make up the “body” of the personality.

Subpersonalities are patterns of thought, feeling, and behavior, developed in relationship to various environments, that have advanced to the level at which they can operate as distinct, semi-independent entities. In neuroscience terms, these are discrete neural networks functioning as “specialized selves” or “self-states” in which “various modules of the mind cluster together in the service of specialized activity” (Siegel 1999, 230). Psychiatrist and author Daniel Stern sums up the current state of thinking on these “multiple selves”: “It is now largely accepted that there are multiple (context-specific) selves that can interact with each other, observe each other, and converse together out of consciousness. This is normal, not limited to pathological dissociative states” (Stern 2004, 128).

Awareness of subpersonalities may occur, for example, in noticing trains of thought “speaking” inwardly (“You really did well,” “You shouldn't do that”), or in characteristic attitudes that arise in some situations and not others (“Being with you brings out my playful side,” “When I’m with my father I feel like a child again”), or perhaps in feeling a strong, discrete impulse to a specific type of behavior (“Whenever I’m around an authority figure, I want to rebel,” “On a day like this I really want to be outdoors”). Often too, in therapy especially, subpersonalities emerge in inner conflicts: “I have a part of me who wants to do it and another who is afraid,” or, “I feel ambivalent—part of me likes it and another hates it.”

In carefully exploring all such experiences, we can discover that these are not simply passing thoughts and feelings, but expressions of discrete complexes characterized by a specific motivation and mode of expression, a consistent worldview and range of feelings, and a particular life history with roots in our personal history.

Most often subpersonalities do not emerge into awareness because in normal functioning they are working together seamlessly in the middle unconscious. But if there is a conflict among them—as between a fearful child and harsh critic, or a hard worker and a fun-lover, or a solitude seeker and a social extravert—one will quickly become aware of the inner turmoil this conflict will produce.
In cases of inner conflict, it can be quite worthwhile to work with the conflicting parts in an intentional, conscious way, bringing empathic love to them. We have described subpersonality work in detail elsewhere (Firman and Gila 1997; 2002). This type of work has been a strong component of psychosynthesis therapy since the 1970s (Carter-Haar 1975; Vargiu 1974), and more recently has been addressed by other approaches as well (Polster 1995; Rowan 1990; Schwartz 1995; Sliker 1992; Stone and Winkelman 1985; Watkins and Watkins 1997).

So subpersonalities are quite the norm even in psychologically healthy people, and while their conflicts can be the source of pain and even psychological symptoms, they themselves should not be seen as pathological. They are simply discrete patterns of feeling, thought, and behavior that often operate out of awareness—in the middle unconscious—and that form the “colors” of the “palette” from which we paint our life. They may also have roots in the higher and lower unconscious, and in the archetypes of the collective unconscious (Firman and Gila 2002; Meriam 1994).

Unconscious Structuralization of Self and World

Although the middle unconscious can receive patterns that are consciously formed, it can also be structured without the intercession of consciousness at all (this holds for subpersonality formation as well). Such unconscious learning is a function of what neuroscience calls “implicit memory” (Cozolino 2002; Lewis, Amini, and Lannon 2001; Siegel 1999; Stern 2004). This structuralization of the middle unconscious allows us, for example, to learn all the many complex rules of grammar without ever being conscious of these rules; that is, when we hear proper grammar we simply know it “sounds right,” remaining unaware of the complex learning that underpins that knowing. In fact, this structuralization begins before we are born:

Bathed for nine months in his mother’s vocalizations, a baby’s brain begins to decode and store them—not just the speaker’s tone, but her language patterns. Once born, a baby orients to the familiar sounds of his mother’s voice and her mother tongue, and favors them over any other. In doing so, he demonstrates the nascent traces of both attachment and memory. (Lewis, Amini, and Lannon 2001, 112)

This unconscious structuralization allows us to automatically and quickly respond to the environment based on past experience, bypassing the slower, more deliberate, or unavailable response moderated by consciousness. We here form patterns based on our experience of ourselves in rela-
tionship to our world, unconsciously learning ways of being and acting from interaction with different environments. This adaptive structuralization of the middle unconscious can be seen in the concept of the “adaptive unconscious” (Wilson 2002).

Unconscious structuralization is not then experienced as consciously recalling something that has happened in the past. Instead, it is experienced simply as “the way things are,” as “reality.” We have, through our connections with the environment, built up an inner map of the world and of ourselves by which we live our lives for better or worse (see the discussion of internal unifying centers in chapter 2). So our experience of self and world is profoundly conditioned by the structuralization of the middle unconscious. Siegel writes of implicit memory, “We act, feel, and imagine without recognition of the influence of past experience on our present reality” (Siegel 1999, 29).

This understanding of the middle unconscious becomes crucial for psychosynthesis therapy because it is into this world of the client that empathic love takes the therapist. Therapists seeking to attune to their client’s world need to be prepared to enter an idiosyncratic, unpredictable world perhaps starkly different from their own.

Furthermore, the therapist must realize that since this inner landscape was gradually built up via early relationships with others, it is only the therapist’s presence and resonance in the relationship that can allow transformation of that landscape. For example, a therapist cannot simply talk the client out of a negative self-image, but must be prepared to be with the client in an exploration of a world experienced from this negative self-image. In the parlance of neuroscience, “When a limbic connection has established a neural pattern, it takes a limbic connection to revise it” (Lewis, Amini, and Lannon 2001, 177).

Conscious technique, assigned exercises, interpretations, insight, or the surfacing of memories does not, then, facilitate healing and growth at this level; rather, healing and growth can only come by empathically joining clients in the unique world of their middle unconscious. This will be discussed more fully in the presentation of clinical theory next.

The Experiential Range

This inner structuring of self and world in relationship to significant others—this formation of the middle unconscious—also forms the normal range of our potentially conscious experience. That is, it demarcates those types of experience that are easily accessible to our normal awareness, that range of experience we recognize as a part of our lived reality. In neuroscience, this range of experience is akin to what is termed the “window of tolerance,” that is, the range that constitutes a person’s experiential comfort zone (Siegel 1999).

Life experiences that we have successfully integrated into the middle unconscious allow us to be more ready and able to engage these same types of
experience when we encounter them again. If we have integrated various experiences of, for example, joy and wonder, anger and fear, success and failure, or loss and grief, we will be able to feel and express these experiences as life brings them to us. Gradually all of these integrations together begin to form the range of experience to which we are normally available on a daily basis—in other words, our experiential range is developing. Experiences along this range are by definition not foreign and disturbing to us, nor threatening or overwhelming to our sense of self, but are experiences—pleasant or unpleasant—that we know how to engage as a part of life.

This structuralization of the middle unconscious is thus like developing experiential “eyes,” an organ of consciousness, through which we perceive and act in the world. It is not that we are operating along this entire range at all times, but that we are sensitive and responsive along this entire spectrum as we meet life events; we are aware when we are loving or grieving, happy or sad, joyous or scared, tense or relaxed, unitive or isolated, and can by the same token be empathic with others who are having these experiences.

Over time, then, we engage and integrate our life experiences such that our experiential range develops. We find ourselves able to be conscious of, and respond to, all the various aspects of human experience that present themselves to us. On the other hand, as we shall now see, relating to non-empathic environments leaves us with an experiential range that is constricted and broken.

**Primal Wounding**

The middle unconscious allows learned patterns of perception and action (consciously learned or not) to remain unconscious so that we may creatively draw upon these patterns in the living of our lives. By remaining unconscious yet available, the middle unconscious supports our ongoing functioning.

However there are other layers of the unconscious that are not simply and naturally unconscious, but are actively repressed. That is, these are sectors of the unconscious that support ongoing functioning by remaining unconscious and not accessible. But why should one find it necessary to cut off and disown areas of natural human experience? This is done in response to what can be called *primal wounding* (Firman and Gila 1997; 2002):

Primal wounding results from violations of the person’s sense of self, as seen most vividly in physical mistreatment, sexual molestation, and emotional battering. Wounding may also occur from intentional or unintentional neglect by those in the environment, as in physical or emotional abandonment; or from an inability of significant others to respond empathically to the person (or to aspects of the person); or from a general unrespon-
siveness in the surrounding social milieu. . . . All such wounding involves a breaking of the empathic relationships by which we know ourselves as human beings; it creates an experience in which we know ourselves not as intrinsically valuable human persons, but instead as non-persons or objects. In these moments we feel ourselves to be “It”’s rather than “Thou”’s, to use Martin Buber’s (1958) terms. Primal wounding thus produces various experiences associated with facing our own potential non-existence or non-being: isolation and abandonment, disintegration and loss of identity, humiliation and low self-worth, toxic shame and guilt, feelings of being overwhelmed and trapped, or anxiety and depression/despair. (Firman and Gila 2002, 27)

In order to avoid this personal annihilation, we will disown those areas of experience deemed unacceptable by the environment. By eliminating these ranges of experience from ongoing functioning, we form a personality that allows us to survive in the nonempathic environment.3 But what then is the nature of these disowned aspects of ourselves, these dissociated neural networks, these lost levels of our experiential range?

THE HIGHER AND LOWER UNCONSCIOUS

The first thing that must be disowned in order to survive within a nonempathic environment is the fact that we are being wounded at all. Our wounding will not receive an empathic ear in such an environment because for the environment to accept our wounding it would need to acknowledge its role in this wounding and begin its own process of self-examination, healing, and growth. (Good-enough parenting, like good-enough friendship and good-enough psychotherapy, seeks to acknowledge empathic failures past and present so the wounding can be held.)

In order to survive in a nonempathic environment, we develop a personality that eliminates primal wounding from our awareness (what is called survival personality in the next chapter). We enter a trance that in effect breaks off our awareness of wounding and any experiences associated with annihilation and nonbeing, forming what is called the lower unconscious (see Figure 1.1).

The lower unconscious is then the disowned range of our experience that would normally attune us to experiences most directly related to the pain of primal wounding—experiences such as anxiety and disintegration; lack of meaning in self or world; feeling lost, trapped, or buried; isolation, abandonment, banishment; feeling overwhelmed, helpless, or hopeless; emptiness or hollowness; despair, shame, and guilt (see chapter 2). Under the threat of personal annihilation, significant sectors of our ability to experience pain and suffering are here split off from ongoing awareness.
Hiding the Gifts

But there is something else that cannot be held by the nonempathic environment and thus must be disowned so as to survive in that environment: those positive aspects of ourselves, those authentic gifts, that are unseen and rejected by the nonempathic environment. These gifts are in effect under attack within the environment, and their possession places us under constant threat of annihilation.

As with the wounding experiences, these gifts must be hidden in what psychosynthesis psychiatrist Frank Haronian (1974) wrote about as the “repression of the sublime.” So we do much the same here. We break off that range of our experience related to whatever positive qualities of being are threatened by the environment—qualities that might include beauty, compassion, courage, creativity, wonder, humor, joy, bliss, light, love, patience, truth, faith, and wisdom.4

Such qualities, termed transpersonal qualities in psychosynthesis, are characteristic of the higher unconscious (Figure 1.1). These are the types of qualities that are eliminated from our experiential range, rendering us safe in the nonempathic environment, but also leaving us with an impoverished sense of ourselves and the world.

Splitting and Repression

So in primal wounding, if there is not an alternative environment that can hold the person in both gifts and wounding (in empathic love), these two very opposed types of experience—experiences of the delight in being and the terror of nonbeing—cannot be held as a whole, cannot be synthesized. They are therefore in effect broken away from each other and banished from the experiential world of the middle unconscious.

Another way to say this is that the gifts and wounds have been split and then repressed, forming the higher and lower unconscious. One then lives in a truncated middle unconscious world, overarched by the “paradise” of the higher unconscious and underpinned by the “netherworld” of the lower unconscious. Such splitting of “good” and “bad” has long been recognized in psychoanalytic circles (Fairbairn 1986; Kernberg 1992; Klein 1975; Masterson 1981).5

In splitting and repression of these levels of experience we disown the heights and depths of ourselves deemed unacceptable by the nonempathic environment. Note that the unacceptable ranges are not here simply unrecognized by the environment, as, for example, when caregivers may not share the heights or depths of experience available to the child; here these areas of

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It is the source of the higher feelings, such as altruistic love; of genius and of the states of contemplation, illumination, and ecstasy.

—ROBERTO ASSAGIOLI

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experience would remain available to the child and could be easily nurtured by relationships with others. Rather, splitting and repression occur only when a particular range of experience represents an emotional or mental threat to the caregivers—a result of their own wounding. In this case, the child engaging these levels of experience faces not mere puzzlement and curiosity from caregivers, but active rage, shame, and emotional abandonment.

In the following chapter we shall further explore the nature of primal wounding, but let us now return to Assagioli's model of the person and examine “I,” the mysterious “who” to whom all of these levels of the unconscious belong.

“I” OR PERSONAL SELF

“I” or personal self (with a lowercase “s”), with the attendant field of consciousness and will, is pictured at the very center of the oval-shaped diagram (Figure 1.1). “I” could also be called “you.” When you are loved beyond the content and process of your personality, you emerge; you are the one who can experience all these different inner and outer realms, can make choices about these experiences, and can blend them into meaningful expressions in the world.6

But the nature of “I” is profoundly mysterious and by no means self-evident. As Assagioli points out, “the self, the I-consciousness, devoid of any content . . . does not arise spontaneously but is the result of a definite inner experimentation” (Assagioli 2000, 99). “I” needs to be pointed to, understood, and loved; you need to be invited out from among the content and process of your personality. And a psychology of love would have an understanding and a method for seeking, knowing, and loving you in this way. Here is Assagioli offering one way:

The procedure for achieving self-identity, in the sense of the pure self-consciousness at the personal level, is an indirect one. The self is there all the time; what is lacking is a direct awareness of its presence. Therefore, the technique consists in eliminating all the partial self-identifications. The procedure can be summarized in one word which was much used formerly in psychology but which recently has been more or less neglected, i.e., introspection. It means, as its terminology clearly indicates, directing the mind’s eye, or the observing function, upon the world of psychological facts, of psychological events, of which we can be aware. (Assagioli 2000, 101)

He further suggests that such a sustained introspection (an aspect of meditation or contemplation in spiritual traditions) focus on three levels of experience: physical sensations, feelings, and thoughts. He writes of this method, “This objective observation produces naturally, spontaneously and inevitably a sense of dis-identification from any and all of those psychological contents
and activities. By contrast, the stability, the permanency of the observer is realized” (103). The reader is invited to perform this inner experimentation as we go.7

A Disidentification Exercise

Assagioli first invites you to observe the ever-changing flow of your physical sensations: the fluctuations of temperature within your body, the passing experiences of constriction or relaxation, changes in breathing, the parade of tastes and smells. To each and all of these changing sensations you can be present, ergo, you are distinct but not separate from your sensations. Otherwise you would be unable to be fully present to each new sensation as it arises. This phenomenon can be called transcendence-immanence (Firman 1991; Firman and Gila 1997; 2002). Something about who you are is distinct from—transcendent of—sensations, yet you are engaged with—immanent within—sensations. You are transcendent-immanent with respect to sensations.

Assagioli next suggests becoming aware of “the kaleidoscopic realm of emotions and feelings” (102). Here you will notice the constant flow of different emotions: sadness, joy, grief, calm, arousal, happiness, despair, hope. But here again, since you can engage each and every one of these, remaining present to each successive feeling, you must be somehow transcendent-immanent with respect to feelings too. Or in Assagioli’s words, “After a certain period of practice we come to the realization that the emotions and feelings also are not a necessary part of the self, of our self, because they too are changeable, mutable, fleeting and sometimes show ambivalence” (102).

Lastly, Assagioli invites you to become conscious of your thoughts in the same way: “mental activity is too varied, fleeting, changeable; sometimes it shows no continuity and can be compared with a restless ape, jumping from branch to branch. But the very fact that the self can observe, take notice and exercise its powers of observation on the mental activity proves the difference between the self and the mind” (102). In our terms, “I” is distinct-but-not-separate from, transcendent-immanent with respect to, the thinking process as well.

In this type of inner exploration, you can begin to plumb the mysterious nature of “I,” of you. Again, this nature is not self-evident and is realized only as you are held in empathic love. You must be seen, known, and loved as distinct-but-not-separate from your experience, and so free to be open to whatever arises in you—an invitation to authenticity directly opposed to the truncated experiential range conditioned by the need to survive in a nonempathic environment.

In other words, you can discover you are “in but not of the world” of soma and psyche, of body and mind, distinct from both yet engaged in both. You can begin to realize that you are transcendent-immanent of any and all
experiences you may encounter, that you can remain present and volitional within all experiences that life can bring you.

So it seems accurate to refer to human being as transcendent-immanent spirit. This use of the word “spirit” is helpful if it is understood that this does not refer to another “thing” among “things,” nor a substance or object within us, nor a tiny homunculus living within the psyche-soma, but rather refers to our ability to remain distinct-but-not-separate or transcendent-immanent of any and all experiences of psyche and soma.

“You” Are Not an Experience

Furthermore, disidentification from contents and forms of experience can extend to deeper and more pervasive structures of the personality as well. These might include such things as subpersonalities, complexes, habitual feeling states, and even lifelong images and beliefs about who you are—all things that tend to become confused with “I,” things with which “I” can become identified. (Disidentification at these more ingrained levels may involve psychological work in order to uncover and address the wounds underlying the identifications.)

Pursued at depth, this disidentification means “I” is transcendent of any experience that “I exist” at all! Disidentifying from any notion of “I,” “me,” or “self,” we will discover that even the “who” we secretly thought we were behind all the identifications is not even us. Assagioli writes, “the last and perhaps most obstinate identification is with that which we consider to be our inner person, that which persists more or less during all the various roles we play” (107).

So note that “I” is not another experience among others. “I” is the experiencer, never the experience. Even though a particular moment of disidentification may produce an experience of “I don’t exist” and “noself,” of freedom and spaciousness, of peace and stillness, of clear light and pure consciousness, of witnessing and observing, these remain experiences that “I” may or may not have.

In fact, it is quite common that disidentification leads not to serene observation but to chaotic and confusing experiences. This can be seen, for example, in what we call a crisis of transformation (chapter 7) when one disidentifies from a long-standing identity and is unsettled by the sensations, feelings, and thoughts that had been repressed by the identification.

But throughout all changing experience, you are you—“I”—whether identified or disidentified, peaceful or chaotic, centered or off center. Looked at more closely, it can be seen that you not only have the ability to remain present to, and conscious of, ongoing experience, but can be active in affecting these ongoing experiences as well. That is, “I” has not only consciousness but also will.
Consciousness and Will

One of the two functions of “I” according to Assagioli is consciousness. This notion is based on the observation that in disidentification from limiting structures of experience, your consciousness becomes free to engage a much wider experiential range. That is, when you are identified with a single part of yourself, your consciousness is controlled by that identification, almost as if you look out at the world through that single “lens.” If you are identified with the parent part of yourself, for example, you will experience the world as a parent and be out of touch with perhaps the hurt or playful child in you, the fun-loving adolescent within, or the spontaneous artistic side of yourself. Here you may relate to your adult children (and other people) as if they were children or teenagers, and be unable to bring other parts of yourself into the relationship.

In disidentification from such a role, however, your consciousness is free to engage these other parts of yourself; you become open to the full richness of your inner community, and can experience the world unshackled by the blinders of a single identification. Here it is clear that consciousness partakes of transcendence-immanence: it can be free to engage any and all experiences, any and all parts of ourselves. So as “I” disidentifies, the consciousness of “I” becomes free, and you find that an essential fact about who you are seems to be: “I have awareness (or consciousness).”

Another thing that occurs in disidentification is that you become increasingly free to make a variety of different choices—this points to the second function of “I,” will. Trapped in a particular identification, you can only make choices from within the perspective of that single part of you. If you are trapped in a constricted people-pleasing role, for example, you will only make choices that are pleasing to others, and will perhaps have difficulty making choices to be candid, spontaneous, or self-assertive. In disidentification, however, you find you can make choices from beyond any single identification, that you can make choices from the full range of who you are, drawing on the complete “palette” of your rich human potential.

As with consciousness, you find that your will, your ability to affect the contents and structures of consciousness, is freed in stepping out of any limited identification with a single part of yourself. As Assagioli wrote, “Then the observer becomes aware that he can not only passively observe but also influence in various degrees the spontaneous flow, the succession of the various psychological states” (103).

Will too is then transcendent-immanent, potentially able to affect all the various passing contents of experience without being dominated by any. So a second important fact about who you are seems to be: “I have will.” Therefore “I” in the oval diagram is seen as surrounded by the field of consciousness and will, representing these two most intimate functions of our essential selves.
But be careful here too not to equate the functions of consciousness and will with the experiences of being conscious and willing. These functions of “I” may be completely obscured if you are identified with, for example, a strong part of you that fills your consciousness and dominates your will. Again, you are still “you” in this state of identification; you still have the functions of consciousness and will, even though your consciousness and will are presently submerged within, in a sense possessed by, the identification.

**Empathic Love**

As you proceed over time with this type of inner observation, you can find that since you are not any particular experience, you can embrace any and all experiences as they arise. These experiences can include moments of ecstasy, creative inspiration, and spiritual insight (*higher unconscious*); feelings of anxiety, despair, and rage (*lower unconscious*); as well as ongoing engagement with various patterns of thought, feeling, and behavior that you have formed over the course of living (*middle unconscious*). By virtue of your transcendence-immanence, it would seem there is no experience you cannot embrace. In the words of one early psychosynthesis writer: “There are no elements of the personality which are of a quality incompatible with the ‘I.’ For the ‘I’ is not of the personality, rather it transcends the personality” (Carter-Haar 1975, 81).

You discover, in other words, that you are fundamentally empathic and loving toward all aspects of your personality. You can love, accept, and include a vast range of experience, take responsibility for the healing and growth of this range, and even over time form these experiences into a rich, cohesive expression in the world. You have the ability to have “selfless love” or “agape” toward all of your personality aspects—not taking sides with any, understanding and respecting all, embracing all. The tremendous healing and growth of one’s personality from this emergence of empathic love—from the emergence of “I”—are common occurrences in psychosynthesis practice; indeed, this is at the heart of psychosynthesis therapy in general. As Assagioli affirms, “I am a living, loving, willing self” (Assagioli 1973b, 176).

Note that “I” does not imply the experience of oneself as some sort of rugged, separate individual as is often the ideal implicit in much of Western culture. The emergence of “I” (see chapter 9) can manifest in as many different ways as there are cultures. You may experience yourself as a free and independent agent in relationship to the wider society or, quite the contrary, as not an “individual” at all but rather an expression of your ancestry, family, and community. However it is that you do experience yourself, you have the ability to understand and act from within the subjectivity of your own body, feelings, and mind.
Finally, in order to complete our discussion of psychosynthesis personality theory, let us consider the source of this loving, empathic, transcendent-immanent, willing, and conscious spirit—to wit, loving, empathic, transcendent-immanent, willing, and conscious Spirit, or Self.

**SELF**

For Assagioli’s contemporaries Freud and Jung the ego was a composite or complex of various psychological elements that formed over the course of development. Whereas a Freudian or Jungian might, for example, consider ego arising from a gradual differentiation of the “id” or a de-integrate of the “self,” respectively, Assagioli held that “I” was a direct “reflection” or “projection” of deeper, transpersonal, or higher Self.9

Thus, in pondering the nature of Self, we can begin with an examination of Self’s reflection or image: we can return to our insight into the nature of human spirit, of “I.” Since “I” is not “ego,” not an organization of content within the personality, we cannot logically posit a source that is composed of content, even a totality of all content. If “I” is loving, empathic, transcendent-immanent spirit, it would rather seem that the source of “I” must be a greater or deeper loving, empathic, transcendent-immanent Spirit (capital “S”).

Thus we may assume logically that Self is simply a more profound empathic transcendence-immanence than “I.” Just as “I” is distinct-but-not-separate from the flow of immediate experience, so Self can be thought of as distinct-but-not-separate from any and all content and layers of the personality, both conscious and unconscious. Self is transcendent and so may be immanent anywhere, any time, within the entire personality and beyond.

Practically what this means is that we are held in being no matter what type of experiences we might have. Our life-giving connection with Self is not intrinsically about any particular experience or state of consciousness but holds us in being so that we may engage experiences throughout our entire experiential range.

A loving empathic transcendent-immanent Self can therefore be thought of as present and potentially active whether one is experiencing a traumatic memory from the lower unconscious, a peak experience in the higher unconscious, working with middle unconscious patterns, engaging existential issues of mortality and meaning, or expressing oneself in the world. As the direct and immediate source of “I,” Self is always potentially available to us for dialogue, support, and guidance no matter what our experience, no matter what our stage of development, no matter what our life situation.

This profound transcendence-immanence of Self is a reason we have not followed Assagioli in representing Self at the apex of the higher unconscious.
We believe that his earlier rendering of Self on the oval diagram can lead to the mistaken assumption that Self somehow belongs to “higher realms” and is not as directly present to the “lower realms.”

The notion of Self as more deeply or more broadly transcendent-immanent also allows us to recognize the vast array of forms through which Self can express—from individuals and groups, to spiritual practices and religious forms, to the natural world, to inner psychological structures. How might one describe the empathic, loving, holding power that is manifest through all such contexts, both inner and outer, animate and inanimate, to empower empathic, loving, transcendent-immanent “I”? It would have to be some empathic presence that can express in all of these contexts yet be identified with none, a transcendent-immanent Source operating through different forms both inner and outer. The notion of loving, empathic, spiritual, transcendent-immanent Self seems quite useful in this regard.

Just as in the discussion of human spirit or “I,” however, we should be clear that by “Self” or “Spirit” we are not positing a particular “thing” among “things.” Self is not an object of consciousness, but the source of consciousness. Self is not “a being,” but the Ground of Being. Thus we shall never discover an objective Self within different forms any more than we shall find an objective “I” among contents of the personality. Inasmuch as “I” can be termed “noself,” so Self can be termed “NoSelf.” Each are no-thing.

Finally, note that “I” and Self are from a certain point of view one: “There are not really two selves, two independent and separate entities. The Self is one” (Assagioli 2000, 17). Assagioli considered this nondual unity a fundamental aspect of this level of human being, although he also understood that there could and should be a meaningful relationship between the person and Self as well. Here is Albert Einstein in a similar vein:

A human being is a part of a whole, called by us “universe,” a part limited in time and space. He experiences himself, his thoughts and feelings, as something separate from the rest—a kind of optical delusion of consciousness. This delusion is a kind of prison for us, restricting us to our personal desires and to affection for a few persons nearest to us. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures and the whole of nature in its beauty. (quoted in Levine 1982, 183)

**Self-Realization**

Many psychological thinkers besides Assagioli have recognized within the human being a sense of wisdom and direction that operates beyond, and often in spite of, the conscious personality. This has been called “the inner voice” and “Self” (Jung 1954), the “will to meaning” (Frankl 1962; 1967), the “destiny drive” (Bolas 1989), the “soul’s code” (Hillman 1996), “the actualizing
tendency” (Rogers 1980), and the “nuclear program” (Kohut 1984). In psychosynthesis, the source of this transpersonal impetus is considered to be Self. Self-realization then has to do with our relationship to this deeper, transpersonal wisdom and direction within us, a relationship that can be characterized as that between the personal will of “I” and the transpersonal will of Self. Self-realization is the story of our contact and response to Self, our forgetting and remembering Self, our union and relatedness to Self, our movement in and out of alignment with the deepest currents of our being. Self-realization is the ongoing, lived, loving relationship between ourselves and our most cherished values, meanings, and purposes in life.

And if Self is transcendent-immanent throughout all levels of the personality and beyond, then such an ongoing love relationship may well take us into any and all levels of human experience. Relating to deeper Self may, for example, lead us to an engagement with our addictions and compulsions; or to the heights of creative and religious experience; or to the mysteries of noSelf and unitive experience; or to issues of meaning and mortality; or to a grappling with early childhood wounding. But throughout, whether in union or dialogue, the relationship is the thing. Self-realization is not here an arrival point, a particular state of consciousness, not something we must search far to attain. It is right here. Now.

So the dynamics of Self-realization have to do with how we perceive—or ignore—the deeper truth of our lives, and how we respond—or not—to this in the practical decisions of everyday life. It is fair to say that all theory and practice in psychosynthesis ultimately has to do with uncovering, clarifying, and responding to our own deeper sense of who we are and what our lives are about.

**Personal and Transpersonal Psychosynthesis**

Understanding Self-realization as a relationship with Self allows Self-realization to be distinguished from psychological or spiritual growth. While such growth can and does occur as we walk our path of Self-realization, it is a byproduct of this journey and not the goal. Accordingly, Self-realization can be differentiated from two important lines of human development discussed by Assagioli: personal psychosynthesis and spiritual or transpersonal psychosynthesis.

Assagioli writes that personal psychosynthesis “includes the development and harmonizing of all human functions and potentialities at all levels of the lower and middle area in the diagram of the constitution of man” (Assagioli 1973b, 121). He is here referring to the oval diagram and to working with the lower and middle unconscious, a process leading toward a
clearer sense of autonomy, personality integration, and personal power. The path of Self-realization may well lead us into this type of work because Self is transcendent-immanent throughout these levels and may invite us to engage them.

Distinct from personal psychosynthesis is the task of transpersonal psychosynthesis: “arriving at a harmonious adjustment by means of the proper assimilation of the inflowing superconscious energies and of their integration with the pre-existing aspects of the personality” (Assagioli 2000, 49). So transpersonal psychosynthesis is a process of integrating the contents and energies of the higher unconscious, of learning to contact and express transpersonal qualities, spiritual insights, and unitive states of consciousness. Here too, our ongoing relationship with Self may lead us to this type of integration because Self is transcendent-immanent throughout this level as well.

As fundamental as personal and transpersonal psychosynthesis are, each has a limitation—each can leave out the other dimension. For example, an exclusive involvement with personal psychosynthesis may lead eventually to the existential crisis (Firman and Vargiu 1996) in which there is a loss of meaning and purpose in one’s personal life. Likewise, an exclusive involvement with transpersonal psychosynthesis may lead to a crisis of duality (Firman and Gila 1997; 2002) in which there is the realization that higher unconscious experience does not automatically lead to a stable, embodied expression of this higher potential. Each crisis of transformation indicates an imbalance that is often righted as the missing dimension is included.

The journey of Self-realization will usually involve both personal and transpersonal growth at some point, and, more often perhaps, include them both in an ongoing way. But again, Self-realization is distinct from both types of growth. That is, if we, for example, ask a question such as, “To which type of growth am I called at this moment in my life?” we are thrown back on our sense of what is right for ourselves—to our relationship to Self, a relationship that is more fundamental than either of these two dimensions of growth. To answer such a question we can consult theories and therapists, teachers and sages, but even then it is up to us, based on our own sense of “rightness,” to follow our path as it wends its way through different dimensions of growth.

Expansion of the Middle Unconscious

Over time, it is common to find interplay between personal and transpersonal psychosynthesis such that both the higher and lower unconscious begin to be integrated. In this process we may find ourselves enjoying experiences of creativity, spiritual insight, and joy in our artistic or spiritual practice; then find ourselves joining a self-help program for a compulsion and thereby increasing
our personal freedom; and perhaps entering therapy to uncover and heal aspects of experience related to childhood wounding.

All such exploration opens to, and integrates, the higher and lower unconscious into the middle unconscious. These heights and depths of ourselves are no longer sealed off from us, but begin to find their rightful place as structures supportive of our ongoing functioning, i.e., in the middle unconscious.

An expansion of the middle unconscious is also then an expansion of our experiential range. We hereby become more open to being touched by the beauty and joys of life, more open to the pain and suffering of ourselves and others, more able to live a life that embraces the heights and depths of human existence. In other words, our window of tolerance is widening.

But even then, while this expansion of the middle unconscious is often a product of following our path of Self-realization, the two processes yet remain distinct. Again, Self-realization is about our relationship with Self, a transcendent-immanent relationship that abides whether we are identified or disidentified, entranced or disentranced, on the heights or in the depths, functioning from an expanded middle unconscious or not. Self-realization refers to our loving journey with Self, not to any particular terrain the journey may take us through.

Man's spiritual development is a long and arduous journey, an adventure through strange lands full of surprises, difficulties and even dangers.

—ROBERTO ASSAGIOLI
Chapter Two

A Psychosynthesis Developmental Theory

The concept, or rather the fact, that each individual is in constant development, is growing, actualizing successively many latent potentialities.

—Roberto Assagioli

Although Assagioli never defined stages of human development, he did offer an understanding of how developmental stages function over the course of a life span. He held that human development consisted of a psychosynthesis of the ages (Assagioli 1973c; 2000) by which no stage or “age” of life is left behind but rather is included within the developing personality. As Assagioli said to John Firman in 1973, “You see, the child remains, the adolescent remains, and so on. Outgrowing does not mean eliminating.” This view of human development is diagrammed in Figure 2.1 (see also Firman and Gila 1997; 2002).

The concentric-ring model of human development seen in Figure 2.1 illustrates, as an example, that the stages of infancy, childhood, adolescence, and adulthood are all included in the mature personality (the stages selected here are arbitrary). The principle is that stages are not left behind but are all present and operative in the whole, mature personality.¹

In this model, the adult “ring” does not subsume or integrate the earlier stages. Rather, the growing personality can be envisioned as expanding through the various ages of the life span with the person embracing—empathically loving—the human potential that unfolds at each successive stage or “ring.” In this way, human beings include and express the full range of their potential and so may discover and respond to their own unique path in life. Such a personality we have called authentic personality.
Authentic personality is an expression of authentic, essential identity via the inherited gifts and accumulated skills gathered over the course of life. Furthermore, authentic personality implies contact with, and a following of, one's own sense of meaning or direction in life—Self-realization. So here there is not only possession of one's rich human potential, but also a motivation to express this meaningfully in the world. In attachment theory terms, a “securely attached” individual “feels bold in his explorations of the world” (Bowlby 1988, 124).

The unfolding of the successive layers of personality will of course have their own inherent content and timing. For example, abilities to perform physically, or to learn language, or to think and perceive in certain ways will be conditioned by innate genetic timetables. This is part of the person's endowment, the “nature” side of the developmental process. Here is the unfolding journey of synthesis, wholeness, and actualization mentioned in the introduction.
However, in addition to “nature” is “nurture”—those things needed from our environment that allow us to include, develop, and express the layers of potential as they unfold. And among the most crucial of these are being seen, understood, met, and loved as we truly are.

Again, as mentioned in the introduction, the psychoanalyst D. W. Winnicott (1987; 1988), among others, called this type of empathic relating “mirroring” and pointed out that this allows the development of the person’s “true self.” Similarly, the analyst and founder of self psychology, Heinz Kohut (1971; 1977; 1984), recognized this role of empathy (or “vicarious introspection”), maintaining that empathy fostered the unfoldment of the unique direction of the “nuclear self.” Finally, the humanistic psychologist Carl Rogers echoed these two psychoanalysts: “A finely tuned understanding by another individual gives the recipient a sense of personhood, of identity” (Rogers 1980, 154–155). In short, being seen, understood, and loved for “who you are” allows “who you are” to blossom and include all the unfolding layers of the personality, all the ages of life, as they emerge.

**Authentic Unifying Centers**

This being seen for who you are, this empathic love, is the needed environmental nurture that allows the blossoming of authentic personality. Whereas the providers of this empathy (or their function within the person) were called “selfobjects” by Kohut (1971) and “holding environments” by Winnicott (1987), in psychosynthesis they can be called *authentic unifying centers* (Firman and Gila 1997; 2002).

An authentic unifying center sees and loves you for who you are and thereby can become a focus, a center that allows you to bring diverse inherited abilities and acquired learnings into a unified sense of identity and self-expression. This empathic love, this mirroring, might be added to the developmental-ring model as in Figure 2.2.

This diagram illustrates the person being empathically loved by an authentic unifying center(s) at each stage of unfoldment, and so having the ability to include each successive stage. By seeing and loving the person through these unfolding experiences, the empathic unifying center facilitates an inclusion of each and all unfolding layers of personality and thereby allows the experience of being whole, volitional, and continuous through time.

This experience describes what Winnicott (1987) termed a “continuity of being,” what Kohut (1971) called an experience of “cohesiveness in space and continuity in time,” and what Rogers (1980) called “personhood” or “identity.” Psychosynthesis would put it this way: within a stable, loving, empathic field, “I” can embrace all the various aspects of the unfolding personality and express these in line with deeper values—in other words, authentic personality is expressed.
Another thing to understand about authentic unifying centers is that they can be anything—anything or anyone whose presence allows one to feel seen, held, understood, and loved. In our work with people, we have seen a tremendously wide range of people, places, and things functioning as authentic unifying centers, from parents and neighbors, to pets and teddy bears, to peer groups and ethnicity, to arts and sports, to imaginary friends and spiritual presences, to mountains, orchards, beaches, and the animal kingdom as a whole.

In a broader view, authentic unifying centers can and should be also the larger sociopolitical systems that hold us, absent of any oppression and prejudice; these systems, if operating as authentic unifying centers, would support the human communities within them such that empathic love would flow freely. In short, relationships that nurture authentic personality are functioning as authentic unifying centers.  

Held in Transcendent-Immanent Being

Loved empathically by unifying centers, we are held in being; we experience a “continuity of being,” a “cohesion of self,” or sense of “I-amness” that allows us to be open to our full experiential range—not only to life’s wonder and joy,
but also to life’s challenges and suffering. We can, for example, be open to the
love felt for others, but also to the agonizing grief at their loss; or experience
the excitement and competence at mastering a developmental skill, but also
engage the many painful failures this may entail; or be intoxicated by the
wondrous flow of creative expression, but also experience the inevitable arid-
ity and tumult of the creative process; or explore
the heights of spiritual insight and also endure dark
nights of the soul. Through all these heights and
depths you can be present and responsive—if you
are loved empathically and so held in being.

So again, this loving empathic connection
with another is not in essence blissful or joyful, but
provides something else: a place to stand in order to
fully engage all that life brings. One is here seen as
human spirit, as “I” distinct from any particular
experience, not identified with any particular mode of being, and therefore as
one who can fully engage all experiences, who is present in all modes of
being. As Rogers put it, “When persons are perceptively understood, they
find themselves coming in closer touch with a wider range of their experi-
encing” (Rogers 1980, 156).4

This paradoxical “distinct-but-not-separate” characteristic of “I” is what
was called transcendence-immanence in chapter 1, a term that links two tradi-
tional terms referring to spirit. That is, “I” is transcendent in that “I” is not
to be identified with any particular experience or stage of development, while
at the same time “I” is ever engaged or immanent within a particular experi-
ence and stage of development.

Note that if “I” were not transcendent-immanent, then the following expe-
riences would be impossible: reflective introspection, mindfulness meditation
practices, psychoanalytic free association, and cognitive-behavioral monitoring
of thought processes. All of these well-recognized human experiences are
founded in the fact that there is some sense of personal identity that is distinct
from the contents of ongoing experience and so can observe and affect these.

Thus this transcendence-immanence of “I,” this spiritual nature, allows
a profound loving self-empathy, a “loving of oneself.” Transcendent-imma-
nent “I” has the ability to be present to, and be engaged with, any and all
experience that may arise in life. Over the lifespan this transcendence-imma-
nence allows one to include each developmental layer as it unfolds, while
moment-to-moment it allows an openness to whatever may arise in one’s
experience—all without the threat of the dissolution or annihilation of who
one is essentially. There is no threat to personal existence inherent in any
type of experience, from the amazing heights of spiritual, creative, or sexual
ecstasies to the overwhelming depths of shame, rage, and grief. Some hold
that even physical death does not pose such a threat.5
And the authentic unifying center operates with this same transcendence-immanence: such a unifying center functions as distinct from any agenda, identification, or role—that is, it is transcendent—and at the same time it is fully present to any and all experience—that is, it is immanent. It is this transcendent-immanent spirit of the authentic unifying center that empowers the transcendence-immanence of “I.” This empathic connection with an authentic unifying center is a transcendent-immanent, spiritual communion; in other words, it is the expression of altruistic love or agape we are calling spiritual empathy.

**Internal Authentic Unifying Centers**

Up to now the discussion has been limited to external authentic unifying centers, those external empathically loving environments that facilitate human unfoldment. However, there are also internal authentic unifying centers, empathic presences experienced within the person rather than—or as well as—outside the person.

The functioning of such internal unifying centers is a key factor in developing personal autonomy. While the need for unifying centers is never outgrown (Kohut said that one can no more outgrow the need for selfobjects than the need for oxygen!), internal unifying centers are formed that provide this same empathic presence within the person. This formation of internal unifying centers might be diagrammed as in Figure 2.3.

Internal unifying centers may be experienced as actual inner presences, as when one inwardly “hears” the encouragement and advice of a friend, parent, or mentor. Relating to such an inner presence, or what psychiatrist Daniel Stern (2000, 114) called an “evoked companion,” is a continuing source of nurture for authentic personality. But these internal centers can also be more implicit beliefs, values, representations of self and other, and worldviews developed in relationship to the external centers over one’s lifetime. As

![Figure 2.3](image-url)
such, they constitute a context or matrix, an internal holding environment, within which the individual derives a sense of individual selfhood, personal meaning, and life direction.⁶

Transcendent-Immanent Self

Having examined the empathic, loving power of external and internal unifying centers to facilitate this realization of loving, empathic, transcendent-immanent “I,” we can now add that the ultimate source of this life-giving love in psychosynthesis is not the unifying center per se, but Self. Assagioli considered “I” to be a “projection” or “reflection” of Self (Assagioli 2000, 17, 34). One’s being ultimately flows from the Ground of Being, Self.

From this point of view, what is actually happening in the empathic connection with the unifying center—when one is loved empathically—is that the connection of “I” with Self, of “I” with the Source of “I,” is being realized, and accordingly “I” is becoming more present and active. In Assagioli’s words, the external unifying center is “an indirect but true link, a point of connection between the personal man and his higher Self, which is reflected and symbolized in that object” (22).⁷

Furthermore, in psychosynthesis, Self is understood as the ultimate source of altruistic love and empathy—“his spiritual Self who already knows his problem, his crisis, his perplexity” (180). Self is not an unconscious, unthinking force, but, from one point of view, a “Thou” to whom one can meaningfully relate. Assagioli’s “Technique of Inner Dialogue” in which one dialogues with an image of an inner teacher who represents Self perhaps best exemplifies this. Self is quintessentially empathic and loving, the ultimate source of spiritual empathy.

Thus it seems clear that the altruistic love, the spiritual empathy, of Self “flows through” the unifying centers, so to speak, giving existence to loving, empathic “I.” The spiritual connection is our connection to the Ground of Being from which we draw our individual being. In Martin Buber’s words, “The extended lines of relations meet in the eternal Thou” (Buber 1958, 75). So to complete the diagram of the developmental model, Self can be added as in Figure 2.4.

The ultimate source of empathic, loving “I”—imagined as present and active throughout the layers of authentic personality—is empathic, loving
Self. The unifying centers are a “true link” with Self that allows a sense of I-amness to blossom. And with the blossoming of “I” the individual can include all the unfolding layers of personality into an authentic expression of “I.” It is ultimately Self who is present to the person via all the unifying centers, be they people, places, or things, both inner and outer.

This notion of Self as the ultimate source of human being helps make sense of the perplexing fact that so many different things can function as authentic unifying centers. That is, Self is operating here as transcendent-immanent: distinct from any particular unifying center, yet manifesting through them all. How else does one explain the ability of a human being or teddy bear, a pet or wild animal, a mountain or starry sky, an inner symbol or image, an art or philosophy, to empower transcendent-immanent “I”? Just as “I” is distinct-but-not-separate from all aspects of the personality, so Self is distinct-but-not-separate from all unifying centers.

Additionally, if “I” is transcendent-immanent, it would seem to follow that the source of “I” is transcendent-immanent as well. That is, “I,” if transcendent-immanent, cannot be the product of content or process; not a differentiation of some primordial id; not a complex fabricated from psychological elements; not a “de-integrate” of an earlier integrated whole; nor the emanation of an original unity. “I” can only be a direct reflection or projection of a transcendent-immanent Source, an “image of God” to use a religious term. (See the discussion of “I” and Self in the preceding chapter.)

In sum, the altruistic love, agape, spiritual empathy flowing from transcendent-immanent Self, facilitated by authentic unifying centers, allows the emergence of loving, empathic, transcendent-immanent “I” and the expression of authentic personality. As we shall see, this notion of Self as the prime mover of the human journey has tremendous implications for the practice of psychosynthesis therapy.

But what happens when the environment does not provide spiritual empathy? What happens when this flow of empathy from Self is distorted or disrupted due to nonempathic unifying centers? In this case we develop not
authentic personality—the natural, spontaneous expression of “I”—but what we have called survival personality (Firman and Gila 1997; 2002)—a mode of functioning designed to survive the wounding of a nonempathic environment.

PRIMAL WOUNDING AND SURVIVAL

When you are not seen and loved as the unique person you are, treated as an object rather than a subject, met as an “It” rather than a “Thou,” you do not experience a continuity of being but a disruption in being, not a cohesion of self but a fragmentation of self. You are not here invited into being, into realizing I-amness, but are faced with nonbeing, with annihilation. Indeed, “annihilation,” an interruption of “going-on-being,” is precisely the word used by Winnicott (1987) to describe an encounter with a nonempathic other.

This annihilation, this sense of nonbeing and nothingness caused by empathic failure, we have called primal wounding (Firman and Gila 1997; 2002). This is “primal” not because this wounding is early or ancient, but because this constitutes an experienced break in the primal connection with Self. It is as if our oxygen line to Spirit is cut, our foundation in the Ground of Being is lost, and we plummet toward nonbeing.8

Experiences closely associated with primal wounding are, for example, anxiety, shame, and guilt; disintegration, emptiness, and abandonment; meaninglessness, helplessness, and rage; low self-esteem or worthlessness (Firman and Gila 1997; 2002). Primal wounding points to a level of universal human suffering, our inevitable encounter with forces that do not recognize our humanity and, out of ignorance or malice, seek to destroy this, to thrust us into nonbeing.9

Child abuse and neglect, bonding to wounded caregivers, a bigoted culture (sexist, ageist, or racist, for example), poverty, and violence are some of the most overt ways we receive primal wounding. More hidden are the situations in which we seem, both to ourselves and outside observers, to be receiving healthy nurture when in fact we are but treasured objects conforming to a role needed by the environment.

In this more covert wounding, the parent may, for example, be effusive about the child’s success or enthusiastically supportive of the child’s efforts. But because they are consciously or unconsciously identified with their own implicit agenda they are treating the child as an object and therefore are inflicting primal wounding.

Such “positive” parenting may be driven by the parents’ need for the child to be successful, talented, or intelligent so they can feel good about themselves and stave off their own hidden feelings of emptiness, shame, and low self-worth (from their own primal wounding). Or perhaps, reacting from the wounding from their own upbringing, parents are determined “not to do

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that to my kids,” and so, ironically, they make their children the objects of that program rather than seeing them for who they are. Being treated as an object—even as a loved and treasured object—inflicts primal wounding.

THE SURVIVAL UNIFYING CENTER

And our reaction to primal wounding is instantaneous and inevitable, happening often without our awareness: we begin to think and act in ways that will avoid nonbeing and the associated experiences at all costs. We begin to form a personality that is not an expression of our authenticity, but is designed to survive this wounding. We here lose ourselves, become what we need to become, be who we need to be, in order to survive a wounding environment. Here is a striking anonymous letter, introduced by Karen Horney and quoted by Maslow, referring to this loss of self as “our secret psychic death in childhood”:

How is it possible to lose a self? The treachery, unknown and unthink-
able, begins with our secret psychic death in childhood—if and when we are not loved and cut off from our spontaneous wishes. . . . He has not been accepted for himself, as he is. “Oh, they ‘love’ him,” but they want him or force him or expect him to be different! Therefore he must be unacceptable. He himself learns to believe it and at last even takes it for granted. He has truly given himself up. No matter now whether he obeys them, whether he clings, rebels or withdraws—his behavior, his performance is all that matters. His center of gravity is in “Them,” not in himself—yet if he so much as noticed it he’d think it natural enough. And the whole thing is entirely plausible; all invisible, automatic, and anonymous! (Maslow 1962, 49)

This type of nonempathic wounding environment, this “Them,” can accurately be called a survival unifying center. Just as authentic unifying centers invite authentic expression of I-amness, so the survival unifying center forces, under threat or fact of primal wounding, a capitulation to its demands: “He has truly given himself up.”

The survival unifying center, like the authentic unifying center, can also take many different forms. Parents and teachers, siblings and peers, social institutions and government, corporations and mass media, religion and culture, inasmuch as they compel us to be who we are not, constitute survival unifying centers. These then constitute systems of oppression; blinded by their own self-interest and almost always influenced by narcissism, ageism, sexism, racism, heterosexism, and classism, they operate not to support burgeoning selfhood but to dominate it. The pervasive interlocking systems of survival unifying centers in the world can be rightly termed “the culture of imposition” (Quiñones Rosado 2007).
Mark Horowitz, a longtime psychosynthesis teacher and corporate consultant, has a fine analysis of these larger self-centered survival unifying centers and points out the ongoing objectification and wounding created by oppression from these systems:

Almost all human systems are dedicated to a goal divorced from concerns about the largest Whole. (A corporation, for instance, is usually only concerned about its survival within the economic system of which it is a part and not about its impact on anything beyond that.) The system therefore needs the individuals to adopt its values and act as agents to achieve its goals. In order to do so, the system “unconsciously,” unintentionally, pressures the individuals to believe and act as if the primary life relationship is between self and organization rather than between self and others or between self and the largest Whole. Therefore, as agents in a man-made system, the people often become objects to the system and to each other and are treated and treat each other as “Its,” never as “Thous.” They are never truly mirrored, the wound is exacerbated, and the individuals’ negative personalities tend to play themselves out. (Horowitz 2005, 2–3)

In order to exist within survival unifying centers at any level we must then of course deny and disown vast sectors of our authentic experience; we must hide those parts of us that do not fit within the nonempathic environment and have thereby become dangerous to possess. This is “our secret psychic death in childhood [and later].” In fact, we must hide these sectors of experience from ourselves as well—“He himself learns to believe it and at last even takes it for granted”—so they cannot be seen in any way by the outer world. This development of survival personality can be seen to occur along three dimensions: (1) attachment to the survival unifying center, (2) identification with survival personality, and (3) entrancement in the survival trance. Let us look at these three dimensions of survival.11

**Attachment to the Survival Unifying Center**

While an authentic unifying center sees us and invites us into authentic expression of ourselves, a survival unifying center sees us only as an object to fulfill its needs and agendas—it tells us who we must be in order to survive within the relationship. We must either become what the survival unifying center wants us to be or risk being dropped from the relationship into annihilation and non-being, that is, primal wounding. The more we are dependent on such an environment, whether as a child in a family or as an adult within larger systems, the more powerfully and unconsciously this oppression operates.

And in the same way we develop an internal authentic unifying center based upon the empathic others in our lives, so we develop an internal
survival unifying center when impacted by the nonempathic others. In the former case, we develop an inner holding that allows us the expression of our authenticity; in the latter case we form an inner authority that lets us know how to be and how to act in order to survive within the nonempathic environment.

This then is the first dimension of survival, the attachment to the survival unifying center (external and internal), that allows us to conform to the expectations of the environment, avoiding transgressions that would risk our being dropped from the relationship into nonexistence. But in this process, “His center of gravity is in ‘Them,’ not in himself.”

Like the internal authentic unifying center too, the internal survival unifying center allows an independence from the immediate environment (a “separation-individuation”). But in survival, the independence is simply the ability to automatically and unconsciously follow the dictates of the abusive or neglectful environment with no outside guidance. This is an “internalization of oppression” (Proctor 2002; Quiñones Rosado 2007) that no longer depends upon the outer presence of the oppressor. Again, this defends against encountering the threat and actuality of primal wounding that infuse the nonempathic environment—the person thereby survives the wounding.

The internal survival unifying center can be experienced, for example, as a critical inner voice working to conform us to its dictates, or more implicitly as a chronic background of anxiety, despair, and low self-esteem. In an opposite but equally damaging way, an internal survival unifying center may idealize the individual, creating an ongoing experience of entitlement, overconfidence, and grandiosity—here one is still an object, but now the treasured, inflated object. But whether deflation or inflation, primal wounding is operating: the person either lives up to the dictates of the survival unifying center or faces rejection, annihilation, nonbeing.

This deflation and inflation from wounding can also be seen operating in entire populations when society itself functions as a survival unifying center, a culture of imposition. For example, an oppressed minority will often manifest the deflating side of the cultural survival unifying center, such as internalized homophobia, the inner patriarch, and hatred for one’s own race. And the oppressing class in such a society will manifest the inflated side of the cultural survival unifying center, unconsciously assuming an entitled, higher status role. However, both inflation and deflation are wounded positions, both are internalized in each population, and both blind us to our similarity and uniqueness as reflections of Spirit.12

Identification with Survival Personality

With this attachment or bonding to a survival unifying center comes the second dimension of the survival mode, identification with survival personality. The
survival unifying center mandates the role we need to play within the relationship, and we identify with this role in order to survive—“I” becomes immersed or possessed by it—forming a sense of personhood or personal identity. This identification is the survival personality per se, the “who” we must be in order to exist within the nonempathic environment. In Winnicott’s words, “The false self is built up on a basis of compliance” (Winnicott 1987, 133).

The shape of the survival personality may be almost anything, from the gamut of recognized psychological disorders, to dysfunctional family roles, to a counterreactive rebellion, to deflation and inflation, to high-functioning and even superior-functioning personalities. Whatever the particular form of survival personality, there is an identification with this as a way of maintaining some sort of existence within the world of the survival unifying center.

So this is not a role we assume like an actor, with self-reflection and intention, but a role we become, thereby forgetting who we truly are. Charles Whitfield, an expert in the fields of abuse and addiction, put it this way: “Gradually, we begin to think we are that false self” (Whitfield 1991, 5). In our terms, “I” is in effect lost, buried within the survival personality. We have become who we must become in order to survive within a nonempathic milieu: “He himself learns to believe it and at last even takes it for granted. He has truly given himself up.”

The survival personality can be recognized in moments when we feel phony and false with other people, sensing that we are not truly being ourselves; or when we begin to feel an alarming emptiness inside, as if our life has no meaning; or when we find ourselves thinking and acting in completely different and contradictory ways in different situations. Survival personality can be seen too in compulsive inner and outer behavior—chronic addictive patterns that operate to prevent us from feeling the underlying despair, emptiness, and worthlessness of the hidden wounding.

Entrancement in the Survival Trance

The third dimension of survival can be called entrainment in the survival trance. Recall that in relationship to an authentic unifying center we are invited into our full range of experience; we are held in transcendent-immanent being and so can engage the depths and heights of human existence. Attached to a survival unifying center and identified with survival personality, however, our experiential range is constricted to the world of the nonempathic environment. We are hypnotized, dissociated from vast spheres of our authentic experience, enthralled by what can be called the survival trance (Firman and Gila 1997; 2002).

In entrainment, it is as if we become hypnotic subjects in relationship to the hypnotist of the survival unifying center. The difference is that this hypnotist is also within us, so our hypnotic trance maintains itself as our normal
way of being. Entrancement limits our range of experience, leaving us actually unaware of the larger reality within and around us. Citing work in neurophysiology and cognitive psychology, Bowlby (1980) called this “defensive exclusion” by which information both from within the person and from the outer world (“perceptual blocking”) is selectively excluded from consciousness.

Perhaps the easiest way to notice entrancement is to be aware of our reactions to experiences that take us beyond our comfort zone, beyond what neuroscience terms our “window of tolerance” (Siegel 1999). Are we overwhelmed and threatened by certain feelings, positive or negative? Do we find ourselves uncomfortable listening to people speaking their love and joy, believing this to be overly enthusiastic or effusive? Do we deride those who feel ongoing grief or profound pain, believing this to be melodramatic or a sign of weakness? And do we fail to understand the motivations of others, however heinous: “How could someone possibly ever do such a thing? It’s inconceivable. I could never do something like that!” Guess again.

All such reactions can result from our glimpsing realities beyond our constricted experiential range, thus threatening our survival personality, touching on our primal wounding. Our comfort zone is challenged here, and we may react strongly, even violently, toward those revealing the spectra of experience we consciously or unconsciously forbid ourselves. This truncation of our experiential range, this entrancement, is essentially a limitation in empathy, in love, for ourselves and others. In Assagioli’s words, the person “fails to understand either himself or others” (Assagioli 2000, 18). Entrancement can ultimately lead to bigotry and abuse of all sorts.

In short, by a constriction of our sense of who we are, we learn to think, act, and feel in a way that allows us to exist within the nonempathic environment and so defend against primal wounding. This wounding and survival might be diagrammed as in Figure 2.5.

The dark stripes in Figure 2.5 indicate areas of primal wounding, areas that are not acceptable to the external environment and are therefore left in darkness, in unconsciousness. The empathic flow from Self is here blocked and distorted such that our sense of existence, our connection to being, becomes a function of our conforming to the survival unifying center. If we wish any sense of self at all, it will be that allowed by the survival unifying center and no more—a sense of identity dominated by the survival trance.

Primal wounding is of course the most severe when we are in ongoing contact with a major survival unifying center such as nonempathic parents in childhood. Here there are few authentic unifying centers that can help us keep our full range of experience alive in the face of the dominant survival
unifying center. In later life, however, even when faced with nonempathic others, we will, it is hoped, have enough internal and external authentic unifying centers that can allow us to continue to express our authentic sense of self. Over time, we can maintain authenticity by developing a “diversified portfolio” of authentic unifying centers.

**Survival as Normal**

Note again that survival is a condition of our personality that is not necessarily dysfunctional or pathological in the usual sense. In fact, such a personality can be very high functioning and quite successful in the world. Many do not notice their survival mode at all until some destabilizing experience such as a serious illness, devastating loss, or brush with death, disrupts this unconscious survival system (see the section Crises of Transformation in chapter 7).

This unconscious and automatic way of living has been called “waking sleep” (deRopp 1968), “the trance of ordinary life” (Deikman 1982), and “the consensus trance: the sleep of everyday life” (Tart 1987). Given the nonempathic character of the larger sociopolitical world—a world called variously “the cyclone of oppression,” the “matrix of domination,” and the “culture of imposition” (Quiñones Rosado 2007, 78, 79, 82)—it is safe to say that each of us is in varying degrees caught in the survival mode. In Maslow’s words, “From the point of view that I have outlined, normalcy would be rather the kind of sickness or crippling or stunting that we share with everybody else and therefore don’t notice” (Maslow 1971, 26).

Although Assagioli did not use the concept, “survival,” he summed up the survival mode well by what he called “this central problem of human life” and “this fundamental infirmity of man.” In fact, it is to heal this fundamental infirmity that he dedicates his system of psychosynthesis. He writes:

In our ordinary life we are limited and bound in a thousand ways—the prey of illusions and phantasms, the slaves of unrecognized complexes, tossed hither and thither by external influences, blinded and hypnotized by
deceiving appearances. No wonder then that man, in such a state, is often discontented, insecure and changeable in his moods, thoughts and actions. Feeling intuitively that he is “one,” and yet finding that he is “divided unto himself,” he is bewildered and fails to understand either himself or others. No wonder that he, not knowing or understanding himself, has no self-control and is continually involved in his own mistakes and weaknesses; that so many lives are failures, or are at least limited and saddened by diseases of mind and body, or tormented by doubt, discouragement and despair. No wonder that man, in his blind passionate search for liberty and satisfaction, rebels violently at times, and at times tries to still his inner torment by throwing himself headlong into a life of feverish activity, constant excitement, tempestuous emotion, and reckless adventure. (Assagioli 2000, 18)

And all of us live in both survival and authenticity. Even when we are largely one or the other, the other is always present, and, further, there can be a fluctuation between the two modes of being. For example, we may be authentic with intimate friends one minute, and then quickly move into survival when suddenly faced with a judgmental authority figure. Such alternations between survival and authenticity can happen daily and even moment-to-moment. Perhaps it is more helpful to think in terms of ongoing fluctuating percentages of survival and authenticity.

In our presentation of psychosynthesis therapy we shall explore the nature of recovery from survival. Suffice to say here that since the underlying primal wounding has been caused by a lack of empathic love, there is in fact only one “cure” for the conditions surrounding survival: empathic love. It is only empathic love that can flow to those empty, lost places in us created by the nonempathic environments in our lives.

Having examined a psychosynthesis personality theory and developmental theory as components of a psychology centered in empathic love, we may now turn our attention to how this love operates in the relationship between therapist and client. The remainder of the book will be devoted to practical clinical theory and experiential techniques that express this love, that serve to support the recognition and functioning of this love so that the authentic unfolding of the client can be nurtured. We begin with a close look at a particular expression of this love, spiritual empathy.
Training in empathy not only helps one acquire a true understanding of others, but also bestows a wider humanness. It gives an insight into the wonder and mystery of human nature.

—Roberto Assagioli

As outlined earlier, the optimum unfolding of human being is a function of the deep union of “I” and Self, a union in altruistic, empathic love or agape, as this is revealed via authentic unifying centers. This unity not only gives birth to personal identity—“I”—but allows the expression of this identity in the world via one’s unique gifts and callings—the blossoming of authentic personality and the journey of Self-realization.

We have seen too how this journey of the human spirit can be interrupted by an experienced break in the I-Self relationship—that is, by primal wounding—which leads to the formation of survival personality. Here unifying centers fail to embody the empathic love of Self, and so threaten an experience of nonbeing and annihilation rather than a sense of existence. Accordingly, one is not invited into authentic expression of oneself but instead is forced to live a life designed to survive and manage this primal wounding.

Clinical theory in psychosynthesis supports the potent impulse of Self-realization arising from altruistic love while recognizing that this impulse has been to a large extent concealed by wounding and the formation of survival personality. Survival personality obscures the journey of Self-realization, and the underlying wounding is involved in many, if not all, psychological disturbances presented to the clinician (see Firman and Gila 2002).

Given the centrality of empathic love in the emergence of personal identity, and the devastating effect of the experienced loss of this love,
psychosynthesis therapy seeks most essentially to provide an authentic
unifying center by which the love of Self is again realized. If a failure of love
creates the wounding, it is only through love that healing can occur. Psychiatrist
Scott Peck puts it quite plainly:

For the most part, mental illness is caused by an absence of or defect in the
love that a particular child required from its particular parents for successful
maturation and spiritual growth. It is obvious, then, that in order to be
healed through psychotherapy the patient must receive from the psy-
chotherapist at least a portion of the genuine love of which the patient was
deprieved. If the psychotherapist cannot genuinely love a patient, genuine
healing will not occur. (Peck 1978, 175)¹

Functioning as an embodiment of altruistic empathic love is what we are
calling the expression of spiritual empathy, and is the central job of the psy-
chosynthesis therapist. This means that the therapist joins clients on their
journey of Self-realization. Therapists assume an impulse toward Self-realiza-
tion in their clients, however hidden, and have faith that by remaining
grounded in the spiritual union with them, this path will begin to reveal
itself, however dimly. As in developmental and personality theory, spiritual
empathy is again fundamental to psychosynthesis clinical theory. This chap-
ter will examine the nature of spiritual empathy and begin to explore the task
of the therapist in providing this.

THE NATURE OF SPIRITUAL EMPATHY

Before we discuss spiritual empathy, it can be helpful to understand what is
meant by the term “empathy” alone.² The word comes from the German word
einfühlung (May 1980, 75) or einfühlung (Margulies 1989; Shlien 1997), meaning
“in-feeling” or “feeling into.” This “feeling into” can be seen in Martin Buber’s
definition of empathy: “to glide with one’s own feeling into the dynamic struc-
ture of an object, a pillar, or a crystal or the branch of a tree, or even an animal
or man, and as it were, to trace it from within” (Buber 2002, 114–115).

Thus the person who can skillfully maneuver an automobile is using
empathy to in effect “become” the automobile; and the adept horseback rider
“becomes one” with the horse, knowing and understanding the horse’s expe-
rience; or we “feel into” art, music, and drama as we are absorbed in these
(Adler 1957; Jung 1971); or the nature lover feels united with the life of the forest
and the pain of its destruction.³

As many have pointed out, empathy so defined is a neutral capacity, one
that may be used for good or ill (Kohut 1991; Moursund and Erskine 2004;
Shlien 1997). For example, an all-too-common destructive use of empathy is
using knowledge of another person’s vulnerability to make precisely the mean
remark that will “push a button” and cause an upset. Or as Kohut put it, “I
figure out where your weak spots are so I can put the dagger in you” (Kohut 1985, 222). So the ability to “feel into” can be used to help or harm. This is one important reason that psychosynthesis therapy is not so concerned with plain empathy but focuses upon spiritual empathy.

Spiritual empathy denotes a “feeling into” the spirit that is the other. This is not essentially knowing the other person’s physical experience, emotional reactions, or thought patterns, not simply knowing what the other is sensing, feeling, or thinking; rather, spiritual empathy is a recognition of the other as “I”—distinct, though not separate, from any content or form of experience.

In order for therapists to make contact at this level—to love at this level—they need to move toward recognizing that they too are distinct-but-not-separate from content; that is, they need to let go of roles, agendas, techniques, diagnoses, anything that would blind them to the other. It is at this level that a solidarity and even union with the other is realized—a connection in and through the Ground of Being, Self. In other words, spiritual empathy is a sense of unconditional love, an expression of agape, of altruistic love.

Carl Rogers (1961) approached this understanding of spiritual empathy by including “unconditional positive regard” and “prizing of the other” along with empathy among the necessary conditions for therapy. However, Assagioli believed that empathy itself gave rise to love, compassion, and communion:

Training in empathy not only helps one acquire a true understanding of others, but also bestows a wider humanness. It gives an insight into the wonder and mystery of human nature . . . we are induced to drop the ordinary attitude of passing judgment on others. Instead a sense of wide compassion, fellowship, and solidarity pervades us. (Assagioli 1973b, 89–90)

“Wide compassion, fellowship, and solidarity” indicates that for Assagioli empathy is not a neutral capacity to be used for good or ill. His empathy is a spiritual empathy, a realization of a profound union with other people in Spirit, the union of altruistic love. Expressing this love in spiritual empathy is the major task of the psychosynthesis therapist.

SPIRITUAL EMPATHY IN ACTION: CINDY AND PHILIP

So spiritual empathy is not essentially a “feeling into” the experience of the other but instead a “feeling into” the spirit, the I-amness, that is the other. More accurately, it is the intentional recognition of a union with the other in altruistic love. But what does this actually mean in practice?

The difficulty in describing spiritual empathy is that we are not talking about specific types of interventions but about an attitude or stance, a way of being, that expresses altruistic love. Thus the forms of spiritual empathy are
virtually infinite; everything depends on the particular individuals involved and their relationship. That said, we shall attempt to trace the operation of spiritual empathy in an interaction between Cindy, a distraught nineteen-year-old freshman premedical student, and her therapist, Philip.6

CINDY: You know, tests really, really freak me out. I go, “I’m going to fail.” Totally stressed out, heart pounding. Like it’s the end of the world. It’s way too much.

Listening to Cindy, Philip could feel himself inwardly preparing to treat the diagnosis “Specific Phobia, Situational Type” and so to perform well as a new employee of the counseling center. In rapid succession he thought of systematic desensitization, of addressing the negative cognitions, of focusing experientially on feelings and body, of exploring the childhood roots of the fear of failure, or of recommending a meditation practice.

Philip, however, bolstered by his ongoing spiritual practice and his own personal therapy, was able to remain disidentified from any of these options. Instead of seizing on any of them he simply allowed them to pass through his mind. He thus remained anchored in his empathic connection to Cindy and curious about where she wanted to go:

PHILIP: How would you like to be as you face your tests?

Philip’s response clearly shows he is not focused simply on Cindy’s experience, but more centrally on Cindy herself. He is obviously addressing the one with consciousness and will, the one who is having the experience (again this is only one of an infinite variety of responses that might express this attitude, including silence; it depends completely on the unique relationship involved). Consequently Cindy is able to look a little deeper at what it is she is seeking:

CINDY: Hmm, I dunno... calm, you know, peaceful. Not so like, “life and death.”

PHILIP: What would that be like?

CINDY: Awesome. I could relax, rest, not be so hyper. It’d be totally awesome. But then . . .

Here we see Cindy initially reaching for what it is she truly wants for herself in this situation, her own direction—a movement of Self-realization. This is a turning toward a deeper level in herself, a level of value and mean-

Interindividual psychosynthesis can be expressed as love in its various aspects and particularly “agapē,” altruistic love, “charity,” brotherhood [sisterhood], communion, sharing.

—ROBERTO ASSAGIOLI
ing to which she aspires, to which she feels called in this situation. As she attempts to pursue this direction further, however, she encounters something unexpected, saying, “But then.” Philip responds:

PHILIP: Then?
CINDY: Yeah, hmm. That’s so weird.
PHILIP: What?
CINDY: My stomach jumped. I got afraid.
PHILIP: Yeah?
CINDY: Uh huh. You know, if I got all “whatever” about tests, maybe I wouldn’t study so hard. Then I might really fail! That’s scary.
PHILIP: So to relax would be scary?
CINDY: I guess so, yeah. That’s too weird. I totally need to stress out. So I don’t fail!

[Both sit in silence.]

So here Cindy realized that her presenting experience of stress was a surface feature of a deeper pattern, an identification or subpersonality within her that had been conditioned to use this stress in order to function, to succeed, to survive. At this point in the session, she is still free to choose any direction—a direction coming from her own sense of meaning and not Philip’s. For example, she might find herself drawn to explore the fear of failure, the tightness in her chest, or the notion of the end of the world. The point is that Philip’s way of being with her gives her the space to become conscious and volitional in the process. Yet—note well—Philip is active, although all of his activity seeks to support Cindy’s own sense of direction. Let us see where she goes.

CINDY: So let’s see, I actually need my nervousness. Yeah. What a trip. But ugh, this sucks. It’s way too hard on me. There has to be another way to get myself going.
PHILIP: Another way?
CINDY: Yeah, I don’t know. People I look up to don’t seem to need to terrorize themselves to get things done!
PHILIP: Like?
CINDY: Hmm, maybe my best friend, Clara. There’s Schweitzer. Eleanor Roosevelt. They all have passion, a purpose.
PHILIP: And you?
CINDY: Yeah, that’s right. I do really care about being a doctor, you know. I’ve wanted to help people since I was little. That’s the only reason I’m in school at all.

PHILIP: Do you remember when you first wanted to be a doctor?

CINDY: For sure, yes, when my mother was so sick and I got to know Dr. Levenson, her doctor. The way he was with her was awesome. I loved Dr. Levenson and just knew that’s what I wanted to do with my life. It was my dream, still is.

PHILIP: If you stay with this, with this dream, how do you imagine you might be with your papers and tests?

CINDY: Hmm. Yes, I’d just be in touch with this the whole time. I’d know I was following my dream. It would be like having Dr. Levenson with me the whole time. Maybe I wouldn’t feel so scared about failing then.

PHILIP: Take a moment and imagine how that would be.

CINDY: [Closing her eyes.] Yeah, much more peaceful, but passionate at the same time. I can even hear Dr. Levenson saying, “You can do it.” I feel sort of like there is this larger thing going on and I don’t have to sweat the small stuff. Tests don’t feel so scary from this place.

So in spiritual empathy Philip actively addresses the person and not simply the contents of consciousness, the process, or the experience. He knows her as someone with the potential to access her own inner wisdom and direction. He is “feeling into” her spirit and her path of Self-realization with love and respect. Accordingly, Cindy’s consciousness and will emerge, her I-amness blossoms. As this happens, she begins to reconnect to a deeper motivation that she has somewhat forgotten, and to an authentic unifying center (Dr. Levenson) that supports this motivation.

Over the course of therapy, Cindy subsequently discovered that this fear of failure was rooted in her relationship with an emotionally distant and disapproving father, worked with related feelings of abandonment and grief, and also effectively used imagery and relaxation techniques to access more peace in facing school tests. But let us maintain a focus on the role spiritual empathy played at this critical point in the therapy.

The Role of Spiritual Empathy

In the above dialogue Philip avoided the temptation to react from his own therapeutic agenda—which would have made Cindy into an object of his own conclusions and plans—and instead attuned to her as “in but not of” these experiences. Thus safely held in love, Cindy was free to explore her experience of the pattern, and gradually disidentified from it, uncovering
the core dynamic that had been controlling her. In technical terms, “I” emerged with consciousness and will, transcendent-immanent within the contents of experience.

Spiritual empathy not only facilitated an emergence of “I” but also an engagement with Self-realization. That is, discovering her wish for peace and calm in facing tests drew upon her own sense of direction and meaning, a call or invitation from something deeper within her. Responding to this call led to the subsequent encounter with the fear—the obstacle to that direction—and so to working with that fear. Clearly Cindy’s path of healing and growth was unfolding within the empathic field between her and Philip. Their encounter is diagrammed in Figure 3.1.

This figure shows Philip and Cindy within a field of spiritual empathy, held in altruistic love. Via his own connection to Self—a lived connection to the deeper truth of life beyond his identifications and roles—Philip remained disidentified from the designs of his professional ego. He thereby could see through his own experience and so through Cindy’s experience as well, addressing Cindy and not simply the content of her experience. As he
contacted her in this I-Thou way, she found a “secure base” (Bowlby 1988) from which to discover and pursue her path—the consciousness and will of “I” emerged and Self-realization unfolded.

The triangle depicted in this illustration can be seen as fundamental to psychosynthesis therapy. The therapist’s job is to remain in conscious contact with Self and, thus rooted in this “empathic ground” (Blackstone 2007), find the wherewithal to see, understand, and love clients at this spiritual level—as they themselves, not as objects to be diagnosed and treated. Clients are thereby given the opportunity to awaken and tread their path of Self-realization more consciously. Therapists operate from this “love triangle” as the context of therapy, even though the triangle may be hidden from clients struggling with their issues.

CONTINUITY OF BEING, RESISTANCE, AND SELF-REALIZATION

Since Philip was completely with Cindy in each step she took, she experienced a “continuity of being” (Winnicott 1987), that is, she experienced herself as present and volitional through each moment of her self-exploration. Held continuously in being, she had the space and time to listen to herself, hear deeper currents within her, and begin to follow her own sense of what was right for her—her Self-realization.

However, if Philip had decided unilaterally to treat her stress, this continuity would have been disturbed. Philip would have missed the sequence of steps Cindy needed to take on her path, missing in this case the step of her discovering she was using the stress as a motivator. Philip’s subsequent therapeutic efforts would then have been at odds with Cindy’s unfolding path, he seeking to treat the stress and she unconsciously holding onto it. Cindy would then be left with the choice to submit or resist.

SUBMITTING TO THE THERAPIST

If Cindy decided to submit to Philip and work immediately with the stress, she would do so with a diminished sense of her own consciousness and will; she would be following Philip’s agenda and not her own sense of direction. Philip would have assumed the role of the expert responsible for understanding and managing her emerging experience. Swept into the therapist’s world like this, the client becomes the dependent object of the therapist-as-god.

Moreover, if Cindy had been led into the underlying childhood wounding from this impoverished position, she may well have found herself prematurely deep in painful feelings with little knowledge of how she arrived there, no direct understanding of how this related to her life issues, and with diminished personal power to engage and integrate the experience. Such an expe-
Differential leap can be confusing, and can even lead to feeling overwhelmed, flooded, and re-traumatized.

Such a capitulation to the authority of the therapist can eventually lead to what has been called a “pseudoalliance,” a relationship that is “based on the patient’s compliant identification with the analyst’s point of view in order to safeguard the therapeutic relationship” (Stolorow, Brandchaft, and Atwood 1987, 11). In a pseudoalliance, the client forms a survival personality playing to the therapist as survival unifying center—precisely the way the client survived earlier nonempathic environments. The client here trades one survival unifying center for another.

Ironically, however, submitting to the therapist can also produce positive experiences. For example, Philip might have unilaterally taken Cindy into the underlying abandonment and grief, or focused on her somatic experience, or addressed the negative thoughts, and thereby brought her some relief from her distress. What would have been lost, however, is Cindy. Cindy would have missed the experience of herself as a responsible “I am” who has the wisdom and will to find her own way, drawing on resources she chooses to trust. In short, her continuity of being would be disrupted even though she experienced insight and relief.

However seemingly positive the effect of such interventions, they nevertheless are empathic failures and amount to oppression—the client is here seduced to submit. This is not the liberation of “I” in authentic personality but rather the creation of another type of survival personality. Thus nonempathic interventions like these—however seemingly beneficial they may appear—are not only antitherapeutic but, we believe, constitute an unethical use of the therapist’s power (see chapter 6).

Resisting the Therapist

Cindy on the other hand might have refused to submit to Philip’s nonempathic interventions. She might then be considered a “resistant” client. This is perhaps a correct term to use here, as long as it is understood that what the client is resisting is not the process itself but the therapist’s pushing the process. That is, Cindy would not be resisting an encounter with her fear of failure and abandonment, but the loss of her own sequence, pace, and timing in dealing with these. She is resisting the violation of her world, a breaking of her continuity of being, a re-traumatization of primal wounding.7

Therapists who do not fully appreciate the power of primal wounding, who believe that defenses are simply illusions or veils that can be torn asunder, can be tempted here to deal with resistance simply as clients’ misguided attachment to their early conditioning. Here the survival patterns are seen as mere problems...
in awareness, of being lost in illusions that need to be dispelled by any means available. When this superficial understanding is coupled with the power the therapist (or spiritual teacher) has vis-à-vis the client, one has a recipe for placing the client in precisely this oppressive resist-or-submit dilemma.⁸

Resistance to the therapist’s authority can eventually lead to an impasse in which the therapy grinds to a “mysterious” halt, and eventually to the client terminating therapy altogether. And throughout, unknowing therapists can lay the blame squarely on the “client’s resistance” and so remain oblivious to their central role in creating this resistance. One wise counseling textbook admonishes therapists: “If you are too intent on your own agenda, too concerned with hurrying up the process or with proving that you know what is wrong and what should be done about it, you are very likely to create such an impasse” (Moursund and Kenny 2002, 92).

But in Cindy’s case Philip’s empathic love supported her own personal awareness and choices (her will) each step of the way. This continuity of being meant she was aware of each incremental step moment-by-moment and so could maintain a connection to her own power, meaning, and direction throughout. She was empowered to continue her journey, both within therapy and outside of it. Her sense of self and her sense of her own truth guided her healing and growth—not Philip—and so her journey of Self-realization was facilitated.

Note again that Philip’s work was not fundamentally about his professional role, therapeutic techniques, or diagnostic insight, but about knowing himself as deeper than all of these. To the extent he was not caught up in the machinations of his own inner world, Cindy had in effect a lifeline into her world, one that she used to gradually find her own way. His disidentification allowed her disidentification, his detachment allowed her detachment, his love allowed her love—in effect, Philip facilitated her journey of Self-realization by walking his own journey.

THE TASK OF THE PSYCHOSYNTHESIS THERAPIST

So spiritual empathy involves realizing our connection with the other beyond any condition of the personality, yet manifest in all conditions of the personality. This is an act of love, a recognition of the essential oneness of ourselves and the other in Self, in Spirit. In Assagioli’s words, this is an altruistic love deriving from “a sense of essential identity with one’s brothers [and sisters] in humanity” (Assagioli 1973b, 94).

Knowing this union allows the therapist to express spiritual empathy and so to function as an authentic unifying center—“an indirect but true
link, a point of connection between the personal man and his higher Self” (Assagioli 2000, 22). It is as if being “flows through” the therapist from Self, nurturing the I-amness of the other, or, more accurately, the therapist’s realization of a communion in Spirit—empathic love—allows the client to access that union as well, and thus a relationship with Self can be emergent for the client.

However we conceptualize it, spiritual empathy offers the client increased self-empathy, disidentification, personal power, and a sense of meaning and direction—“I” emerges and Self-realization unfolds.9

INTERNALIZING THE THERAPIST

Furthermore, following the developmental theory described in chapter 2, the therapist as an authentic unifying center allows clients to form an internal authentic unifying center, thereby beginning to function as an authentic unifying center for themselves. In effect, the client internalizes the empathic presence of the therapist. Psychiatrist and psychoanalyst Willard Gaylin’s (2000, 284) psychotherapy text puts it poignantly: “Whatever the symptom, the patient is no longer alone with it. He has a secret and silent ally who is always with him. One of the most profound facets of therapy is the internalization of the therapist” (quoted in Moursund and Kenny 2002, 109). And said from a neuroscience perspective:

A patient doesn’t become generically healthier; he becomes more like the therapist. . . . The person of the therapist will determine the shape of the new world a patient is bound for; the configuration of his limbic Attractors fixes those of the other. Thus the urgent necessity for a therapist to get his emotional house in order. His patients are coming to stay, and they may have to live there for the rest of their lives. (Lewis, Amini, and Lannon 2001, 186–187)

Assagioli writes quite explicitly about this process, saying that the therapist “represents or constitutes a model or a symbol and is introjected in some measure by the patient” (Assagioli 2000, 5). He goes on to say that this internalization allows the therapist to become less important as a link to Self, and that the therapist is gradually “replaced by the Self, with whom the patient establishes a growing relationship, a ‘dialogue,’ and an increasing (although never complete) identification.” In other words, clients begin to discern and follow their own values and direction in life—the client’s own path of Self-realization emerges (as illustrated in Figures 2.3 and 2.4).

BEING AN AUTHENTIC UNIFYING CENTER

If healing and growth are a function of internalizing the empathic love of the therapist, it is crucial the therapist function as an authentic unifying center
in a consistent way—“the urgent necessity for a therapist to get his emotional house in order.” What does this mean?

As seen in the work of Philip and Cindy, a key factor in being able to function as an authentic unifying center is the ability to relinquish one’s own frame of reference. Only in this way can we be free to love clients within their frame of reference, their world of experience and meaning. This ability to disidentify from one’s experiential world is an essential responsibility of the psychosynthesis therapist (and yes, of parents, lovers, and friends, but those are other books). Assagioli addressed this disidentification when he wrote of relinquishing the “self-centeredness that prevents understanding others”:

While less obvious and crude than selfishness, it [self-centeredness] is also a great hindrance because of its tendency to refer everything to the personal self, to consider everything from the angle of one’s own personality, to concentrate solely on one’s own ideas and emotional reactions. It can be well hidden, since it can coexist with wholehearted attachment to others and with acts of sacrifice. The self-centered individual may not be and often is not at all selfish. He may be altruistic and sincerely want to do good. But he wants to do it in his own way. . . . Thus, with the best of intentions, he can do actual harm, like the kindly monkey in the story, who, seeing a fish in the water, rushes to rescue it from drowning by carrying it up into the branches of a tree. (Assagioli 1973b, 87–86)

Thus our best intentions for our clients, our true caring and love, and our most skillful therapeutic interventions, all can be misdirected and even harmful if we are centered within our own “ideas and emotional reactions”—our own frame of reference, our own experiential world. Clearly, if Philip had remained centered in his own world, however well-intentioned and loving he might have been, he would not have been able to love Cindy as he did. Thus therapists must always ask themselves if they are joining the client in the client’s world or standing apart in their own world. Only the former allows for empathic love, for altruistic love, for spiritual empathy.

So it comes to this: providing altruistic love in spiritual empathy, functioning as an authentic unifying center, demands dying to one’s own frame of reference, dying to one’s own experiential world. Spiritual empathy is not essentially about knowing the experience of the client, feeling warm and loving toward the client, or about a sincere intention to help the client (although these may be involved)—it is much more fundamentally about the therapist “dying to self.” This may be the most difficult task of the psychosynthesis therapist, as we shall see in the next chapter.
This, in turn, requires the intention to understand and also the relinquishing of the self-centeredness that prevents understanding of others.

—Roberto Assagioli

In the preceding chapter, we saw that in order to join Cindy within her world of experience, Philip in effect had to die to his own world. That is, he needed to let go of his own frame of reference and commune with Cindy as she engaged her own unique experience. This is an essential skill involved in expressing altruistic love as spiritual empathy. Far beyond the knowledge of theory and methods, of diagnosis and technique, this ability to “die” is crucial to the psychosynthesis therapist. This dying to one’s world is clear in Rogers’ words:

[The therapist must] lay aside his preoccupation with diagnosis and his diagnostic shrewdness, must cease his endeavors to formulate an accurate prognosis, must give up the temptation subtly to guide the individual. . . . The counselor says in effect, “To be of assistance to you I will put aside myself—the self of ordinary interaction—and enter into your world of perception as completely as I am able. I will become, in a sense, another self for you—an alter ego of your own attitudes and feelings—a safe opportunity for you to discern yourself more clearly, to experience yourself more truly and deeply, to choose more significantly.” (Rogers 1951, 30, 35)

The therapist must lay aside diagnosis, cease making prognosis, give up the temptation to guide, and ultimately put aside self in order to enter the client’s world—a dying to self for the other.
Another respected voice in psychotherapy, Rollo May, put it more succinctly: “empathy means a much deeper state of identification of personalities in which one person so feels himself into the other as temporarily to lose his own identity” (May 1980, 75). May’s phrase “lose his own identity” clearly indicates a profound letting go of the therapist’s world, a death.

More recently, psychiatrists speaking from a neurobiological point of view have expressed much the same insight as a function of “limbic resonance”:

A capable therapist shares much with a good reader: he must willingly suspend his belief in the rules he knows and approach a personal universe whose workings should be unimaginable to the uninitiated. If he is able to attain a state of sufficient receptivity, a therapist can allow the other mind to burst onto the scene—“as a more or less shocking surprise.”

The therapist who cannot engage in this open adventure of exploration will fail to grasp the other’s essence. His every preconception about how a person should feel risks misleading him as to how the person does feel. When he stops sensing with his limbic brain, a therapist is fatally apt to substitute inference for resonance.

Therapists prone to surrender limbic vision come from schools that offer cookie-cutter solutions. (Lewis, Amini, and Lannon 2001, 183)

Here again we see the death of the therapist: the willing suspension of the therapist’s known world in order to enter the “unimaginable” universe of the other. This is what allows the therapist to “grasp the other’s essence” and establish an empathic “limbic resonance.” Finally, dying to one’s world can be seen in Assagioli’s rich description of empathy:

Regardless of one’s intellectual understanding, genuine existential understanding is not possible without empathy, i.e., the projection of one’s consciousness into that of another being. Its development and use demand an attitude of impersonality and self-forgetfulness; it can be achieved by actively arousing, or letting oneself be pervaded by, an absorbing human interest in the person one wills to understand. It means approaching him or her with sympathy, with respect, even wonder, as a “Thou” and thus establishing a deeper inner relationship.

This approach can deepen until it becomes first a living contact, and then a momentary or temporary identification. One can imagine oneself as having become—as being—that person. (Assagioli 1973b, 88–89)

Assagioli’s use of phrases such as “impersonality and self-forgetfulness,” “projection of one’s consciousness,” and “temporary identification” indicate a dying to the world of the therapist in order to enter the world of the client. But how is one to do this!!
DYING TO SELF: CLAIRE AND ROBERT

We saw in the prior chapter Philip “dying to self” in his work with Cindy. He needed to let go of quite a few therapeutic agendas in order to be with her and help her find where she wanted to go. But this dying to self is even more challenging when the client is entering territory that strongly energizes or triggers the personality of the therapist. It can then take considerable inner work for therapists to remain clear of their reactions and so to be present to the client. Let us look at one example of this inner work that may confront the therapist. Here is Claire, a therapist, describing a session with her client, Robert:

As Robert talked about feeling hopeless and stuck in his life, I could feel myself resisting him. Even though he said he wanted to explore this, I couldn’t accept that things were this hopeless, and desperately wanted to point out all the places in his life where the glass was “half full” rather than “half empty.” Shouldn’t I confront him? Aren’t I colluding with his negativity? Enabling? I could feel my irritation with him and his attitude, thinking to myself, “Is he attached to a victim role?”

As he continued, I so wanted to shake him out of his experience, or ask questions that would lead him towards a sunnier view, and finally the hardest of all, I became scared that if I didn’t somehow change his hopelessness he would one day commit suicide (even though this had never been an issue with him).

I thought of challenging his attitude, of focusing on his physical experience, or doing some imagery with him, or bringing him into the here-and-now, or telling him how I was feeling, or making interpretations about the cause of his hopelessness, or teaching him how to handle negative ideation—or, or, or . . .

Finally my spirituality kicked in. I saw that all of this was coming from my own egocentric fear. And this was taking me away from him. Instead of accepting his reality, I was trying to manipulate him out of it. Instead of being with him, I was caught up in my own stuff.

I knew then that I had to take a leap in faith and be with him in his darkness. I breathed, said a silent prayer, let go of my fearful need to control, and began simply listening to Robert. It was scary. I could feel despair about his situation, sense his stuckness. It was hard. I wondered at his hopelessness, of being stuck, of meaninglessness. I was with him there, trusting that this was my job, to join him there without pushing him with my own stuff.

I remember saying things like “Tell me about the stuckness,” or “Can you say more about the hopelessness,” and “What’s happening now?” Gradually I could feel myself relax, and then, amazingly, he relaxed too. The despair became not so scary and we both became present to it and explored it together. I was actually interested in it, curious about it.
What emerged in the next few sessions was a younger, more passionate level of himself, in despair because his self-expression had been crushed by an oppressive childhood. We were able to explore this lost aspect of himself using inner dialogue, imagery, creative expression, and sand tray, among other things—these all now seeming quite natural to both of us, in line with his flow.

I learned a great lesson. My acceptance of Robert’s reality helped him gradually accept this part of himself, to find that stunted passion, to move towards rekindling it. I thought later, “What if I had refused to go with him on this exploration and only tried to change his experience? I would have been just another oppressor among many in his life.”

This is an example of spiritual empathy because Claire maintained her knowing of her connection to Robert as he explored his experiential world. She recognized and died to her “egocentricity” and so became attuned to him rather than submerged in her own thoughts and fears. She was thereby able to move with him as he explored this difficult experience. In other words, she loved him.

Clearly, there were strong aspects of Claire’s inner experience clamoring for her attention and will. But these reactions all embodied potential agendas that, if identified with and acted upon, would have made Robert into an object to serve their purposes; he would have become an “It” to fix or change, a means to make Claire feel better, an object of her fears, the foil of a rescuer or helper subpersonality. This would have been an empathic break with Robert—at best a misattunement, at worst a primal wounding.

However, her work here was to die to all of these potential distractions and instead remain in empathic communion with Robert within his own experiential world (if Claire’s distracting reactions were a chronic problem, she might address them in her own therapy). Because she did so, Robert did not become an object of her fear-based need for him to change his experience, but instead was met as the living, willing, subject of his own experience. Thus his I-amness blossomed and he found his way forward in his journey of Self-realization. The interaction of Claire and Robert might also be illustrated using the triangle of Self-realization, as in Figure 4.1.

Here we see Robert deep within his painful experience and Claire surrounded by her many reactions to his experiential world. However, Claire’s connection with Self remained conscious because she had been nurturing this relationship in her own ongoing spiritual practice. It was ultimately this spirituality that allowed her not to be caught up in the contents of her inner

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Even by a blending, through intuition, empathy, understanding, and identification.

—ROBERTO ASSAGIOLI
world—she knew herself as transcendent-immanent—and so to be available to realize her union with Robert in Self.

As this spiritual empathy began to flow, Robert himself began to emerge and he began to find his own direction, that is, his own connection to Self began to operate. Claire’s inner work allowed this triangle of Self-realization to emerge and become operative within their relationship.

THE ART OF DYING

So it seems evident that spiritual empathy involves a dying to one’s own world in order to enter the world of the other. A radical surrender of one’s normal frame of reference is necessary in realizing a loving communion with another. This dying is a process that we have all gone through at one time or another, and can be seen most vividly in the shifts in identification that take place during major life transitions such as,

the case of an athlete who grows old and loses his physical strength; an actress whose physical beauty is fading; a mother whose children have grown up and left her; or a student who has to leave school and face a new
set of responsibilities. Such situations can produce serious and often very painful crises. They can be considered as more or less partial psychological “deaths.” No frantic clinging to the old “identity” can avail. The true solution can be only a “rebirth,” that is, entering into a new and broader identification. This sometimes involves the whole personality and requires and leads to an awakening or “birth” into a new and higher state of being. The process of death and rebirth was symbolically enacted in various mystery rites and has been lived and described in religious terms by many mystics. At present it is being rediscovered in terms of transpersonal experiences and realizations. (Assagioli 1973b, 213)

Becoming conscious of those moments in our lives in which we have personally gone through such deaths can be tremendously valuable in understanding how we can die for our clients. So a fruitful question for therapists seeking to die to their world is, “How do I die?” Here is a brief exercise to explore this question.

1. Take a few minutes to look back over your life for times you have died, that is, times when your experience of yourself changed in a fundamental way. These might have been tumultuous times of crisis and major transition, times of leaving and loss, times of new love and expanded vistas, times when you opened to a new culture, times when you and your world were transformed.

2. Now examine these times of dying at some length. Did you face a fear of being nothing, of personal annihilation? How did you navigate these times? What hindered you? Were there inner or outer authentic unifying centers that held you during these times? Would you do it differently today?

3. Lastly, notice how you eventually came through this period of dying into a new experience of yourself and your world. What helped or hindered this journey? What new behaviors and attitudes did you develop? In other words, what was the nature of your rebirth?

It seems dying and being reborn is something we all have done at one time or another, perhaps far more often than we realize. As therapists faced with dying to self for our clients, it can be extremely valuable to understand this natural process and remember first that this depth of journey is possible and second that there were things that facilitated our journey toward rebirth. Whatever inner or outer resources we found useful then may well give clues to resources we can use as we seek to allow this dying—and loving—on a daily basis.

**The Practice of Dying**

Spiritual traditions both East and West have considered contemplation of death an integral part of the spiritual path, whether the Christian ascetic meditating on a human skull (the *memento mori*) or the Tibetan monk with a flute
made from human bone (Marlin 1989, 155). Two of the greatest spiritual texts treating the challenges of dying—Dante’s *Inferno* (see Schaub and Schaub 2003) and Rinpoche’s *Tibetan Book of the Dead* (Rinpoche 1975)—speak not only to an afterlife, but to moving through obstacles to dying to self while physically alive. Assagioli too recommended working with death as a symbol potentially helpful in the “setting in motion of certain unconscious forces” leading to a “transformation of the outer personality” (Assagioli 2000, 159).

Contemplation of death involves developing a realization of the impermanence, the transitory nature of human life. The principle is that to look into the depths of this impermanence and change will reveal the deeper life of the spirit that abides even as the contents of experience change and pass away. This is not annihilation or nonbeing, but a revelation of our essential identity in Spirit. Scott Peck put it this way: “It is in the giving up of self that human beings can find the most ecstatic and lasting, solid, durable joy of life. And it is death that provides life with all its meaning. This ‘secret’ is the central wisdom of religion” (Peck 1978, 72).

The “secret” of this death and rebirth has been a fundamental subject of this book: knowing experientially that we are distinct-but-not-separate from all content and forms of experience, and the discovery of the union of love in Self that holds us in being. This is not a denial of experience but a realization of ourselves as transcendent-immanent within experience. But this involves a death, a letting go of the changing stream of experience, of both cherished and repugnant images of ourselves, of identification with the personality as a whole. All of which can be daunting. Why?

To leave the known world of identification with all of these things can bring up the specter of the annihilation, the nonbeing, the nonexistence, that inheres in primal wounding. Remember, our survival personalities are designed to avoid this experience of wounding at all costs; it is this aversion that underpins our cravings, our attachment to self-centeredness, our identification with our separate personality. So to risk letting go of our personality, to love, is to risk experiencing the hidden nonbeing wounding beneath.

**The Fear of Death**

Surprisingly, the experience of death itself has in fact nothing intrinsically to do with nonbeing, nonexistence, or annihilation. As we have seen, death
is a dispelling of the illusion that you are identical with your personality, a realization that produces exactly the opposite of nonbeing—an openness to fuller being.

So it may be that the “existential” fear of death, and the subsequent problematic denial of it, is not about death at all, but about the primal wound. We do not fear a nonbeing lurking in the future but a nonbeing lurking in our past—the annihilation of our souls in earlier life. This early experience of nonbeing is then projected onto all major transitions we approach, including physical death.²

Thus in addition to a spiritual aspiration toward this deeper level of union in Self, work with the childhood roots of our identifications and attachments—the underlying primal wounding—is often needed so we may learn to die to our world and love altruistically. Of course, this does not mean that all of these reactions need to be resolved before we can be good-enough therapists; it is simply that we can at least prevent them from blocking our communion with another in Spirit.

Therapist’s Death, Client’s Death

However, this death of the therapist can seem a tall order. It does seem a bit much to ask that someone trust, relinquish control, face annihilation, let go of the known world, and open to whatever may arise. But this is exactly what psychotherapy invites our clients to do! Does not therapy support clients in dying to a painful or unsatisfactory experience of self and world so that another may arise? In fact, is not this the issue that clients grapple with, finding a way to navigate such a transition? How can we possibly then ask anything less of ourselves?

Of course, nothing real and true is lost in this death, for either client or therapist. All that is lost is the illusion of separation—a function of the survival orientation operating within both people. In truth, therapist and client are images of the same source, Self, and thus are profoundly in union with each other and the world. Transpersonal thinker and Jungian analyst Bryan Wittine describes this essential dynamic as a basic postulate of transpersonal psychotherapy:

More than anything else, our clients need to be seen and felt as the Self they truly are, which is no different than the true Self we are. As I see it, through this recognition of the client’s and our own true identity we hold an expanded vision of who the client is and what he or she is capable of. If our frame for holding the client is broad, the client is aided to relinquish some of the crippling egocentric self- and world constructs and beliefs that underlie his or her presenting and ongoing concerns and to enlarge his or her sense of identity. Recognition of the client’s true nature, inner light and beauty, creativeness, power, and dignity, through eyes that are accept-
ing, appreciative, and unconditionally loving—all of which Assagioli contends are attributes of the Self—is the heart of healing in transpersonal psychotherapy. (Wittine 1993, 169)

While therapist and client both may realize this union in Self in varying degrees, it is the therapist’s job to realize it consistently. In the words of another insightful transpersonal author, Brant Cortright, “It is the therapist’s intention and spiritual aspiration that count most, the active inner work of seeking to contact a deeper level of Being than just the personality level” (Cortright 1997, 57). We have seen this intention and aspiration in the work of Philip and Claire earlier, who died to their worlds in order to love their clients, allowing Cindy and Robert to die to their old worlds and be reborn in new ones.

If therapists cannot die to their world and realize this union—in other words, express spiritual empathy—there is little chance that clients can die to their worlds. Therapists lead to this underlying union by being grounded in it themselves, so that clients may find their way to it in whatever manner is appropriate for them.

THE REBIRTH OF THE THERAPIST

As we have seen, this union with the client does not involve therapists merging with the client, assuming the sensations, feelings, or thoughts of the client. Therapists Philip and Claire did not become oblivious of their own experience nor did they take on their clients’ experience. Again, Rogers speaks well to this point:

The experiencing with the client, the living of his attitudes, is not in terms of emotional identification on the counselor’s part, but rather an empathic identification, where the counselor is perceiving the hates and hopes and fears of the client through immersion in an empathic process, but without himself, as counselor, experiencing those hates and hope and fears. (Rogers 1951, 29, emphasis added)

As Rogers writes, this is not an “emotional identification” but an “empathic identification.” Psychosynthesis theory can help explicate this distinction: Emotional identification is a union between therapist and client based on the therapist sharing the same emotional experience as the client. Here there is no room for the therapist to have experiences that are different from the client, so the individuality of the therapist is compromised. An imperative for emotional identification can also pressure the therapist to strive inwardly to conjure up the same experience as the client, a task that may well distract the therapist from fully attending to the client—a potential empathic break.
However, psychosynthesis would hold that empathic identification or spiritual empathy is not based on union in experience but on union in Spirit, on realizing we and the client share the same spiritual source, Self. This is a union that exists beyond (though within) sensation, feeling, or thought, so it does not demand sharing the same experience. In dying to their own worlds, therapists do not lose themselves but find themselves—they are reborn to the underlying union that includes the client as well as themselves. Rogers says it like this, “The two selves have somehow become one while remaining two” (Rogers 1951, 38).

Thus, while this union allows the therapist to intimately join the client in the client’s world, it does not demand the therapist have the identical experience of that world. Realizing this union in Spirit, therapists remain in possession of their own individual experience, but this experience is now that of the client’s world; they continue to be active and responsive but now from within the client’s world. Arthur Bohart and Karen Tallman speak to this:

The therapist’s own reactions can be responses that are in harmony with, but not identical to, the client’s experiential state, in the sense that the therapist’s reactions are aligned with or parallel to the track of meaning the client is following. Furthermore, they can empathically amplify on what the client has said. The therapist’s reactions and responses can build on, follow up on, or carry forward implications in the client’s frame of reference. These responses need not be simple paraphrases or low-level summaries of what the client has said. Rather, these responses can reflect the listener’s own perspective, as long as they include and coordinate with the other’s vantage point. (Bohart and Tallman 1997, 403)

So therapists’ responses are their own, but these responses are “aligned with or parallel to the track of meaning the client is following” and “include and coordinate with the other’s vantage point.” The experience of the therapist remains completely the therapist’s, whether similar to the client’s experience or not, and, in our terms, the therapist’s experience is of the client’s world. Let us make these concepts more practical by referring again to Claire’s work with Robert.

**Claire in Robert’s World**

Recall that Claire had died to her world and been reborn in Robert’s world, so her own spontaneous responses were founded in his world. Her naturally arising experience was not of the fear and desperation—her initial responses from within her world—but more her own interest, wonder, and respect as she engaged Robert’s world. These were her responses to his world. Furthermore, after therapists enter the client’s world they are more apt to have personal responses that are in tune with the client, and will find that their professional expertise is now available in an attuned way as
well. Claire’s fascination with Robert’s world led quite naturally to her use
of therapeutic techniques—inner dialogue, imagery, creative expression,
and sand tray—as ways of assisting him in the exploration he himself wished
to make.3

Had Claire intervened with these same techniques from her initial fear
and desperation, the client would have felt at some level objectified, made
into a tool by which Claire was seeking to soothe
her feelings—an empathic failure, a failure to love. Instead, the techniques arose from the client’s own
world of meaning and might even have been
employed by himself had he had the knowledge. Her professional expertise was placed at the service
of Robert, supporting his own interest and assisting
his own journey.

So, note again, Claire was not being passive,
curtailing her own individuality and initiative; nor
was she active from her own separate world. She was first of all making cer-
tain she was centered in Robert’s world, and from this foundation her spon-
taneous personal and professional responses were naturally attuned to Robert.
Such empathic responses flow directly from being within the other’s world
and are experienced by both people as naturally arising from that world.

It follows from all this that the therapist must listen intently to clients in
order to understand how they experience their worlds and so to be ready
when needed. This dependence on the client’s experiential vision brings into
play another attitude that is fundamental to altruistic love and spiritual
empathy: empathic curiosity.

EMPATHIC CURIOSITY, THE ART OF NOT KNOWING

Unlike some notions of empathy, spiritual empathy does not imply any sort
of direct, intuitive knowledge of the client’s inner world. Spiritual empathy is
not primarily about knowing what is happening in the inner world of the
other; it is about knowing the one who inhabits that world. Whether the ther-
pist knows intuitively that there is anger, despair, or joy within the client’s
inner world, for example, is quite secondary to an abiding interest in the per-
son and whatever experience is immediately arising for the person.

Another way to say this is that spiritual empathy is more about not know-
ing than it is about knowing. We let go of our knowing, our ideas and
insights, our intuitions and hunches—we die—in order to meet the other.
This detachment from knowing is often demanded of anyone seeking a spir-
tual path, whether by the Zen notion of “beginner’s mind” (Suzuki 1970) or
the Christian “cloud of unknowing” (Anonymous 1973). Daniel Stern
addresses such unknowing clinically:
The therapist cannot know exactly what the patient is going to say next, let alone what he is going to do next, until he says it or does it. And the same applies for the patient. Even when the therapist knows in advance that the patient soon will have to talk about a certain subject, she cannot know when that subject will come up or the exact form that it will take. Often the theme at hand is well known, but one still doesn’t know what will happen next. *(If the therapist thinks she knows, she is treating a theory and not a person.)* For this reason psychotherapy (as experienced from within) is also a very “sloppy” process. (Stern 2004, 156, emphasis added)

Dying to our knowing, we are forced to turn toward the other and listen carefully with our whole being. If we are to know the world of our clients, we must be supremely interested in them, attentive to them, or as gestalt therapist Erv Polster (1987) would say, “fascinated” by them.⁴

This curiosity is not, however, simple curiosity but again empathic curiosity or, more accurately, spiritually empathic curiosity. This empathic curiosity is, as is the therapist’s attention, focused on the client and does not drift toward other matters. For example, Philip, the therapist in the earlier case, could have been curious about Cindy’s somatic experience (pounding heart), or the negative cognition (“I’m going to fail”), or the frame of the experience (“Like it’s the end of the world”). Similarly, Claire might have been curious about all the good things Robert was overlooking in his life or the childhood roots of his hopelessness. But these are examples of self-centered curiosity—they issue from the therapist’s world and so miss the other person.

**Empathy for Consciousness and Will**

To be empathically curious, we become curious about how the other is experiencing her or his world (consciousness) and where the other wishes to move within it (will). Our interest is then guided by the client’s meanings and choices and not by our own desire for information. This focus may empower the other to expand their own consciousness of their world and to explore possible options within it, as when Philip asked, “How would you like to be as you face your tests?” and Claire asked, “Can you say more about the hopelessness?” Here is another example of empathic curiosity:

When my client came in for his session, he said he was sorry to be a few minutes late, but he’d had a hard time finding a parking place, and by the way, he was excited because he’d bought a new car. He sat down and kept talking about his new car and I was somewhat interested and asked him more about it.
But as we talked on and on about the car, I kept wondering when we were going to get down to the therapy. This whole conversation was tangential, wasn’t it? It was only by chance that we were talking about the car at all. We couldn’t spend the whole time talking about this! Am I wasting his money? Is he avoiding something? What’s my job here?

But I realized all these thoughts were diversions, taking me away from my client as a human being. I dropped them all and let myself be with our conversation. I let myself be caught up in his interest in the car and our talk got deeper and deeper.

He said that by the way he was embarrassed that he’d spent so much money on the car—his family would think it was a selfish indulgence—but with a well-made car like this, he for the first time since his disability felt safe enough to drive by himself, even at night. He felt this car would not break down like his old one, and as a result he had been out seeing friends, going to the beach, all sorts of things. And he was even thinking of volunteering at the hospital in the evenings! I was surprised and happy for him.

Beginning with what seemed like a superficial chance conversation, we had somehow gotten to a mirroring of a wonderful step in his growth. He was moving beyond the helpless passivity he’d been feeling since his accident. He was moving powerfully out into the world. I was so thankful I had not interrupted our talk to do some “therapy”!

This is a case of the therapist being empathically curious, fascinated, with the person and what he was doing. We can clearly see the therapist’s death here: he let go of his own tangled worries and thoughts, joining the client in the client’s world. Thereby the client’s spirit was supported and enhanced, and this took the client to a deeper engagement with his journey.

**Empathic Curiosity and Nonattachment**

Note, however, that even if the previous conversation had not deepened as it had, the therapist did his job in staying with his client in this empathic way. We are not curious so the client will deepen, be cured, or anything else. We are curious, attentive, and fascinated because we love the client. Are you interested in your loved one simply so she or he will do something? No. That is not agape, unconditional love, or spiritual empathy.

Empathic curiosity is not conditioned by agenda. If there is an agenda holding sway, empathic failure is inevitable because the client is being objectified. We are not empathically curious so that something particular can happen. We are loving the person, fascinated by the other and the story that is unfolding. This is enough. Yes, our theory states that this is an empowering of the I-amness of the other and, as such, will facilitate the journey of Self-realization. If that is an agenda, so be it. But it is an agenda.
with no particular concrete aim, no attachment to a specific outcome, no expectation that the client be any particular way as a result.

So we as therapists are not experts who must understand everything in order to then intervene and “cure” the client. Instead, we join clients in the mystery of their journey, adding our presence to theirs so that they can become increasingly conscious and free to find their own way. By serving clients and not our own issues, our curiosity becomes a powerful active force of spiritual empathy.

Again: the empathic stance emerging from the death and rebirth of the therapist is not a diminishment of the therapist's individuality, not a passive stance with the client, not a forsaking of technique. It can be expressed throughout the entire active-receptive, directive-nondirective continuum, moving from silence and active listening, to comments and questions, to interpretations and techniques, to education and self-revelation, to direct feedback. What makes an intervention an expression of spiritual empathy is not its place on this continuum but whether or not it is founded in the client's own lived experience, the client's world, the client's journey.

**When Worlds Collide**

One might be thinking at this point, “This dying to my world and entering the client’s world is all well and good, but what happens if I am at odds with the client’s world?” This is an important question and may arise in different situations.

One situation is of course that the therapist simply cannot for whatever reason die to her or his world to enter the client’s world. Perhaps the client’s world is too foreign (for example, by culture or behavior), too frightening (for example, violent or disordered), or conflicts with some deeply held values in the therapist (for example, bigotry or torture). True, in such cases, therapists may feel called to work through their reactions in order to realize their empathic connection with the client. On the other hand, therapists should feel free to refer such clients as well; it is important that therapists know their limits and respect them without shame, for the good of themselves and their clients.

Another situation can arise when the client’s wishes or behavior are in opposition to the therapist's need to maintain a supportive, sustainable environment in which to work, a part of functioning as an authentic unifying center. There are times when clients, operating from their own frame of reference, may wish to transgress the boundaries of this defined space.

Fundamental here is that the therapist, from the beginning of the therapy, communicates these boundaries to the client: the fee, time frame,
cancellation policy, parameters of confidentiality, ethical code, and any institutional agenda. This is describing the container in which the therapist—and so the client—is choosing to work. Agreement about these boundaries functions as a bridge between the two worlds, ideally allowing therapists to be with clients as they encounter these boundaries over the course of therapy.

Without this agreement between therapist and client, therapy can devolve toward oppression of the client by the therapist. But with this agreement, there is opportunity for therapist and client to stand together in facing the boundaries of the therapeutic container. The therapist can enter the client’s world and be there as the client explores personal reactions to the boundaries even while the therapist maintains them.

Such an alliance of therapist and client is especially beneficial when clients are in therapy under compulsion, by demand of court, parent, teacher, or spouse, for example. Insofar as therapists do not identify themselves with the compulsory agenda they may be, client willing, allowed to join clients as they engage the agenda: “I understand you are here because they want you to change your behavior; given that, is there anything you yourself wish to get out of our time together?” In the best cases, therapist and client can step back from the mandatory and potentially coercive aspects of the relationship and see what they want to do together, realizing an empathic connection transcendent-immanent of the setting.

UNION IN SELF

In closing this chapter on dying to one’s world and realizing one’s union with another person, let us take a moment to focus on this union itself, on what Assagioli referenced as the “mystical unity” between therapist and client (Kretschmer 2000, 276). It might be asked how it is possible for there to be such an intimate “nondual” union of two people that yet preserves and respects the individuality of each. What is the nature of this “We” that is beyond, yet inclusive of, the “I am”s who are in communion?

As we have said, the intimate union of “I” and “I” in spiritual empathy cannot be founded in personality content, that is, it cannot be based on similar physicality, matching emotional moods, or shared intellectual beliefs. While shared experiences may certainly occur at different times, to base a relationship on having the same experiences would be an attempted merger, an enmeshment that obscures the individuality of the persons involved. However, a union in spirit, a union transcendent-immanent of content, can be realized in spite of quite different physical expressions, emotional reactions, and intellectual beliefs. In short, this is a union in that shared Source of Being called Self. In Assagioli’s words:
Indeed, the isolated individual does not exist; every person has intimate relationships with other individuals which make them all interdependent. Moreover, each and all are included in and part of the spiritual super-individual Reality. (Assagioli 2000, 27)

It is telling that both the early psychoanalytic thinker Alfred Adler as well as humanistic psychologist Carl Rogers considered authentic human encounter to be related to a transpersonal connection, a sense of something greater that includes both people. Here is Adler:

Empathy occurs in the moment one human being speaks with another. It is impossible to understand another individual if it is impossible at the same time to identify one’s self with him. . . . If we seek for the origin of this ability to act and feel as if we were someone else, we can find it in the existence of an inborn social feeling. This is, as a matter of fact, a cosmic feeling and a reflection of the connectedness of the whole cosmos which lives in us; it is an inescapable characteristic of being a human being. (Adler 1957, 59, 61)

This “cosmic feeling” and sense of “connectedness of the whole cosmos” is clearly a reference to what Assagioli would call Self, the deepest source of our connection to others and the cosmos. These words of Rogers' point in precisely the same direction:

when I can relax and be close to the transcendent core of me . . . my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger. Profound growth and healing and energy are present. (Rogers 1980, 129)

Rogers' “inner spirit” touching “inner spirit” is a precise description of I-to-I communion in psychosynthesis therapy. He is also pointing to the “something larger” in which therapist and client are included—in psychosynthesis terms, Self. Adler, Rogers, and Assagioli all point to a transpersonal, spiritual reality underlying the dynamics of human empathy.5

A subtle but crucial point here is that this connection of “I” and “I” in Self always exists. It is who we are at the deepest level. The death of the illusion of separation leads to the realization of our “essential identity with one’s brothers [and sisters] in humanity” (Assagioli 1973b, 94). So this is not a connection we need to make, something we need to strive to attain, not something we in any way create ourselves. It simply exists. It is our essential nature. A given.

Spiritual empathy, altruistic love, is simply a realization of something that already exists. It is quite true, as we shall continue to see, that there is work to be done in order to clear obstacles to this knowing, but this is very different from thinking we are creating this reality through our own efforts.

In sum, expressing altruistic love as spiritual empathy asks that we as therapists die to our world, be reborn to our client’s world, allow empathic
curiosity to flow, and then respond from within the client's frame of refer-
ence. Is that it? Is that all there is to it? Not quite.

There is another dynamic created by spiritual empathy that is important
both for its healing power and for its potential challenges. This is what can
be called empathic resonance, an important effect of establishing the close
communion of spiritual empathy in therapy or, for that matter, in any inti-
mate relationship.
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Such empathy is made possible by the fact of the essential unity of human nature existing beneath, and in spite of, all individual and group diversities.

—Roberto Assagioli

To the extent therapists die to their world, they realize a deep union with the client in Self, that is, they are “in altruistic love” or “in agape” with the client. The expression of this love in spiritual empathy then allows the therapist to function as an authentic unifying center, a “true link, a point of connection between the personal man and his higher Self” (Assagioli 2000, 22). To use a crude analogy, the therapist is rejuvenating a pipeline to the Source of the client’s being, so naturally the client’s being unfolds, blossoms, emerges. To put it another way, spiritual empathy “waters the seed” of the client’s I-amness.

This empowerment of “I” in turn opens the possibility for clients’ disidentification from chronic limiting patterns—this is their own dying—and a resultant openness to their inner experience, an expansion of their experiential range, and an increased potential for following their own unique meanings in therapy and in life.¹ Held in love, the person can become less defensive, more open, and so all parts of the personality are freer to emerge, all experiences are increasingly able to arise. In other words, the emergence of I-amness increases clients’ self-love and self-empathy, their ability to be engaged with, yet not be overwhelmed by, the various currents of their experience (see the section Held in Transcendent-Immanent Being in chapter 2).
THE EMPATHIC RELATIONSHIP

In a spiritually empathic relationship, then, each person is invited to an openness to the many diverse aspects of themselves. Again, an instructive example of this type of empathic intimacy is when you are spending time with a close, trusted friend. When you and your friend are together, you each are nondefensive and open to your arising experience, open to all the many diverse layers and “ages” of yourselves; in the relationship you both are free to express your joy and sorrow, hopes and fears, insights and idiosyncrasies, and what emerges between you is often surprising, creative, and life-giving.

So again note carefully that spiritual empathy does not necessarily imply that one’s body language mirrors the other’s body language, that one is feeling what the other is feeling, or that one is thinking what the other is thinking. Rather, the openness of this empathic relationship allows a mutual interplay and resonance between all the many different aspects, expressions, and levels of you both, whether these are similar or different.

EMPATHIC RESONANCE

The possibilities of these many types of interactions and relational resonances within the empathic relationship are virtually infinite. The central dynamic is that the complex diversity of both parties is welcomed by the empathy flowing within the relationship, resulting in an extremely rich, creative interplay. This resonance among the many different aspects and levels of ourselves, or empathic resonance (Firman and Gila 1997; Firman and Russell 1994), is illustrated in Figure 5.1.2

Here we see represented the many psychological levels of one person—the “rings” from the developmental model in chapter 2—resonating with levels of the other person as both are held within the empathic field. All the while, Self, the ultimate source of the union between them, stands transcendent-immanent within the relationship.

This mutual interplay is like a dance in which each is listening to the music of Self, responding to the same music in individual ways. Here there is a wholeness of the dance, a unity, and yet a unity that includes an intimate engagement of individualities. Such an empathic relationship is a dance of closeness and distance, of union and separation, of what can be called confluence and complementarity.

CONFLUENCE AND COMPLEMENTARITY

This interplay or dance of the empathic relationship is confluent when, for example, your client expresses childlike hopes and fears and you feel these as
well; there is a mutual mirroring of response, a \textit{confluence} between you and the client. Here the worlds of therapist and client are as one, each individual expression or “dance” reflecting the other.

On the other hand, there may be a \textit{complementary} resonance if the client’s childlike hopes and fears trigger a parental soothing and caring response within you. Here you are not feeling what the client is feeling but rather empathically \textit{responding} to what the client is feeling. Here the dance of both therapist and client appears quite different, yet each is responding to the same music—the client’s sense of meaning and direction.

Furthermore, from the point of view of the oval diagram of the person (chapter 1), this interplay and resonance can include both the higher unconscious and the lower unconscious. As you and your client become open to the heights and depths of yourselves, these heights and depths will also resonate with each other. Here too these resonances might be confluent, as when your client’s excited spiritual or creative insights stir your own or when your client’s sudden childhood anxiety arouses your own; or complementary, as
when your client’s despair from early abuse triggers tenderness in you toward the client or anger toward the abusers. All of these responses can be expressions of spiritual empathy, arising from an attunement of “I” to “I” in Self.

**Personal Boundaries**

Engaging in empathic resonance can bring up the question of boundaries. “How far shall I let myself feel with the other?” “Am I merging?” “What distance should I keep?”

In spiritual empathy, the answers to all such questions need to be referred to the ultimate source of the loving empathic field, Self. Remember that we are essentially in union already. So, in a way, the boundary issue has already been resolved. Through our connection to the same Source in altruistic love, we are completely in union and at the same time our sense of individuality and personal volition arises from this very union.

So there is no a priori right or wrong answer about the degree of confluence or complementarity you should have with your client. You may be called to closeness, even a blending of reactions, or to objectivity, even distance. As you sit with your client, a dance will unfold as confluent and complementary responses come and go, as they wax and wane. One minute you can feel so at one with your client that you in effect lose yourself for a moment, becoming caught up in the client’s experience—confluence. The next moment you may find yourself having feelings, thoughts, and insights in response to your client’s experience—complementarity.

You may also find your own needs emerging, as when you want clarity about what is being said, or wish for some reflective silence, or need to attend to your own physical comfort. The boundaries between you and the other are fluid. There is no rigid, artificial, imposed way of being, but rather a trusting openness to the spontaneous dance of the relationship.

So boundaries are a function of your relationship to Self, to your sense of trust and love in the relationship, your sense of how you are called to be in the moment. You may be called to listen and “hold space,” or share a reflection, or report your confusion, or offer a technique, or provide information. It all depends on where you are invited by the love and truth of the relationship.

**Exploring the Relational Experiential Range**

As therapists we can ask ourselves, however, if we are able to move freely throughout the range of experiences we are invited to in empathic relationships—from confluence to complementarity. First of all, do I feel comfortable “dying to self” such that I turn over my moment-to-moment position on this range to my deepest sense of truth, to Self? Remember, agape is a selfless, nonpossessive, unconditional love. Can I trust to surrender to this or are there fears about losing control, feeling awkward, or facing the unknown, for
example? I may here need to work with my own therapist on a pattern of compulsive control, or defensive attachment to a rigid professionalism, or overdependence on protocol and technique. Any such psychological work will go a long way in helping us, as therapists, with the “boundary issue.”

Then one might explore the range from confluence to complementary encountered in intimate personal relationships. Do I feel comfortable in a close confluence or does it bring up fears of losing myself, for example? Contrariwise, am I comfortable acting from my own perspective or does it bring up early fears of conflict and rejection? Exploring patterns around confluence and complementarity—discovering habitual beliefs, chronic attitudes, and early wounding around each—can free up our ability to respond to the changing dynamics of the empathic relationship. This is another creative response to the “boundary issue.”

But again, the boundary issue has been resolved at the most essential level, the Ground of Being, Self. At that level we are completely at one, non-dual, in agape, and at the same time our sense of personal integrity and efficacy arises directly from this deep union of love. This is, remember, one of the core principles in any psychology of love: personal selfhood is not at risk in the union of altruistic love but arises from, and is sustained by, that union.

**EMERGING PRIMAL WOUNDING**

In empathic resonance then, there is a rapport, a simpatico feeling, an attunement—a love—between therapist and client at many levels of depth. But since inner layers of the personality contain primal wounding from earlier nonempathic environments, it should be no surprise at all that empathic resonance, as close and intimate as this is, will also surface wounding from the past that exists, hidden and active, in the present. While this emergence of wounding represents an opportunity for healing and growth, it may be surprising and challenging to all concerned:

The client began by saying that his life was a disaster. He was going to get fired from his job and he’d broken up with his girlfriend. In anguish, he said that he’d never, ever, felt this awful in his whole life, and what was he to do?

As he looked up at me, I felt put on the spot and asked hastily, “How do you feel about all this?” He quickly answered with a lot of anger, “How the f**k do you think I feel about it? I f**king feel awful! Haven’t you been listening to me?!” I was hurt and irritated by his response—all I was doing was asking him how he felt, right? Wasn’t that being with him?

But I knew I hadn’t met him and needed to get back to him. I said I was sorry, that for a moment I had been flustered by all that had happened to him. I told him that I did want to be present with him, and that I was here to go where he wanted to go. He thanked me for hearing him and said
he wanted to explore his angry reaction to my question. Thank God our therapeutic alliance held up.

As he explored his anger he became aware of an underlying feeling of being overwhelmed. When he explored this, he uncovered an aspect of his relationship with his mother in which he felt abandoned to overwhelming events—exactly what he had experienced in my first reaction to him!

Later, in my supervision, I realized that as my client began talking about these upsetting events, I had become anxious. We discussed “projective identification” of course, but for me to be able to resonate so strongly to this issue also meant I had my own issue in me. I had felt unconsciously that I had to help him somehow and at the same time I doubted my ability to do this. I was afraid I would fail. In my own therapy, I later traced these feelings to my fear of disappointing my father and him seeing me as a failure.

So my intervention, “How do you feel about all this?” wasn’t actually about him at all. It was about me. My “innocent” and “therapeutic” intervention was really something like, “Oh my God, what am I going to do now? Quick say something—anything that will show you can handle this!”

Deep down—at a level the client was tuned into beyond my ability to do so myself—I was avoiding feelings of inadequacy and failure, desperately wanting to be a winner in my father’s eyes! The client was absolutely right—I wasn’t listening to him. I was abandoning him in an overwhelming situation, just like his mother had. I felt bad about this, but I was way, way more glad to see what had happened."

In this interaction, the therapist ultimately sustained her empathic resonance with the client, maintaining awareness of this connection rather than being sidetracked by her own reactions. Through the maintenance of this I-Thou union, the love and trust allowed both parties to address the emerging wound in the client’s experience. One could not have planned such a session. The truth that emerged simply came forth as the empathic relationship was maintained and the “dance” unfolded.

Note well the task of the therapist revealed in this brief vignette. Her challenge was to maintain her knowing of the empathic connection even though the empathic resonance was energizing her own uncomfortable feelings of anxiety, self-doubt, and fear of failure. Some neurobiological writers put it this way: “A therapist loosens his grip on his own world and drifts, eyes open, into whatever relationship the patient has in mind—even a connection so dark that it touches the worst in him” (Lewis, Amini, and Lannon 2001, 178).

This therapist’s anxiety, self-doubt, and fear were her own wounds in a confluent resonance to the client’s wounds within the empathic field. This traumatic resonance (Firman and Gila 1997) or traumatic countertransference (Herman 1992) is diagrammed in Figure 5.2.

This figure shows the client’s wound—being abandoned by his mother to overwhelming events—resonating with the therapist’s wound—the self-
doubt, inadequacy, and fear of failure from her own childhood. Initially, in order to escape her own difficult feelings, the therapist made her hasty intervention and so caused the empathic break. The function of an empathic failure at this point is quite clear—it disrupts the traumatic resonance and so relieves the therapist’s feelings.

As the therapist said, her intervention was basically an attempt to avoid feeling her own wounding. In effect she was saying, “I better be with you in this so you will know I am present and I won’t feel fearful, inadequate, and a failure!” In other words, the client here became an “It” rather than a “Thou”—he became a “thing” by which she was going to make herself feel better. Thus the empathic connection was broken, the client felt the break, and so the client reacted.

**The Psychology of the External**

Note that this case is not simply a “projection” or “transference” of the client’s issue with his mother onto the “blank screen” of the therapist, even

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**FIGURE 5.2**

[Diagram showing self, client, therapist, wounds, and empathic resonance]
though the wounding from his mother was central in the interaction. Making such an interpretation at this point would constitute still another empathic failure because it would miss the valid response of the client to actual impingements in the present.

Rather, the empathic approach to such a triggered situation is founded in two understandings: (1) a wound has been impinged upon in the here-and-now by actual empathic failure, however insignificant this failure may seem, and (2) the wound itself was most likely caused by an event in the past. If there is enough trust and goodwill in the relationship, these two understandings can allow client and therapist to process the here-and-now empathic failure and engage the triggered wound directly. In the example, the client and therapist moved quickly through the empathic failure, carried by the trusting relationship they had developed over time, and so were able to move fairly quickly to the vulnerable wounding.

If the client had wished to know more about the nature of the therapist’s “flustered” response, the therapist would have taken time to look within herself to discover what was happening for her. This would not involve actual psychological work on the therapist’s reactions in the moment, but a simple brief looking and sharing what she saw, if anything. If the reaction was largely unconscious, there may have been little to report but at least the therapist can hypothesize that there must be something there. This sharing by the therapist would be part of acknowledging the disruption in the empathic field and thereby remaining empathic with the client.

So in psychosynthesis therapy we do not assume that clients’ negative reactions derive simply from their own private internal dynamics, but that these are meaningful responses to violations by the external world, past and present. To borrow psychiatrist and abuse expert Lenore Terr’s (1990) descriptive term, this focus on the external world can be called “the psychology of the external,” a complement to the more traditional “psychology of the internal.” That is, while therapists are dealing with wounds internal to the client, these wounds—and their subsequent triggering—are the results of actual impingements by the external world. Without a psychology that embraces both the internal and external, wounding will remain hidden and unhealed.

The psychology of the external can be extended to mean that the client’s responses to the larger world, both negative and positive, are taken seriously within the therapy. For instance, to be upset by a spouse’s behavior or by the ecological crisis, to be excited by a developing world event or enraged by pervasive societal bigotry, or to be enchanted by the birds singing outside, are not to be considered merely a reflection of the client’s own issues. Assagioli was clear that individual psychosynthesis included responsiveness to the wider environment:
In its turn this brings up the many problems and psychosynthetic tasks of interpersonal relationships and of social integration (psychosynthesis of man and woman—of the individual with various groups—of groups with groups—of nations—of the whole of humanity). (Assagioli 2000, 6)

While it may be true that the intensity of response to such external happenings is a function of the client’s inner world, the responses cannot be reduced to that world. Just as with the client’s reaction to the therapist’s empathic failure in the earlier example, concerns about the external world need to be held within the therapy as valid in their own right. Indeed, clients may in such instances be discerning a call to act in relationship to larger interpersonal, societal, and global issues in the living of their lives (see chapters 10 and 11). The psychology of the external thus helps bridge that much-criticized gap between psychotherapeutic insight and action in the world.9

**Triggered by the Positive**

Oddly enough, it is not only painful experiences that can trigger hidden wounds in the therapist. Experiences involving energies such as joy, love, wonder, or bliss—transpersonal qualities or Maslow’s “being cognitions” (see chapter 1)—can also push therapists toward their wounding. For example, a therapist may react nonempathically to a client excited about a prospective new lover, a client speaking in wonder about a religious awakening, or a client who warmly expresses appreciation and gratitude for the therapist.

Why would a therapist react negatively here? Because her client’s love relationship reminds her of the devastation she herself experienced when she lost her first love, a time that in turn echoed the earlier loss of her father through emotional abandonment. Another therapist might be uneasy with a religious awakening, since it reminds him of his childhood in which his parents used religion and the idea of God to control him. Still another therapist might reject her client’s appreciation and gratitude, unconsciously feeling these clashing with her own hidden negative image of herself from childhood.

If we act out from these wounds, we will tend to discount, downplay, or even denigrate such positivity coming from our clients. We may be led to say, for example, “Remember this is the honeymoon stage of the relationship,” or “Are you worried about getting carried away with religion?” or “Thanks for your gratitude, but I can’t take any of the credit—you did it all.” At the least we will simply give our clients a cool, quiet reception when they report these positive experiences—anything that will stem their excitement, dampen their enthusiasm, temper their wonder.

We therapists can of course rationalize all our nonempathic reactions as proper therapeutic protocol: we are simply confronting clients’ illusions, playing the stern “reality principle” (Freud 1968, 365) to the regressive childish fantasies and infatuations dominated by the “pleasure principle” (Freud 1968,
And, after all, it is our duty to represent reality to the client, right? But looking more closely, we will see that our reactions are in fact ways of breaking the empathic connection and avoiding the client’s world. Why? Because in this way we protect ourselves from experiencing the hidden wounding that is resonating within the empathic field.\(^\text{10}\)

If we remain unconscious of these emerging wounds, we will be unable to facilitate an integration of the transpersonal qualities embedded in these types of experiences. As discussed earlier, clients will then be placed in the position of developing a survival personality with which to endure therapy, or of resisting therapy, or finally of ending the therapy. It again becomes quite clear why we as therapists need to die to our world in order that we can love our clients in their worlds.
Chapter Six

Love, Power, and Ethics

Now the individual will face another and higher task, that of disciplining itself and choosing such aims as are consistent with the welfare of others and the common good of humanity.
—Roberto Assagioli

A deep theme throughout these chapters on spiritual empathy, on the death/rebirth of the therapist, and on empathic resonance is the issue of power. In realizing a spiritual connection, in dying to self, in managing their own resonances, therapists seek to place their power—their will—in service of the unique individual and his or her own unique path of unfoldment. Therapists dedicate their training and experience to the service of the client, not to their own personal needs or professional agendas. Altruistic love demands altruistic power.

It is not, note well, that the therapist becomes less powerful than, or even equal in power to, the client; indeed it is crucial that therapists recognize the power imbalance inherent in their role as designated “helper” vis-à-vis “the one in need.” Therapists who pretend to less or equal power are apt to ignore the client’s vulnerability and so transgress the client’s autonomy, forcing the submit-or-resist dilemma discussed in the prior chapter. Unconscious uses of power lead to unconscious oppression.

For example, ignoring the power and impact of the therapist can inadvertently open the door to hurtful humor, unwanted advice giving, indulgent personal curiosity, and inappropriate self-revelation. This type of familiar, casual interaction works against a holding environment that can support the discovery and expression of the client’s will—that can support the client’s liberation. Eventually such lack of attention to the power imbalance may cause
the relationship of agape and spiritual empathy to wander into other types of love, such as friendship (philía), romance (erōs), or parenting (storge). These countertransferences of love can be quite subtle, leading to what might be called micro-oppressions:

When my client said he’d have to cut back on therapy for financial reasons, I told him no problem, I can lower my fee. But I realized later I acted too quickly, not giving him a chance to talk about his feelings about the whole issue. A lower fee was fine with me, true, but my affection for him overrode my seeing him and helping him find his way.

I kicked myself. As my client was leaving I just had to give her advice on how she needed to be more careful about men. Ugh! As if she were my daughter or something! But she caught it—said thanks, if she ever wanted that type of advice, she’d ask for it. I felt like an ass, caught up in an image of her instead of seeing her for who she was... a false image of myself too, for that matter.

Yeah, I hear it. It’s almost like hitting on her. It didn’t feel that way at the time, and yeah it’s true, I’m attracted to her. But yuck, hearing me on tape saying: “You must be getting looks from the guys.” One second, that’s all it was... the smallest, tiniest, damn thing! But, harmless? No way. That spin, that yucky tone, like I was one of the guys. It felt sleazy. She was embarrassed.

The proper use of the therapist’s will in psychosynthesis therapy is to serve clients and their unique unfolding journey through spiritual empathy. Remember, survival personality is formed by the misuse of power; it is the result of domination by a nonempathic environment. In order to survive, the person internalizes the survival unifying center and thus distorts or disowns significant dimensions of themselves. Primal wounding—whether abuse or neglect, overt or covert, well-intended or not—is a misuse of power by someone who holds power over us. This understanding of wounding as oppression is quite coherent with Rogers’ client-centered theory that takes the position: “psychological distress is based on internalized oppression” (Proctor 2002, 84).

It stands to reason then that wielding power against or over clients can only re-traumatize, repeating the precise dynamics that brought them into treatment in the first place. Spiritual empathy, however, provides a context for another, ethical use of the therapist’s will; it allows this power to be placed at the service of the client rather than to be used in further oppression, as happens when therapists become identified with their own agendas, techniques, diagnoses, and treatment goals.

Love as an Act of Will

Spiritual empathy in fact demands the fullest use of the therapist’s will; it requires intention and choice from deep within the person of the therapist,
from a place ultimately beyond the trappings of the professional persona. Here is where the therapist’s personal power and professional authority can be employed as a force for liberation and not oppression. There are at least four uses of therapist power that seem important to spiritual empathy.

1. Creating a Safe Place. This first use of the therapist’s power has been mentioned in the section When Worlds Collide in chapter 4. Here therapists acknowledge that without this safe place there can be no therapy. This includes being clear about the agreement for therapy, including such things as fee, place, time, and confidentiality policy. But more, safety is about therapists firmly knowing that the empathic intimacy offered in the relationship rests on the foundation that this relationship is not, nor is it expected to become, anything other than therapeutic. Here therapists use their power to resist the temptation, the inner pull, to enter into other types of relationships such as friendship, romance, business, or parenting.

It can happen that in experiencing the depth of relationships with clients that therapists may begin to assume that this depth is simply a function of their personal ability to quickly and easily create intimacy, empathy, and trust, forgetting that this depth is absolutely dependent upon the safety created by the limits that define boundaries for the relationship. Accepting this can be painful for a therapist, of being deeply intimate with someone yet not a part of that person’s life (likewise, it can be painful when the therapist, having fallen into a social relationship with the client, realizes that the empathic depth has been lost or perverted).

Preserving the therapeutic boundaries can mean, for example, entering a grief process at the loss of a client when they have terminated, or accepting that you may never hear from them again, or knowing that you will never find out if they ever got married, became a parent, or developed a career. Not your business. So this first use of the therapist’s power is to create and preserve a safe, pristine—and, yes, thus somewhat artificial—space that allows a depth, focus, objectivity, and safety that few other relationships can provide.

2. Vertical Power (see the vertical connection between “I” and Self depicted in Figure 4.1). The vertical use of power involves acknowledging and aligning with the source of your healing empathic love, Self. You are not the ultimate source of that love but a channel for this, “an indirect but true link, a point of connection between the personal man and his higher Self” (Assagioli 2000, 22). Another way to say this is that you here use your will to surrender to your own deepest sense of truth and meaning, thus realizing your communion with the Ground of Being.

The paradox of surrender is of course that in surrendering you are merely relinquishing the illusion that you are your own source, that you are a self-sustaining isolated individual; you are simply acknowledging the communion
with Self and so with all beings. So nothing true is lost in this surrender; quite to the contrary, the true fount of authentic personal identity—“I,” with consciousness and will—emerges as the communion with Self is realized.

Practically, the vertical use of power means using your will to nurture relationships with your own authentic unifying centers, whether attending to your daily spiritual practice, praying before you see clients, or imagining a figure of wisdom with you during sessions. In whatever ways you do this, you are keeping your connection to Self clear and not allowing “idols” or “false gods” to intrude, whether these are your supervisor, institution, insurance provider, or society itself. While the needs of such authorities may be respected, it still remains that you need to surrender to, to be founded in, and to act from, your own sense of deeper truth, values, and conscience. And the truth is that if you do not surrender to communion with your own truth, you will by default be surrendering to other authorities.

The all-encompassing nature of this use of power means that it demands a lifestyle choice. Here are not choices limited to the confines of professional practice, but choices that flow from a life in which one seeks to walk with Self on a daily basis. One cannot expect to realize a communion with Self in session unless this realization has been nurtured throughout your day, your week, in all your personal, professional, and civic relationships.

3. **Horizontal Power** (see the horizontal connection between “I” and “I” depicted in Figure 4.1). The horizontal use of power is akin to what Assagioli (1973b) called the “will-to-understand” or “intention to understand” the other. Here is a choice to allow oneself to be pervaded by “an absorbing human interest in the person one wills to understand. It means approaching him or her with sympathy, with respect, even wonder, as a ‘Thou’ and thus establishing a deeper inner relationship” (89). As with the communion with Self, the idea here is to use your will to keep the channel between you and your client clear, actively dispelling images or “idols” of the other that prevent you from seeing, meeting, and loving the other.

Teachers in the field of social transformation have defined oppression as: “prejudice + power = oppression” (Quiñones Rosado, 2007, 76). Since you as therapist already have more power, any preconception, any expectation, any diagnosis, any image that comes between you and your client—whether cultural or clinical, positive or negative—will entail oppression at some level.

As with the second use of power, this power cannot be limited to the therapeutic hour; how you hold your client in your heart and mind through the day will impact how you are with the client. Do you enjoy daydreams in which you finally get to give the client a “piece of your mind”? Do you speak...
of the client with sarcasm or condescension to colleagues? Do you indulge in sexual fantasies about the client? Do images of your clients build in you from session to session such that you cannot approach them with the wonder and awe befitting a unique mystery of life? All such images of your client arise from aspects of your inner experience that will prevent you from being with the client.

Of course—and here is an extremely crucial point—most of us, if not all, will experience such attitudes toward our clients; the idea is not to achieve some sort of purity here in order to then be “pure enough” to do therapy, but rather to recognize these attitudes as they occur and then work with them so that they do not negatively impact the therapy. Awareness of these attitudes is not to be avoided, but welcomed as an opportunity to work toward being able to love better. Such work may well involve an in-depth exploration of these attitudes in our own therapy.

4. The Dance. Inasmuch as these first three uses of power are operative, there will be a creative, empathic field—a power of Self—embracing both client and therapist. From the richness of this field will arise spontaneous intuitions and insights in both client and therapist about possible ways to move with the issue at hand—the emergence of Self-realization. Ideally this creates a “dance” between therapist and client, inviting each to lead and follow at different times, but always leading and following in the direction the client wishes to go. What can emerge is a rich interplay that allows clients the maximum freedom to discover and follow their own sense of direction, but also encourages therapists to draw upon their professional knowledge and experience to unearth, clarify, and facilitate this direction.

When the first three uses of power are in place to create safety, to connect to Self, and to intend to understand the other, the therapist’s training and experience can benefit the client tremendously. However, to the extent that these uses of power are not present, the therapist’s training and experience will likely be intrusive, oppressive, or deadening, even if only in small ways. The effects of even small abuses of our therapeutic power over time—when unrecognized and unaddressed—will erode our ability to meet the other in a healing way.

Clearly, the only healing use of the therapist’s power here is to “serve and protect” the client’s unique consciousness and will, the client’s own individual journey and continuity of being. Spiritual empathy is a force of liberation, not oppression. Not only is this liberating use of power essential to healing in
the therapy, it is also the only ethical use of therapeutic power. If one is not meeting and serving the unique person, one is in fact not doing therapy as we understand it but rather engaging in social control and oppression—one is in effect simply acting as another survival unifying center in the client's life.

There Is No Benign Oppression

Thus psychosynthesis therapy considers the respect and support for the client’s own unique sense of meaning and direction a fundamental moral principle that takes precedence even over “curing” the client. In this sense it would have been unethical for Philip (see chapter 3) to persuade Cindy to undergo a technique to make her less anxious, or for Claire (see chapter 4) to have convinced Robert to move out of his despair—however valuable these experiences might be in the eyes of Cindy and Robert. Any such use of power from within the therapist’s frame of reference, however seemingly beneficial, is nevertheless an act of oppression because the client and the client’s will are ignored. Yes, Cindy and Robert might feel better as they are impacted by such a power tactic, but they have lost themselves and their own power. This gives new meaning to the old medical adage: “The treatment was successful but the patient died.”

I asked my therapist what his thoughts were, but he just said, “We don’t give advice,” and asked me to focus on my breathing. I felt ignored. Irritated. But I decided to go with him. I had a nice experience, which was cool, but I never trusted him again. I left therapy pretty soon after.

I shared a dream with my therapist and she began analyzing the symbols. I learned a lot about my dream, and found it fascinating that some of my symbols were archetypes. I was stoked and even did some reading in mythology afterwards. Only I realized later all I wanted to do was have her hear my dream. It made me sad.

In talking about my boyfriend my therapist helped me see all these connections with my dad. We went into my childhood and I got amazing stuff about how I was relating to my boyfriend just like dad. It was intense, amazing really, but I never got to talk about what I wanted—finding a way to tell my boyfriend it’s over!

Therapy and Social Justice

This ethical principle also supports the ongoing awareness of the larger systems of oppression operating in people’s lives—an aspect of the “psychology of the external.” Clients are not seen as suffering simply from some private inner turmoil with roots only in biochemistry, genetics, or the unconscious, but are understood as suffering domination from very real nonempathic environments in their lives both past and present. This understanding allows
clients the freedom—if their path leads them there—to see and perhaps even engage these larger oppressive structures. It can also help therapists to empathically love their clients as they realize clients are victims or survivors of injustice rather than simply weak, stubborn, or ill.

Finally, this ethical view leads to a stark realization of the larger socio-political context of the therapeutic relationship. Therapists who die to self, empathically connect to their clients, and serve clients with their power, are forces of liberation working against oppressive forces in the wider society. This can even involve standing against theories and diagnoses, techniques and protocols, or clinical systems and institutions that seek to treat clients as mere objects of treatment; therapists are ipso facto social activists and advocates for the oppressed.

Contrariwise, therapists who wield their power to make people feel better or “become adjusted,” without ever truly connecting to them, become tools of the larger forces of domination in the society. To persuade, seduce, or command clients to develop a happier, more functional survival personality—ignoring the unique person and path—is to add to their oppression and cover up the social injustices rampant in the society. Such therapists become extensions of social injustice, guardians of the larger survival trance.5

In the chapters thus far we have sought to demonstrate that embodying spiritual empathy involves the therapist dying to his or her world, realizing “I-to-I” communion in Self with the client, and then being open to the often-challenging dynamics of empathic resonance. These are the things that allow us to love others in Spirit and to enter their realm of experience, thereby supporting them in becoming increasingly aware and volitional within their worlds. In doing these things, therapists become authentic unifying centers, serving the larger process of Self-realization taking place in the client.

And as this journey of Self-realization unfolds for the client, it can be seen to take place in certain stages—the stages of psychosynthesis. Understanding these stages, therapists can be better prepared to recognize the terrain through which they walk with their clients. The remainder of the book will be devoted to outlining the various stages of psychosynthesis as they arise in psychosynthesis therapy.
Let us examine whether and how it is possible . . . to heal this fundamental infirmity of man . . . . The stages for the attainment of this goal may be tabulated as follows . . .

—Roberto Assagioli

We have posited that there is a profound brokenness in human life, a “fundamental infirmity of man” in Assagioli’s words (see chapter 2). This brokenness is largely, in our view, the result of primal wounding, those failures in empathic love that give us the experience of being cut off from the source of our being, Self. Authentic personality hereby becomes survival personality as we seek to survive the emptiness, fragmentation, and annihilation created by these wounds. Driven by these inner wounds, inauthentic lives create tremendous suffering in the world.

The good news is that our essential nature was never lost. “I” may become attached to a survival unifying center, identified with survival personality, and caught in the survival trance, but “I” still exist. “I” is transcendent-immanent of all contents and structures of the personality, and, as such, our deepest nature is in essence not damaged by the traumatic events of our lives. “I” and Self remain in communion, as a reflected image and its source, even though this deeper reality is shrouded in the very real illusion that it does not exist—the journey of Self-realization is always present, however hidden. In Rogers’ words:

This [actualizing] tendency may become deeply buried under layer after layer of encrusted psychological defenses. It may be hidden behind elaborate facades which deny its existence; it is my belief however, based on my experience, that it exists in every individual, and awaits only the proper conditions to be released and expressed. (Rogers 1961, 351)
Thus the human journey is one of waking up to that deeper reality, of realizing the unbroken I-Self union and all that it implies. According to Assagioli, this journey may be understood as occurring in four stages, what can be called the stages of psychosynthesis: (1) thorough knowledge of one’s personality, (2) control of the various elements of the personality, (3) realization of one’s true Self—the discovery or creation of a unifying center, and (4) psychosynthesis, the formation or reconstruction of the personality around the new center (Assagioli 2000, 19–25).

**Clinical Theory and the Stages**

In psychosynthesis therapy, these stages emerge as a function of empathic love, of spiritual empathy. Spiritual empathy in effect sees and nurtures “I” who am buried within personality contents and identifications so that “I” may awaken and realize a more conscious and willing contact with the deepest imperatives of my being. In other words, the stages of psychosynthesis outline psychosynthesis therapy as it may lead from entrancement to disenchantment, from sleep to awakening, from survival to authenticity.

The stages of psychosynthesis are thus perhaps the most long-standing and broadest model within psychosynthesis clinical theory, illuminating the potential terrain that client and therapist may traverse over the course of therapy. In the 1930s Assagioli described the stages in the same article where he described the oval diagram (Assagioli 1931; 1934) and also included them in the first chapter of his book *Psychosynthesis* (1965).

Assagioli himself implied his stages constituted a clinical theory when he offered them as a way of healing the “fundamental infirmity of man” or what we consider the ravages of primal wounding. He saw the stages as a way by which human beings could become free from their “enslavement” and “achieve an harmonious inner integration, true Self-realization, and right relationships with others” (Assagioli 2000, 18).

As we explain in an earlier work (Firman and Gila 2002), we have therefore elected to add this fundamental infirmity to Assagioli’s stages, including it as an additional stage to his original four, calling it stage zero, or the survival stage. We also renamed and elaborated his original four stages as: (1) exploration of the personality, (2) the emergence of “I,” (3) contact with Self, and (4) response to Self. But before exploring these stages, there are a few important interrelated points to consider:

1. Although the stages of psychosynthesis make sense as a sequential progression, they can and do appear out of order in actual lived experience. A reason for this is that they represent levels of experience that are always present, that is, “being in stage one” means simply this stage is foreground while the others are background. The psychosynthesis therapist needs to be ready for any stage at any time.
2. The stages can be seen across any time frame. That is, they may occur within a couple of minutes, over the course of a single session, or may be discerned in the broader outlines of a person’s life. Holding this broader view of the stages, therapists can more readily recognize and facilitate them in whatever time frame the client is presenting.

3. We apparently are never finished with the stages. Given the mystery and depth of the human journey, it seems that all stages, including the survival stage, occur throughout the human life span regardless of how much growth and self-exploration have occurred (although perhaps at different levels of intensity). Clients and therapists alike seem never to outgrow them, and, as we shall see, it is especially important for therapists to be able to recognize these stages in themselves.

4. Lastly, and most important, the stages are not something “done to” the client by the therapist. The therapist’s job remains as it ever was: to provide spiritual empathy, to love the client. The stages are offered not so therapists can move clients through them, but in hopes that therapists can remain empathic no matter what stage clients are encountering.

So, keeping these points in mind, let us now turn to an exploration of the stages of psychosynthesis that lead toward “harmonious inner integration, true Self-realization, and right relationships with others.” We shall outline the stages from a psychosynthesis therapy point of view and examine the types of issues faced by both client and therapist as they walk these aspects of the path together.

STAGE ZERO, THE SURVIVAL STAGE

It is quite accurate to say, “We have all been impacted by nonempathic environments in our lives, and so have suffered primal wounding.” But this phrase seems mild, given the experience it is attempting to describe. To say it in another, more experiential way: we have all felt ourselves humiliated, discounted, and used as objects to serve the desperate need of others; we have all been abandoned, left to disintegrate in the face of unknown horrors; we have all felt the gut-wrenching plummet toward personal nonexistence. This may now seem overstated—but not to those aspects of us who bore the brunt of this wounding.

And we have all done whatever we needed to do in order to survive such degradation and annihilation—we have developed some amount of survival personality. That is, we have all had the life we were meant to live driven underground; we have all been entranced, brainwashed into forgetting our heights and depths; we have all been forced to live a pretense, burying our true selves.

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The prey of illusions and phantasms, the slaves of unrecognized complexes, tossed hither and thither by external influences, blinded and hypnotized by deceiving appearances.

—ROBERTO ASSAGIOLI
Perhaps at some level we are ashamed of this, like prisoners of war who have succumbed to their brainwashing. But remember how extremely vulnerable we were, how completely dependent. As Tart points out, “The child’s mental state is similar to that of the deeply hypnotized subject” (Tart 1987, 94). In fact, the principles that were used to form survival personality are precisely the same as those used by any cult, whether family, group, or nation. With no empathic holding environment, no authentic unifying centers, our intrinsic spiritual vulnerability and dependence—remember, we as projections of Spirit are profoundly dependent—was co-opted and used to control us. We need not be ashamed.

The survival stage or stage zero then denotes a way of functioning in which, after exposure to primal wounding, we become lost to our true nature. As outlined in chapter 2, we do this along three dimensions: (1) attaching to the survival unifying center, both external and internal, giving us some sense of connection and holding; (2) identifying with survival personality, coming to believe that this is who we truly are; and (3) becoming entranced in the survival trance, cut off from the heights and depths of our experiential range, that is, the formation of the higher and lower unconscious.

Living in this survival mode allows us to find a way of being within the nonempathic environment, eking out some semblance of comfort and security at the cost of being cut off from who we truly are. Given the profoundly nonempathic state of the world, it is not surprising that all of us are to some extent operating in survival; we have breathed this air since birth (see chapter 2).

But let us look in upon a client and therapist working within the survival stage. We will take an unorthodox approach here in which client and therapist will speak in “first person omniscient.” That is, it is highly unlikely that any client or therapist ever spoke like this, because we shall hear from both conscious and unconscious levels of each, taking an omniscient point of view.

**The Client in Survival**

Here I am, asleep, living on automatic, unconsciously acting out my survival patterns. I may abuse alcohol and drugs, attach to unhealthy relationships, compulsively follow my spiritual practice, use sex and romance as a drug, be out of touch with my feelings or body or intellect, and work too hard and too much.

Sure, I had a tough childhood, but I’ve seen worse. All in all, I think I got through it okay, though sure, I do feel empty inside when I think of those years. But hey, that’s over and done with—nothing you can do about the past. Yeah, I suppose someone might say I’ve been neglected and abused as a kid, but I feel like I deserved most of what I got, or at least I came to believe that.
My parents, siblings, peers, school system, religion, and culture did the best they could, so I can't blame them. Sure, even without the blame, there is this emptiness and rage coming from somewhere but it seems disloyal and a cop-out to think they had anything to do with it.

Most of the time I'm fine with how I'm living my life. Yeah, I've got relationship and addiction problems—who doesn't? But ever since breaking up with my partner I just haven't been myself. Not a big deal, you understand, but I just don't feel right somehow. My friend suggested I try some therapy, so here I am.

But I am a little nervous with this talking about myself. I don't know what I will find. I do know I need someone who will not judge me, who will create a safety that will allow me to explore unknown areas of myself. Can you accept both my wanting to know and my not wanting to know?

So by “safety” I mean I need someone who will be with me, completely accepting all of who I am so I can feel safe to let anything at all come to light. In other words, I need someone who sees me, accepts me, loves me. Unconditionally.

My secret—even from myself—is that right at the center of me, so close I don't even know she's there, is hiding a wounded little girl. She has looked into the cold, empty night of annihilation. She has been treated as if she were nonexistent. Around her are gathered all my survival patterns. They are all about protecting her from destruction.

So therapy is actually pretty simple: if she feels that your love and understanding can reach the depths of this mystery, if she feels you can stand with me in it, my guard can be let down a bit, my defenses can relax. But if she feels unsafe, these patterns will remain strong and in control, even if they have to disguise themselves in new forms.

And she's finely tuned to when it's not safe—she knows only too well what it is to be unloved and unseen. Her wounds are a tremendously sensitive radar that allows her to pick up even the most subtle fluctuations of unloving and unseeing. She sees keenly when someone has a scheme for her, when they want something from her, when they see her as an object. And her wounds let her be aware at levels that you and I may not be aware of. So you and I need to be willing to learn about those levels as we stumble into them.

So can I trust you to be with me, helping me discover and travel where I want to go? Or will you act out your frustration with my destructive relationships? Or make me responsible for your pain about how my addiction is affecting my life? Or pontificate and advise me about how to live because you are worried about my choices?

You know this frustration, pain, and worry are all yours, not mine. Can you let go of the world from which such reactions come? Or do I have to start adjusting myself to take care of your feelings and expectations? It seems
to me that adjusting—pretending—has been my whole problem from the beginning. My hope is that it can be different here.

But I know it’s tough to work with me. I am locked into many chronic behaviors that are very painful, so it must be hard to sit with me week after week. I don’t see much change in the patterns yet, but I keep coming back. You seem to be someone I can talk to. No one else seems to be able to put up with my stuff.

**The Therapist in Survival**

I do get irritated and frustrated that my client doesn’t seem to get better. It’s hard to love her when I see her suffering go on and on. At times I feel that if I could just find the right technique, get some more training, or read a few more books, I could stop her suffering. Maybe I’m not a very good therapist.

I have a few temptations here. One is basically imploring her to change: “For the love of God, woman, don’t you see what you are doing? Shape up!” Here I want to teach, cajole, plead, maybe even scold a little. I feel responsible for her pain and need her to change. I’m a not-good-enough parent.

As she continues not to change I face a more embarrassing temptation: My love fades and I want to punish her, like it seems she is punishing me, to get back at her for making me feel like a bad therapist. A critical tone or a raised eyebrow, or even a stony silence might work well here. Or maybe I can just point out that she’s identified with a “victim role,” that she needs to get off it and grow up. Even better, I can slap her with a diagnosis—that will show her this is all her issue and that she’d better deal with it.

When I really feel at the end of my rope, though, I can find myself withdrawing from her. Here I am inwardly saying, “Forget it, you are doing this to yourself so I just don’t care.” That’s me getting angry and abandoning her.

All of these reactions take me back to my own therapist for work on my wounds from childhood. I have to do that in order to remember that all these reactions are from my separate world, not from me being in my client’s world with her. It’s her life, not mine, and my job is to love her and be with her where she wants to go. She has her own will and her own connection to her truth; it is my job to see this, respect this, and follow this.

So I try to let go of my agendas and ask her where she wants to go, what she wants to focus on. Sure, if she doesn’t know, I can help her. We might use any number of techniques to help her discover and clarify her intention. But anything I do comes from her own wishes; it meets her where she is walking on her path.

And yes, I still need to maintain my own professional boundaries in this. Like when I reminded her she needed to pay me for the missed session; or that I was not available for any social or business relationship outside
therapy; or that I couldn’t see her if she showed up intoxicated. But I didn’t do any of this from a nonempathic, punishing, or diagnostic place (these are my problems, not hers). Instead I came from an empathic, respectful place, pointing to the boundaries I need to maintain as a container for myself and my practice.

Working this way is a relief in a way. Sort of like in Al-Anon, where those being affected by another’s addiction learn to “detach with compassion.” My job is to walk with her, not carry her on my back, not figure out where she needs to go. Not be “codependent” or treat her as an object, a diagnosis, or a symptom. Just love her and trust her ability to find her own way, using my skill and training to help. She does have her own connection to Self after all.

Commentary on Survival

Working in the survival stage, the therapist faces many challenges. We here are seeking to walk with someone who does not appear to be “moving” at all. Can we meet the person there? Can we remember that this seeming stasis is about negotiating the terror of primal wounding? Most of all, can we remember that our job is not the client’s “movement,” but to be spiritually empathic, to love? Without this perspective, it will be extremely difficult to enter the client’s world and all too easy to fall into the types of reactions described by the therapist in this example.

It is only through being loved, seen, and understood, that the client can ever feel safe enough to allow the survival patterns to de-integrate and transform. It is only spiritual empathy that can invite the client to connect to an authentic unifying center, disidentify from survival personality, and melt the frozenness of the survival trance. We can cajole and plead, scold and punish, push or pull, be subtle or direct, use this or that technique, but the most that will happen is that either the client will resist or the client will learn to form a new survival personality to please us—either way, the client remains in survival.

As in our example, the major challenge for the therapist working in the survival stage is to stay with the client and not get caught in the reactions coming from the therapist’s world. Such reactions are quite simply the therapist falling into survival mode. The nonempathic reactions of the therapist are the workings of survival in the therapist.

One important reason we as therapists find ourselves in survival and acting out is that we forget the profundity of the primal wounding that pervades our relationship with the client. We think we are sitting in a well-lit office, comfortably equipped with our professional knowledge, addressing the unfortunate personal problems of others. But no, we are sitting with victims of a universal human tragedy. To sit with a client means, at a fundamental level,
to look into the face of extreme human suffering. And explanations will not ease this suffering, insight will not cure it, techniques do not heal it—only altruistic love seems to answer it.

When we forget this profundity of our human encounter with the client, it is quite understandable why we find ourselves acting out; we are not prepared for the intensity of our responses. But obviously, in order to meet and assist a client in the survival stage, we have to be willing to meet ourselves at this level. It again becomes abundantly clear why it is so crucial that psychosynthesis therapists are on their own journey of Self-realization, grappling with the fundamental questions of human existence.

To the extent we can escape the grips of our own survival mode and provide this spiritual empathy to our clients, our spiritual connection to the client can begin to function. Here the client remains free to detach from the survival unifying center and bond to the authentic unifying center of the therapist; this transition allows the exploration of hitherto unknown regions of the personality and so moves toward disidentification from survival personality and disentrancement from the survival trance.

However, survival can be so completely engulfing and insidiously pervasive that it often takes a destabilizing event to awaken the person. These events can be called crises of transformation (Firman and Gila 2002, 50–53), because as painful and disconcerting as these experiences might be, they are ultimately invitations to move toward healing and growth—they may herald an awakening from the thrall of survival and a transformation of the personality toward authenticity. Therefore, it is important that therapists understand these experiences and are ready and able to walk with clients as they move through them.

**CRISES OF TRANSFORMATION**

Crises of transformation occur when there is some amount of disruption among the three dimensions of the survival system: attachment to the survival unifying center, identification with survival personality, and entrancement. Every crisis most likely has some involvement with each dimension, although the unique flavor of a particular dimension may be foreground.

**Detachment from the Survival Unifying Center**

From the point of view of attachment to a survival unifying center, a crisis of transformation would mean an experienced tension or conflict with the dic-
tates of the survival unifying center and a loosening of the bond with it. We begin to realize the self-centered control wielded by the survival unifying center, to feel the oppression of this control, and to react to our lives being dominated by this:

I've gotten to the place of not caring if my parents come to the wedding. I'm going to marry her anyway. Too bad if she isn't of our faith, she loves me and I love her. Sure, I feel bad at the prospect of not having my parents there, even though that's their choice, not mine.

Ever since I was little, people always said I wasn't creative, that I should stick to what I know, but I just had to try to do art. Funny though—the first time I picked up a brush I felt bad and guilty, like I was disappointing someone or breaking some taboo.

I feel ashamed saying these things about my father, telling family secrets. In my culture we are loyal to the family always. No one should know about his drinking or what he did to us when he got drunk. But there is something freeing . . . after all these years . . . the truth.

This loosening of the bond with the survival unifying center can be inspired and supported by an encounter with authentic unifying centers. The person in our first example is obviously detaching from a survival unifying center and connecting to his marriage partner as an authentic unifying center (among others). Similarly, the other two examples show a connection to authentic unifying centers—art and psychotherapy—as contexts in which the individuals feel seen and held, and are willing to break the former bonds in favor of a new blossoming of their being.

In this encounter with authentic unifying centers, we may find ourselves unusually moved by a new person, place, or thing in our life—for example, a friend, therapist, book, endeavor, community, or philosophy—that invites us into being more ourselves. By contrast, we may begin to see that the environment we grew up in did not allow this, and that the conditioning from those early years has severely hampered our lives. At first we may feel we are betraying our early environment, but then may feel loss, grief, or rage as we realize the years we spent under its control, and finally perhaps glimpse a sense of independence and freedom beyond all these.

Disidentification from Survival Personality

The faltering of the survival personality, allowing at least a momentary disidentification from it, may also trigger a crisis of transformation. Here there is some breakdown of our habitual survival identity and a confrontation with aspects of ourselves that were disowned in the formation of this survival personality.
I feel this huge empty hole at my very center, like I've lived my whole life as an empty facade, a movie set. Or it's like I'm a tall skyscraper whose windows reflect the life of the city, but it's got no one living inside. It just feels so sad. I feel worthless.

I've been so, so, so focused on other people, like I don't have a life of my own. And when I don't get credit for this, I feel hurt, angry. But lately I've been asking myself who am I? What's my life about? It's scary, it's weird, but I also feel freedom. Joy that I've never felt before. It's confusing.

Ever since my best friend died in that accident, I've taken a nosedive. My school work is suffering, my life doesn't make sense. I always thought I was this one way and now that's all gone... with nothing to take its place. I don't know who I am anymore. But maybe, just maybe... I can find out.

These are examples of disidentification from survival personality; these people have let go of their habitual mode of functioning and are engaging formerly hidden levels of themselves. As painful and confusing as such an “identity crisis” is, it is the way out of survival and into an exploration of many more aspects of oneself—and eventually toward a new, more authentic personality formation.

Although the examples used here are focused on the shift in identity, we can see glimmers of a disruption in the next dimension of survival, the survival trance. There is in these cases a newfound openness to a broader range of experience, a range including experiences of emptiness, sadness, and fear, and, as well, freedom, joy, and hope. Here lost aspects of the experiential range are being revealed, that is, disentrancement is under way.

Disentrancement from the Survival Trance

A third type of crisis of transformation may present in the main as disentrancement. Here what is foreground is not so much the survival unifying center or survival personality, but the re-owning of the experiential range that was lost to these formations. Here the window of tolerance opens and suddenly the heights or depths that have been rendered unconscious by entrancement reveal themselves, sometimes in powerful ways.

I am consumed by grief. Does this ever end? I never thought I could be so devastated, and over a dog! I feel embarrassed—I didn't grieve my parents' deaths this much. I see just how much I loved Abbey, and she loved me. What a wonderful, loving, gentle being that dog was. I wished I'd known how much I loved her while she was alive.

I've been totally getting just how absent my father has been my whole life. My father wouldn't talk to me about me... my life... how I was doing except: “How was school today?” But then he wouldn't stay around for the
answer. We looked great from the outside, though, so I never thought anything of it. Oh, he was mostly nice to me and mom—superficial again. It's only lately, when it's so hard for me to talk about my feelings with you that I've been feeling lonely and sad. I've felt this way all my life, really. I've been living on the surface all these years.

I was faced with telling the truth. Everyone was so close in this group, like a group marathon. And then she asked me that embarrassing question and I was so scared. It was like if I answered it truthfully I would be seen as a sham. All this time, a sham. I'd been hiding. For some reason I answered honestly, and in that moment my life changed. My body felt like a huge weight had been lifted off me, a weight I'd carried my whole life without knowing it. I felt connected to everyone and the whole universe. I saw there was nothing to be afraid of. Really, nothing, not even death. I felt part of a universal evolution.

All of these are expansions of the experiential range that can constitute breaches in the constricted limits of the survival trance, a disentrancement. In our examples, the individuals were moving beyond their survival reality to encounter both the harder experiences of grief, loneliness, and despair as well as the sunnier ones of love, freedom, and union. These were “new” experiences in a way, but in a way not: they were available all along at the higher and lower levels of each individual’s experiential range but they had been split off and repressed, that is, the higher and lower unconscious.

So higher unconscious “peak experiences” (Maslow 1962; 1971) or “ecstatic experiences” (Laski 1968) and lower unconscious abyss experiences or “desolation experiences” (Laski 1968) can disrupt the trance and lead to a more conscious engagement with one’s broader experiential range. Here there is a re-owning of one’s original range of experience, a range truncated by the survival trance.

Again, we can see the operation of the other two dimensions of survival in these cases—detachment from the survival unifying center and disidentification from survival personality. The dog Abbey, the person’s intimate partner, and the close-knit group are all operating as authentic unifying centers, allowing a blossoming of the person.

Lastly, let us point out that crises of transformation need not be “crises” in a dramatic, cataclysmic sense (although they can be that), but simply in the sense of a decisive or critical moment in which an inner or outer reality beyond survival is revealed. Whether pleasant or disconcerting, ecstatic or terrifying, crises of transformation are the doors out of survival into the subsequent stages of survival.

Thus our “normal” expression in the world is limited at any one time to only a fraction of what it can be.

—ROBERTO ASSAGIOLI
psychosynthesis. It is as if we momentarily take off the colored glasses of survival and catch a direct glimpse of the world more as it truly is. We become Plato’s cave dwellers blinking in the sunlight.

**The Task of the Therapist**

Therapists whose clients face a crisis of transformation are challenged to walk through these different experiences with them, as clients de-bond from the survival unifying center, disidentify from survival personality, and undergo disentrancement. This means therapists must themselves be comfortable with these experiences so that they can embrace their clients’ experiences without breaking the empathic connection.

How do you feel about your client walking through a long, agonizing dark night of the soul? Breaking the secrets and silence of their family of origin? Raging at parents, siblings, religion, or culture, even God? How do you feel about being with clients as their personalities seem to fall apart? Or being with clients who express ecstatic enthusiasm about a life-changing experience, having had a dazzling new vision of a potential new life?

As described in chapter 5, these positive and negative experiences can strongly resonate in therapists, triggering hidden primal wounding. Such transformations of our client’s personality and experiential range challenge us to transform our own, and can place us up against any constrictions in our own personalities. The boundaries of our entranced survival personality may be breached here, exposing our own wounding. If we are not prepared for such a reaction in ourselves, we will undoubtedly act out, doing something to break our empathic communion with the client.

Also, some therapists, seeing this disconcerting distress or exultation in their clients, may immediately rush to eliminate these as “symptoms.” But these “symptoms” may be indicative of the de-integration of the problematic survival system and are in fact the doorways to healing and reintegration. It is only by working through these often difficult and disorienting experiences that the client can move toward a more authentic life. This does not, of course, preclude therapeutic measures that support this working through, including, for example, the proper use of medication if clients wish this.

If we are able to remain spiritually empathic with clients through their crises of transformation, they will be free to begin investigating and integrating the new dimensions of themselves revealed by these openings. They will be looking at new worlds of experience and will need empathic others who can walk with them as they explore and make sense of these worlds. Here they move into the first stage of psychosynthesis, *Exploration.*
We have not found it necessary to look almost pedantically into every little corner of the unconscious.
—Roberto Assagioli

Assagioli called this stage “thorough knowledge of one’s personality” and included both the lower unconscious and higher unconscious in it. But this does not mean that one sets out to make an exhaustive exploration of the heights of transpersonal experience or the depths of all primal wounding. Rather, it is necessary to begin therapy with “the consolidation of the conscious personality, and, moreover, with the establishing of the positive rapport between the therapist and the patient” (Assagioli 2000, 88). That is, what is foreground is not the exploration of the personality, even in this stage, but the person and the relationship with the therapist.

It is from this empathic communion that exploration will naturally arise, following its own timing and direction. Assagioli called this approach fractional analysis by which “the exploration of the unconscious is carried out ‘by installments’” (98). The exploration stage can extend to a vast array of different areas, from uncovering intergenerational history and patterns; to discovering wounding beneath chronic patterns; to realizing gifts of creativity and wisdom long locked away; to encountering subpersonalities; to facing major addictions.¹

Again, let us emphasize that all of this will be naturally emergent within the field of spiritual empathy shared by the therapist and client. This is not the pursuit of a planned program dedicated to making “the unconscious conscious.” This is a staying with the client and the client’s

Chapter Eight

Stage One of Psychosynthesis, Exploration
will, so that the surfacing and integration of various areas of the personality occur according to the client’s path of Self-realization. Allow us once again to adopt a first-person omniscient approach to this stage.

The Client in Exploration

What do I want to do here? I don’t know. What do you do in therapy? What should I want? You say it’s really about me? You really want to know what I want? Really? I want my girlfriend back, that’s what I really, really want, if you must know. It’s embarrassing, actually, but there it is. Hey, I’m just a romantic, a lover, what can I say?

What makes it embarrassing? Because I know she’s no good for me, my friends know she’s no good for me, even you probably think she’s no good for me. I must be a fool. A fool for love, though. So I am a little nervous bringing this to you. Maybe you’ll just roll your eyes and try to talk me out of it, like my friends; they can’t stand to see me suffer either. But it’s my session, my time, my money, right? I hope you don’t think it’s your job to manage my life.

I did seriously ask you straight out if you approved, and I liked your answer. You said you worried about this, given the pain she’s caused me, but you also got how important it was to me and didn’t see how I could not explore something so strong in me. You didn’t even use the word “compulsive” once. That’s good, because I’m in love, and you’d better get that. It’s not your job to debunk my love.

So I felt you were with me in my wish and we got on with it. You asked what it would be like to win her back. That was exciting to me, to be allowed to feel what it was I was truly seeking here. I hadn’t done that. I’d been too focused on getting her back. I told you how wonderful it would be. I could just feel myself in her embrace. I felt at peace, like everything was right with the world.

Yeah, then it reminded me of Jessie, my first love in high school. That was a tremendous time. Changed my life. Before her I was miserable, doing bad in school, getting in trouble. But she showed me something else. Her love made me a new man. I owed Jessie all I had. And then she dumped me.

As I was feeling all that love for Jessie again in the session, I began to feel rotten. I felt our breakup all over again, that fall back into misery. My life being over. Suicidal. I just felt so bad, depressed, lonely. Ugh. I allowed all these feelings. I remember you were with me here, not trying to do anything to me. I felt your presence telling me it was okay to allow all this, that it would be all right to let it do what it would do without feeling I needed to manage it or change it.

Then after awhile I could tell you about it. I’d never told anyone, really, hadn’t even thought about it in years, and it felt so good for it to come out. I guess I hadn’t felt all that at the time, and for sure there was no
one for me to talk to then. And that opened the door to my misery from childhood. The misery Jessie saved me from. Or at least gave me a reprieve. Talking about getting my latest girlfriend back didn't seem like such a big deal at that point. I was more interested in this.

I forget how long it took or what the steps were, but now you know I've worked with a lot of that early abuse. At home, the bullying at school. And funny thing, as I've done that I've been able to feel the love I felt for Jessie inside me. It's my love, after all!

And my girlfriend? We'll see. I'm still interested in her, but I don't feel as desperate. And I'm real aware of when she disrespects me—I know that experience now, now I know my wounded part. She is struggling with herself now, looking at the ways she is mean or critical of me. Seems like knowing and respecting each other's soft places is a part of love too.

The Therapist in Exploration

When he came up with his wish to try to get his girlfriend back, that was a challenge for me. Part of me had been relieved that he'd broken up with her and didn't want to see him back with her. She just seemed so mean to him, even abusive. He seemed addicted to her, almost like an emotionally battered spouse. And him talking about it as love and romance made me wince at times. How can I somehow get him to move in a healthier direction? Maybe I should persuade him... get him to see... make him realize...

Yes, I know, I know. Not my job. That's all my stuff, my world encroaching. Drop it. He's heard it all before, anyway. “Enter his world.” So I became curious about him and where he wanted to go. It's not my job to control him, to manipulate him into a life I consider healthy and happy. If he thinks this is simply wild romance, so be it. He wanted to work on that? Okay, let's do it, let's see where it goes. It means so much to him.

But I was uncomfortable too. Aren't I colluding with his compulsion? Enabling? And this would be exploration into the unknown. I didn't have a clue where it would go, but was somehow willing to find out. It made me a little nervous not having a plan or strategy, only my intention to stay with him, to be his alter ego in his own world of meaning. I had to soothe myself inwardly, remembering my early fear of going to summer camp for the first time, of facing an ominous unknown.

Going with his intention, we followed this toward its ultimate target: the experience he was seeking in getting his girlfriend back. He reveled in that time with Jessie, and I could see the strong romantic love he'd felt then. Powerful stuff. I also appreciated it as a gift that played an important part in his life journey.

Then there was that upwelling of feeling as he remembered the painful breakup with Jessie, the awful pain, grief, rage. Part of me wanted to jump
in at that point—he’s having a deeper experience, hooray! I’m a good therapist after all! Let’s do something with this! Ask him to feel the feelings, be in touch with his body, something! Down girl, down.

Letting go of all that, I returned my interest to him and where he was going. We stayed with the emerging experience as it moved. He seemed comfortable with me in his tears, and was able to come to some moments of peace around this. The therapist part of me felt a little left out, though, like she wasn’t doing much here. Yes, I know: my loving of him was creating the field for all this to happen.

And I was blown away by where he went. I am always surprised at what can come up if I just go with the client, being curious about his world and where he wants to go. My best guesses are often so wrong. Maybe that’s why I still enjoy this work after all these years. Human beings are such a mystery.

After he’d encountered his grief and love in that first session, I remembered to come back to his original intention at the end, wanting to make sure we weren’t wandering off from where he wanted to go (even though a part of me was relieved we’d stopped focusing on the girlfriend). He seemed fine with not figuring out how to get his girlfriend back for now and wanted to stay with what was coming up.

**Commentary on Exploration**

Here we see the therapist doing what she needed to do in order to join the client in his world and honor his own direction for the session. The client did not have to defend his intention or capitulate to some need of the therapist, but was able to go in the direction he intended. *His will was respected.*

In and through the freedom granted by spiritual empathy, by this love for the client, the client was able to pursue his aim and to discover what was there to discover. Again, the exploration stage does not imply any sort of comprehensive examination of the unconscious; it is simply a description of what will happen as spiritual empathy operates—the survival mode begins to lift and the client can begin to look around.

And where this movement leads is unknown. The client here could have simply talked about strategies of getting his girlfriend back. Or reexperienced the good feelings of being with her. Or talked about his shame in wanting her back. Or become angry that she had left him. The therapist does not have some plan or agenda, no recipe she follows. Just love, agape.

In order for the therapist to stay with the client here, she needed to be able to walk into the unknown with him. Remember, spiritual empathy is
largely about not knowing. This is part of recognizing and respecting the client's will; we cannot know what the client is going to choose, and so must be empathically curious about this—relating to the person, not the theory.

Just as in any creative process, the therapist must let go of the known in order to allow the process to unfold. And as with any creative endeavor, this will expose therapists to discomfort and may trigger early experiences of wounding. To again quote from the neurobiological approach, “A therapist loosens his grip on his own world and drifts, eyes open, into whatever relationship the patient has in mind—even a connection so dark that it touches the worst in him” (Lewis, Amini, and Lannon 2001, 178).

How do we feel about not knowing what is happening? Unable to explain ourselves to our supervisor, our client, even ourselves? Not being in control? Being powerless to direct the process? Feeling the anguish of chaos with no end in sight? All these experiences and more will be encountered in any creative process, no less in psychosynthesis therapy.

THREE DIMENSIONS OF EXPLORATION

In the previous example, the therapist’s ability to meet the client just as he is, despite her reservations and resistances, allowed him to trust her to be with him. This allowed her into his world. This is the only thing that can allow one into another’s world. Your world will not fit in the other’s world; you must be able to die to your world and be reborn in your client’s world.

As this happened, there was an alignment of “I” (client) to “I” (therapist) and a realization of their union. The trust born of this realization allowed the client to begin to unveil his wish of winning his girlfriend back even against the embarrassing criticism coming from his friends.

DETACHMENT FROM THE SURVIVAL UNIFYING CENTER

This unveiling of his true intention, or at least the truest one he knew at the time, was a movement from the survival unifying center of his critical friends and inner judge (“you are a fool”) toward a communion with the therapist as an authentic unifying center. The therapist was seeing him, whereas the others were occupied with controlling him, fixing him, objectifying him (though “with good intentions”).

This union of “I” and “I” empowered the exploration, allowing client and therapist alike to move into the unknown. Here they began walking a journey together, the client trusting that he would be able to see what was there to be seen and need not be worried about an ulterior motive driving the therapist. He was not afraid that if they found something, the therapist would use it as ammunition to further her own agenda. Again, this is a function of the therapist’s willingness to let go, to die and be reborn.
Disidentification from Survival Personality

The client here also experienced some amount of disidentification from survival personality. This actually began early in the vignette with his decision to say what he truly wanted to do in the session. He could have bowed to the inner and outer survival unifying centers and pretended he did not want his girlfriend back, seeking to become the person they wanted him to be. This would be to build another layer of survival personality. However, his trust in the therapist allowed him to reveal what he truly wanted to do even though this was embarrassing.

Having permission to follow his own intention, and being joined in this intention, he experienced a continuity of being that allowed still another disidentification to take place. He found his focus shifting away from the compulsive pattern toward what was driving this pattern: a craving for the experience of love and an aversion to the primal wounding.

This is a shift in identification. He is no longer simply a “romantic” or “lover,” not someone simply seeking love, but also someone managing profoundly painful feelings by being compulsive in relationships—and someone who can now seek healing and authenticity. This is a shift from survival personality toward authentic personality, as he is discovering more about who he truly is.

Disentrancement from the Survival Trance

An important aspect of the exploration stage is that this may include all levels of the unconscious (see chapter 1). Assagioli writes of this stage, “We have first to penetrate courageously into the pit of our lower unconscious in order to discover the dark forces that ensnare and menace us,” and then adds:

The regions of the middle and higher unconscious should likewise be explored. In that way we shall discover in ourselves hitherto unknown abilities, our true vocations, our higher potentialities which seek to express themselves, but which we often repel and repress through lack of understanding, through prejudice or fear. (Assagioli 2000, 19)

We can see in our vignette the client and therapist moving at all levels in the oval diagram, again, a movement allowed by spiritual empathy. The session began with the client's conscious experience and intention (evoking “I” with its functions of consciousness and will) as he became clear he wanted to work on getting his girlfriend back. This exploration of the feelings and thoughts around the conscious issue was a movement into the middle unconscious.

The next thing that happened was that they were both surprised by a reliving and re-owning of a capacity for love that the client had forsaken at the time of his breakup with Jessie—an expansion toward the higher unconscious, a lifting of a “repression of the sublime” (Haronian 1974). But this
expansion toward the higher unconscious allowed him to reconnect to the lower unconscious—the upwelling of grief surrounding the memory of the loss of his first love, contacting a level of pain that he was unable to process at the time and so had repressed, that is, an expansion toward the lower unconscious. In other words, the client here experienced an expansion of the middle unconscious, an expansion of his experiential range in a movement toward increasing authenticity. This expansion is a disentrancement from the survival trance.

Client and therapist might work further with both of these levels in subsequent sessions depending upon where the empathic field led them. Through any number of techniques, they could work with the recognition, acceptance, and integration of these recovered heights and depths.

Last Advice to the Therapist in Exploration

A point to emphasize in the exploration stage is that it is easy, especially after an extended time in the survival stage, for the therapist to become somewhat giddy when a breakthrough finally happens, whether this is contact with higher or lower unconscious content. Here it seems that at last the client is “doing something” so we may be tempted to eagerly seize upon the emerging experience, the budding insight, the new potential, the wound to be healed.

But again, this type of reaction is coming from our own separate world and agenda. Having the client “do something” is not our job. To pounce on a breakthrough in this way is an empathic failure, giving the clear message that therapy is about the client having particular types of experiences rather than simply going where the client feels moved to go.

All such reactions and more must be negotiated by the psychosynthesis therapist in order to keep spiritual empathy, empathic love, flowing. And as the frozenness of identification and entrancement slowly melts in the light of this love, clients may—or may not—move from the exploration stage toward the next stage, Emergence of “I.”
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Chapter Nine

Stage Two of Psychosynthesis, Emergence of “I”

But even when these forces within ourselves are temporarily stronger, when the conscious personality is at first overwhelmed by their violence, the vigilant self is never really conquered.
—Roberto Assagioli

This stage Assagioli called “control of the various elements of the personality,” which he saw as occurring through the process of disidentification. We would agree with him, emphasizing that this disidentification and sense of personal power arise as “I”—nurtured and empowered by spiritual empathy—emerges from survival and in exploration begins to operate with more freedom and awareness.

Again, by their love therapists are functioning as authentic unifying centers, in a way forming a conduit between the client and Self. This rejuvenates the “flow of being,” so to speak, from Self to “I,” allowing “I” to awaken and emerge from immersion within the personality. To shift metaphors, “I” is like a dormant ember in a seemingly dead fireplace, and the therapist’s love is like a breath of air that allows the ember to begin to glow in the darkness and eventually come back to life.

Remember too that “I” does not imply any sort of rugged individuality, any sense of self completely separate and perhaps alienated from the wider society. “I” may experience being a free agent within the larger community, or may experience being a manifestation of the larger community. However “I” manifests in a particular culture, there is yet the ability to be aware and volitional from within one’s own physical, emotional, and mental experience.

With this emergence of “I” comes a growing ability to freely exercise the functions of consciousness and will, and so, among other things, an increasing
ability to express creatively via aspects of the personality rather than being unconsciously controlled by them. Within intersubjective psychology it might be said like this:

Innumerable selfobject experiences with the analyst provide a context that supports the development of the patient’s capacity to assume a reflective, understanding, accepting, comforting attitude toward his own affective states and needs. (Stolorow, Brandchaft, and Atwood 1987, 104)

Clients in this stage are more self-reflective and volitional, assuming a more active role in their healing and growth. They may bring to therapy issues they have been working on during the week, using therapy as a resource and adjunct for their own ongoing work on themselves.

The Client in Emergence

I've been catching myself when I begin to obsess about a woman, or have a tantrum, or eat compulsively, or become passive in relationships. It's a very gentle awareness now, though. I don't come down on myself like I used to. In fact, I sort of chuckle, “Oops, there I go again,” like I would with the foibles of someone I like a lot.

I sometimes think of you at these times, by the way, remembering how you are with me, in that accepting way. I think your way of being with me has helped me be this way with myself. It's like you and I together can look at my foibles with care and understanding. I'm very different from the critical person I used to be. I'm also spending more time around people who treat me this way, after so much of my life was spent with people who didn't accept me.

Anyway, so now I know to check inside and look under the pattern, the obsession, or whatever it is—and find that feeling of being alone and helpless. It's that same childhood level we've worked with in here, the place in me where I feel so desperate and abandoned.

And like we've done in here, I can just be accepting of myself. I ask myself what I am needing, and it's usually something pretty simple. Maybe I'm worried about an upcoming deadline at work or feeling nervous about a date. Usually small things, but boy, those are the things that can trigger me. Even just finding out I am worried or whatever, I feel better. In a way, I guess I'm being with that younger part of me who needs someone to be with him.

Sometimes, though, I find I'm getting upset because people are being mean to me. This is tougher. I'm not used to being so aware of how people treat me, so I'm not used to doing anything about it. But when my friend put me down the other day, it really hurt my feelings—that sensitive level of me again. So I had to say something to him. It worked out fine—my friend got it right away. Yeah, I'm surprised I could do that. I'm feeling safer and safer with me.
And I am feeling pretty good about myself these days in general, by the
way. I am just less anxious about things, about life. I feel like no matter what
happens, I will be up to the challenge. Like I am on firm ground or some-
thing, although it's also completely fluid ground too. I am not holding onto
anything stable, but swimming in the flow of my changing experience. So
this doesn’t mean feeling happy all the time, either. In fact, it means things
like feeling small, feeling my grief, feeling my sadness, things that used to be
very scary to me, you know. I don’t feel afraid of those things—or if I am, I
can be with that too—and at the same time I am feeling more joy in my life.
More than in a long, long time.

Part of this has been discovering this passion I have for poetry, of
course. That’s been big. I’d actually lost my love of poetry as I got on with
my career. I thought it was gone for good. But it has come back in spades
and I am actually learning I can write it. It’s been hard, real hard at times,
but so good for me at the same time. I get high on it sometimes. Let me read
you my latest . . .

At this point in the therapy, the field of spiritual empathy has nurtured
the client’s sense of I-amness to such an extent that “I” is beginning to func-
tion as a new executive power within the personality. No longer simply buf-
feted by unconscious patterns, driven by hidden feelings, the client can live
and breathe from a more authentic and fluid sense of personal identity.

The Therapist in Emergence

He has really come a long way. I’m impressed. I’m impressed with me too,
that I didn’t get in his way much. I see that he’s adopted a wonderfully com-
passionate stance toward himself, an attitude that lets him be aware of any-
thing that arises in him, including the awareness of his obsessing—some-
thing that was very shameful and hard to talk about when he began therapy.

I can hear his openness to the heights and depths in him, and can get
excited about his new sense of himself that is clearly emerging, but yes, I let
go of all such theorizing, let it float freely in and out of my awareness while
I stay focused on him. It’s a lot like when I meditate. He’s my mantra, my
breath, the center of my mindfulness, and I can let all my insights and ideas
float by like wispy clouds against a clear sky. In fact, we are both doing the
same thing here as we swim with our experience.

At times there are ideas that come to me from this attention, maybe
a comment, a question, a suggestion for a technique, and I may experi-
ment with these. For example, I smiled when he told me about speaking
to his friend about the negative comments, and asked him how his
younger self felt about that. Again, inasmuch as I remain in his world,
these interventions come from where he is, dovetailing with his own
direction. It’s just natural.
But often during this period I’ve been finding myself just tracking him, hearing where he is going, witnessing his unfolding path. Sometimes this can trigger me too. Am I doing my job? Am I useless here? What is he paying me for?

I also sometimes feel uncomfortable, hearing about his insights and growth from his meditation practice, his body work, and his dream group. Shouldn’t our work have gotten to these? But I know those distractions in me only too well—I always expect my insecurities to be prowling about—and get back to him pretty quickly.

Now he’s reading his poetry to me. Is that okay? Is this a waste of his money? Not my decision! I do understand—I’m someone who sees him and can witness his passion. His parents didn’t seem to be able to do it, with their push for his career... but I’m missing his poem. “I’m sorry, I got distracted. Could you read the last stanza again?”

Here we see the therapist, even after having developed a loving empathic relationship with the client, still having to remain vigilant about distractions that take her away from him and his world. This is an ongoing practice of the psychosynthesis therapist—a meditative, mindful, spiritual practice, in fact. Here therapists are challenged minute-by-minute, day in and day out, to die to their world and be reborn to the world of the other. This is altruistic love.

THREE DIMENSIONS OF EMERGENCE

In our case example, the spiritual empathy of the therapist has allowed the client the freedom to move from survival toward authenticity along all three dimensions: detachment from the survival unifying center, disidentification from survival personality, and disentrancement from the survival trance.

Detachment from the Survival Unifying Center

Clearly this client has been connecting to the therapist as an authentic unifying center: “I sometimes think of you at these times, by the way, remembering how you are with me, in that accepting way” (though this fact is seldom as explicitly recognized as in this “omniscient” example). Within the field of spiritual empathy, the client has found the therapist as a model and has internalized this model. The therapist “represents or constitutes a model or a symbol and is introjected in some measure by the patient” (Assagioli 2000, 5).

By virtue of the therapist’s spiritual empathy, this client was able to gradually realize not only his connection to the therapist but to recognize other authentic unifying centers in his life as well. Thus held in being, he is expe-
riencing an emerging sense of personhood that allows him to take active steps vis-à-vis his inner and outer environments.

Also, as this connection to authentic unifying centers develops, he has been able to detach from his self-critical, demeaning inner voice (internal survival unifying center) and from outer environments that are unsupportive or judgmental (external survival unifying centers). When he now becomes aware of problematical patterns of behavior, his inner and outer environments support him in an empathic attitude toward himself.

Disidentification from Survival Personality

Part of this emergence of “I” has been a shift in identity. The client is no longer the way he used to be, resigned to a role of being passive and ill-treated in relationships, and is experiencing a sense of self beyond that identity—that is, he is disidentifying from survival personality. As he does this, he is able to reach to other parts of himself, most notably here the “younger part” who received much of the primal wounding he experienced within his family of origin. From this new place in himself, he can reach to this wounded layer, hold it in self-empathy, and take steps to form a way of life that supports the ongoing healing of this vulnerable area of himself. This is the burgeoning of authentic personality.

This disidentification from survival personality brings into play another dynamic in the emergence stage: he has become willing to consciously take over the functions of the survival patterns. These automatic patterns were in place for a good reason—to protect him from primal wounding. The emergence of “I” does not mean he suddenly has no need for such protection; it means that instead of minimizing or ignoring wounding as he did to survive, he can now consciously and intentionally engage wounding elements in himself and others. To his “surprise,” as he becomes aware of this wholeness, including his awareness of being treated badly, there may be many choices—such as that with the friend who hurt his feelings—that can be made regarding demeaning people and environments in his life.

So again, here is the “psychology of the external” discussed in chapter 5—therapy need not be about adapting to problematic or abusive environments, but can engender an awareness of wounding so those environments can be transformed, bridging the oft-criticized gap between therapy and social action.

Disentrancement from the Survival Trance

Finally, note that in this emergence of the client’s authenticity there is an increased openness to both the heights of the higher unconscious and the depths of the lower unconscious. This is a disentrancement from the survival trance. He has developed a continuity of being—“Like I am on firm ground or something”—that allows him to embrace a far greater experiential range
than before, from the depths of his aloneness, grief, and "feeling small," to the heights of the acceptance, love, and joy.

Disentrancement means also that the middle unconscious, originally constricted by the splitting and repression of higher and lower unconscious, is now expanding. This expansion opens the person to learning new, more creative patterns of behavior that include far more gifts and talents than possible in the trance. This client’s passion for poetry is a good example. Here he is learning to do something that demands he operate from an expanded sense of reality, not only to inform his poetry itself, but so he can engage the aridity, struggle, and uncertainty of the creative process as well as the excitement of artistic inspiration and production. Therapists do well to witness such strong expressions of healing and integration, the emergence of “I.”

And, of course, as he negotiates all these dimensions of authenticity, there will be times of revisiting the earlier stages of psychosynthesis as well. He may find his old patterns reasserting themselves in certain situations, and once again he is walking in survival, or he may find new material emerging from the unconscious asking for more exploration on his part.

Overall, authenticity is continuing to replace survival as “I” emerges. The person is moving out of the survival mode in which he is controlled by inner and outer events, in which unconscious patterns automatically protect him from past and future wounds. And he is moving toward a mode in which his physicality, emotional responses, and cognitive functioning are increasingly an expression of “I am,” and are not so much devoted to protecting and hiding wounds.

Where could a client possibly go from this point? Is not this personal self-actualization enough? Is it not enough to be conscious and awake, free to live and move with the wholeness of one’s full experiential range and personal gifts? Much psychological theory would answer in the affirmative, but any transpersonal psychology like psychosynthesis remains open to further steps on the path. Again, held in a field of spiritual empathy, a person may well begin to move into stage three, the stage of Contact with Self.
This is the realization of the Self, the experience and awareness of the synthesizing spiritual Center.

—Roberto Assagioli

After we awaken from trance, gain some self-knowledge, and discover a sense of true identity, it seems natural that we would entertain questions of meaning and purpose. What is most important to me in my life? What is my true vocation? What do I feel called to accomplish in the world?

These questions ask for a different type of exploration. We here are searching for our deepest truth, our heartfelt values, and how we feel called to express these in our lives. We are looking for our life compass, our sense of direction. In psychosynthesis terms, this is a search for Self, a movement into more conscious Self-realization. This search takes us into the third stage of psychosynthesis, Contact with Self.

As discussed in chapter 1, Self-realization has to do with realizing our relationship with Self in the ongoing course of our daily living. And given the transcendent-immanent nature of Self, this relationship can be found within any experience, any level of consciousness, any level of development, and any life event. So although we have just spoken of contact in somewhat exalted terms—“deepest truth,” “heartfelt values,” “calling”—this contact can, and often does, appear in much less striking forms. In fact, contact with Self has been present throughout the earlier stages.

For example, becoming aware of compulsive patterns in the survival stage is contacting a deeper truth in one’s life; and the impulse to explore one’s heights and depths in the exploration stage is an invitation to greater...
self-knowledge; and in the emergence stage the call to freedom, responsibility, and self-actualization is heard loud and clear. These are all, in essence, contact with Self.

So, yes, this stage of Contact with Self, our first mention of Self-realization in this stage model, cannot be seen as separate from the other stages. The transcendent-immanent nature of Self, of “I,” and of the I-Self relationship, means that contact with Self will be ever-present, although often highly disguised and implicit, forming the background to other events. Perhaps the contact stage should be called “a more conscious contact with Self,” a time when the relationship with Self moves from background to foreground.

And as discussed in chapter 2, this transcendence-immanence of Self means that contact with Self can be made via a tremendous variety of authentic unifying centers: from human beings real and fictional, to inner symbols and outer environments, to formless intuitions and hunches, to religious and spiritual practices, to the arts and sciences, to animals and the natural world. As clients more fully enter the contact stage, they will be having encounters with these authentic unifying centers and will be working with them in therapy. Here the therapist’s empathic curiosity can help clients recognize the wisdom, guidance, and callings coming through these authentic centers and support their clients in drawing upon them in their lives.

**Clients and Therapists in Contact**

CLIENT: I don’t have anything to work on today. Nothing’s happening. Things just go along.

THERAPIST: How is that for you?

CLIENT: Kinda okay, I guess. But what do I do in therapy?

THERAPIST: Remember that sense of intuition you’ve consulted before? What does that say?

CLIENT: Yeah, good. What I get is that it doesn’t matter, whatever I want is okay.

THERAPIST: Ah.

CLIENT: I was getting a little anxious, I guess, like I should be bringing something.

THERAPIST: You should?

CLIENT: Yeah, There’s a feeling of not wanting to let you down. I’ve always hated letting people down. I could look at that.

THERAPIST: What does your intuition say to that?

CLIENT: It’s nodding, if that makes sense, like that would be fine. Whatever I want is okay.
CLIENT: Ever since I remembered my fourth-grade teacher Mr. Redmond in our session last week, he has been with me in my day. I have felt him with me like when I was a kid. He absolutely supported me.

THERAPIST: What’s that like?

CLIENT: Having him around? It really helps. I’ve been afraid of taking on this big project at work. He goes, “You can do it. Trust yourself.” (Laughs.) Like Obi-Wan with Luke. I wish he was around even more.

THERAPIST: How might you have him around more?

CLIENT: I had a picture of him in my school yearbook, but all of that stuff is long gone.

THERAPIST: What does Mr. Redmond say?

CLIENT: Hah, that’s good. (Chuckling.) Right, what does Mr. Redmond say? He goes, “Draw me.”

THERAPIST: Is that something you’d like to do now? There’s art material . . .

CLIENT: Sure, that’d be cool. I could put it up in my bedroom.

CLIENT: I was at the beach last weekend and had this amazing experience. I was just sitting there, looking at the ocean, and something happened. Something spiritual. I felt connected to the ocean and everything in the universe. “A part of” instead of “separate from.” Amazing peace.

THERAPIST: Wow. (Hushed tone.)

CLIENT: Yeah, it was something. And it’s stayed with me some this week.

THERAPIST: And you’ve been saying you wanted a more spiritual, peaceful life. Would you like to explore this some, say in imagery?

CLIENT: Sure.

THERAPIST: Okay, imagine you are at the ocean now . . .

CLIENT: Yeah, that’s easy. I’m there. I love it. I can even hear the surf. Feels connected, part of.

THERAPIST: Anything you want to say or do?

CLIENT: Just be with this. Geez, I’d love to be this way all the time.

THERAPIST: Anything happen in response to that wish?

CLIENT: I’m just now remembering my wife fretting this morning. She always does that. It gets to me. Pisses me off.

THERAPIST: As you continue to be by the ocean, what do you see about that?

CLIENT: I get the sense that I need to be more like this with her. Accepting. Yeah, her fretting isn’t a big deal, really, I don’t know why it gets to me. Getting irritated makes it worse. That sure would be more peaceful! (laughs.)
CLIENT: A powerful dream last night, about Tara (an embodiment of Divinity for this client). I feel so blessed. I don’t remember much, but I remember that she was so loving and wise, and all I needed to do was be quiet to hear her.

THERAPIST: What was that like?

CLIENT: It was very, I dunno, comforting. I felt her so close.

THERAPIST: Anything you’d like to do with this here? Like being with her?

CLIENT: Yes, but it’s hard. I did try. I sit quietly in meditation, but my mind keeps jumping all over the place worrying about this and that.

THERAPIST: Would you like to see what happens with this now, here?

CLIENT: Sure.

THERAPIST: Okay, try it out.

CLIENT: (Closes her eyes, long silence.) Yep, I can sense her. No image or anything, just a presence. (More silence.) And my mind is worried about how long this is taking, am I wasting my time? It’s saying . . . that’s interesting . . . can I trust this? Maybe I’ll get hurt . . .

THERAPIST: What happens next? (Long silence.)

CLIENT: You know, I’m just letting my thoughts go. Strange. I feel her silence. And thoughts yammering on at another level. Both are there.

THERAPIST: How is that for you?


In these examples, clients are encountering Self via authentic unifying centers—intuition, Mr. Redmond, the beach, a figure of Divinity—that is, forms that allow them to contact a guidance and wisdom beyond their habitual modes of functioning. In psychosynthesis terms, these are situations of contact with the “spiritual Self who already knows his problem, his crisis, his perplexity” (Assagioli 2000, 180). These are moments of conscious Self-realization.

The therapist’s fundamental task here is to recognize the significance of this contact and to witness and support the client’s budding relationship with the authentic unifying center. For example, one therapist remembered the meaningfulness of the client’s use of his intuition and recalled that in the therapy. The therapist hereby facilitates the client’s relationship to his own inner wisdom and his relationship with Self.

This focus on authentic unifying centers means of course remaining attuned to the client’s sense of the significance of unifying centers. That is, therapists should not focus on authentic unifying centers simply because they know they are important contacts with Self and so should be meaningful to
the client. Rather, therapists ever seek to follow the client's own sense of meaning—if someone does not feel it is important, so be it.

But therapists can be alert to these budding relationships as they naturally arise over the course of therapy. They can stay with clients as they make these contacts, nurturing the nascent meaning with their interest and respect. This empathic curiosity gives birth to interventions of the type illustrated in the examples, interventions that arise organically from the client's own sense of interest and meaning. When interventions and techniques come from the death and rebirth of the therapist, rather than from the therapist's agendas and issues, they can be experienced as "what the client would have come up with if she or he had the knowledge and training."

Another task of the therapist in the contact stage is to help clients—if this is their wish—recognize the ways they are being called to realize a deeper connection to Self. As in the Mr. Redmond example, this can be done by referencing the client's authentic unifying center itself: the client asked Mr. Redmond how to have him more in his life. Taking the concrete step of drawing the picture and placing it in his bedroom is a way of allowing this important authentic unifying center to impact his life in a more ongoing way.

The therapist may also be called to facilitate issues that arise as clients seek to contact Self: the man in our earlier case examples may discover that his chronic feelings of anger toward his wife are an obstacle to his wish for spirituality and peace, just as the woman in our examples may realize that her overactive worried mind is an obstacle to her communion with the Tara figure. These can be seen as invitations or callings to engage these obstacles and thereby deepen the connection to the authentic unifying centers and so to Self.

Bless Your Obstacles

Although in these two examples the clients do find ways of managing their issues in the moment, often a more deliberate engagement with such obstacles is in order—involving a return to earlier stages of psychosynthesis.

For example, the man in our earlier example with anger toward his wife might come to the next therapy session in turmoil because he is becoming even angrier. He may feel hopeless about ever attaining peace, confused about the increase in anger, and critical of himself for not managing his reaction to his wife.

As he begins to take a more in-depth look at his anger, he may discover it is a habitual pattern with him, functioning as a compulsion or addiction—stage zero, survival. From this realization he might then move into exploration:

THERAPIST: How do you feel the split second before you get pissed at your wife?
CLIENT: Just before? Hmm, let's see. (Continuing to imagine being in the situation.) Yeah, something. You know, I feel this helpless feeling, like there's nothing I can do to fix her worry. Sinking in my stomach.

THERAPIST: Anything else?

CLIENT: Yeah, I feel kinda worthless. I can't help her. Alone.

THERAPIST: Ever felt that way before in your life?

CLIENT: Yeah, it takes me to when my mother got so sick when I was a kid.

The client realizes here that his anger is triggered because his wife's worry makes him feel helpless, worthless, and alone—primal wounding he experienced in childhood as he faced his mother's serious illness with no support from others. He may then explore that painful time in his life, his love for his mother, his grief in losing her to illness, his feeling bad about himself for not being able to save her. As he brings empathic healing to this level of wounding in himself (emergence stage), he will find not only that he is not triggered as much, but that more peace flows into his life. In other words, his contact with Self is deepening.

Note then that the issue of anger is here revealed not so much as the obstacle to his desire for more spirituality and peace in his life, but as the door-way opening toward these. It was as if he were called to a closer relationship with Self through the issue of anger. What was at first experienced as an obstacle to Self-realization was revealed as a stepping-stone of Self-realization.

Similarly, the woman whose mind kept jumping all over the place may come to the session reporting that she has been consumed by her compulsive thinking and is unable to sit in meditation at all:

CLIENT: My meditation is the pits. My “monkey mind.” Totally sweeps me away.

THERAPIST: What would you like to tell your monkey mind?

CLIENT: Shut up! (Partly laughing.)

THERAPIST: What does it say?

CLIENT: It says, “You need me. If we don’t stay on guard, you’ll get hurt.” Yes, that’s familiar. I would always have to be vigilant with my mother. She might get drunk at any time, come into my room with a belt, break things, you name it.

THERAPIST: Wow. (Softly.)

CLIENT: Yeah, I’d feel awful, like I was nothing, like I didn’t exist.

Here too, the woman moves through a survival stage encounter with a compulsive pattern, into the exploration stage revealing the roots of that pattern in childhood trauma. As therapy continues, she may work with some of
these experiences of primal wounding, connecting empathically with herself at this level, bringing understanding and safety to these areas of her personality (emergence stage). She may also realize that her fear of Tara is strongly conditioned by her fear of her mother.

Again, as the pattern is explored and some healing takes place, the compulsive pattern of mental vigilance has no need to be acted out, and the woman’s ability to sit in that silent communion will be enhanced. Once again, obstacle is revealed as stepping-stone.

**INDUCTION AND THE I-SELF RELATIONSHIP**

These two examples just discussed reveal something fascinating and important about the dynamics of the I-Self relationship. For both people, the movement toward deeper contact with Self energized psychological patterns that posed obstacles to this contact. We have called this phenomenon *induction* (Firman and Gila 2002) because energy is induced in the personality by a closer encounter with Self. This increased flow of energy in the personality then in a sense “heats up” or energizes those areas that are obstacles to the expression of this energy.¹

So what happens is that a movement toward Self inducts—that is, energizes, stimulates, highlights—the very psychological issues that need to be addressed so that this movement might proceed. Thus the man and woman found their patterns of anger and compulsive thinking inducted as they sought deeper contact with Self—the patterns got worse rather than better initially. And in working with these patterns in loving and empathic ways, they were able to continue to move further into contact, more deeply realizing the very things they were seeking.²

In retrospect, it seems that the man’s wound of “helpless, worthless, alone” and the woman’s wound of “I was nothing, like I didn’t exist” were being touched by their movement toward Self—in effect a movement toward a healing: “You are worthwhile, connected, and held in existence.” As these extremely vulnerable places came closer to consciousness, the survival patterns of anger and compulsive vigilance reacted strongly, attempting to do their job—to keep primal wounding out of consciousness.³

Thus any aspect of the personality that is based on repressing primal wounding—that is, any aspect of survival personality—may react when a deeper realization of the I-Self connection presents itself. But as chaotic and painful as induction can be, it is in effect an invitation, a call, to closer contact with Self. It is as if in seeing the direction of our journey we become acutely aware of the next step on that journey.

So the good news about induction is that engaging these issues becomes a direct route to deepening contact with Self, or, better said, to realizing the

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1 Bless your obstacles.

—ROBERTO ASSAGIOLI
abiding union with Self. Put still another way, personal will (of “I”) and transpersonal will (of Self) here align to spotlight issues that are important to their relationship. This is why Assagioli (1973a) would often say, “Bless your obstacles.”

One reason this understanding of call and induction is useful is that it allows us to recognize the implicit spiritual dimension underlying our struggles with problematic psychological patterns. These patterns are not simply “resistances” and “defenses” to be pushed through in the name of Self-realization; they are our Self-realization. These are not obstacles to the path; they are the path. So again, although in the contact stage this underlying relationship of “I” and Self becomes more conscious, this journey has been taking place all along.

Understanding induction also helps dispel the common misunderstanding that Self is inflicting us with the pain of these energized patterns. That is, we are not suffering because there is a “dark side” to Self that wishes us ill, or because Self is seeking to test, educate, or punish us. It is simply that there are survival patterns in us that are becoming energized because we are saying “Yes” to Self’s invitation to increased intimacy. To blame Self for this discomfort is like blaming truth when the search for truth challenges our cherished illusions. Instead, we can know that the love and empathy of Self are with us even in the pain and turmoil of transformation.

And right here is perhaps the most important reason for knowing the dynamics of induction: it allows an understanding of Self that supports our seeking to realize our union with Self, whereas the notion of a destructive, manipulative, or amoral Self just may not.4

DISCERNMENT OF LOWER UNCONSCIOUS STRUCTURES

The therapist working with clients in the contact stage may be invited to help them maintain a relationship with their authentic unifying centers so that ongoing contact with Self is nurtured. This might involve supporting clients in drawing upon important authentic unifying centers as well as facilitating clients in their intention to discern the difference between messages from authentic unifying centers and those from other sources.

For example, Jay, a thirty-year-old carpenter, has over the course of his therapy developed a meaningful relationship with an inner image of a wise, loving man that he calls “Wise One.” Given this, the therapist can actively support this relationship:

JAY: I’ve been thinking a lot about going over my boss, tell the foreman the crap he’s doing.
THERAPIST: What are your thoughts?

JAY: Yeah, well, my boss doesn’t listen to my gripes, so I gotta do it, only I’m scared he’ll be pissed.

THERAPIST: Want to check in with your Wise One on this?

JAY: Sure. (Pause, keeping eyes open.) First thing. He’s smiling at me. I relax.

THERAPIST: See what wants to happen.

JAY: Hmph, I’m thinking that here I am afraid to rock the boat—that same damn issue. The Wise One’s pissed at me. He said, “Loser.”

THERAPIST: Who’s that talking?5

JAY: Uh huh, my critic again, yeah. Back to the Wise One. (Closing his eyes, long silence.) Okay, yeah, it’s like what the hell, if talking to the foreman isn’t cool, take the job and shove it.

THERAPIST: Does the one who was afraid—or the critic—need anything from you?

JAY: Telling them both it’s okay. There’s lots of work out there. But you know, the foreman should hear what’s happening.

THERAPIST: Anything more from the Wise One?

JAY: Just that smile.

In facilitating such relationships with authentic unifying centers, therapists will be called to honor the client’s own connection to Self and to open the therapy to the guidance, wisdom, and healing that flows from that source. It is also a humble, non-self-centered position for the therapist, who here honors a deeper wisdom coming from the client.

This example also shows the therapist actively assisting Jay in negotiating the fear and self-criticism that arose as he attempted to dialogue with his authentic unifying center. Again, here is the active engagement of the therapist in spiritual empathy, in effect leading the client where the client wants to go. Jay’s easy return to his figure of wisdom was made possible by earlier work he had done with a pattern of silence in his family of origin, with his fear of criticism, and with the demeaning inner critic—work in the exploration and emergence stages.

As we have seen in earlier cases, if Jay’s fear and his self-criticism were intense enough to block his connection with his wise figure, he could elect to address these in the moment. This would most probably involve exploring the family-of-origin source of the shaming, critical attitude, and the resultant wounds of low self-esteem. This psychological work would open the space for a clearer contact with the authentic unifying center at a later time. Again, the obstacle becomes a stepping-stone, a call from Self presenting as induction.
The critic in this case example can be seen as a form of survival unifying center that has been conditioned by the lower unconscious; here a sense of worthlessness and shame is juxtaposed to a condemning inner critic, echoing the wounding held in lower unconscious structures. So this critic is not in fact an authentic unifying center, not a clear expression of an empathic and loving Self. This is a case of possibly “accepting as intuitions and higher inspirations certain promptings [voices of the critic and fear] which are, in reality, determined by unconscious forces, wishes and desires” (Assagioli 2000, 24). Such discernment can allow the therapist to help clients return to their authentic unifying center—if clients are seeking this—allowing not only a clearer contact with Self but also a healing engagement with these wounded aspects of the psyche.6

Note very carefully, however: if clients are seeking this! What if the client is unable or unwilling to work with the shaming relationship with the inner critic? What if the client feels this low self-worth is true, the way things are? What if the client feels this critic is God? We do not have any recourse, in spiritual empathy, except to enter the client’s world and handle our own reactions to doing so.

It may, perhaps, help us to realize that the client is technically in the survival stage rather than the contact stage. But even when we have this understanding, the fact remains that the client is having contact with Self even though this contact is shrouded in other psychological dynamics. Perhaps the client is called to be faithful to the critic, to somehow redeem it in this way. Perhaps it is not timely to address these dynamics, with other things needing to happen first in either the inner or outer world. We may never know.

Remember, the I-Self relationship is transcendent-immanent, and so ever-present, even when it recedes into the background. And it is our love for clients and our respect for their path that will allow this relationship to become more foreground—if that is the client’s path.

Again, it is vital that as we describe the stages of psychosynthesis that these not be allowed to form agendas for those with whom we walk. If we as therapists attach to schemes designed to attain goals we desire, however subtly we may carry them out, we lose our ability to be with our clients where they are, available to where they want to go—the only source of healing and growth available.

Discernment of Higher Unconscious Structures

Just as lower unconscious structures can obscure contact with Self, so too can structures that are conditioned by higher unconscious levels. Here is a workshop participant sharing her experience of a group visualization:

I had been feeling the terrible grief and abandonment I’d felt when my grandmother died. I was only six, you see, so even though I loved her madly,
I was prevented from going to the funeral and not even allowed to grieve, really. I felt so awfully alone.

In the exercise I brought these emotions to a wise and loving figure who turned out to be a brilliant being of light, wonderfully radiant. Straight away I felt more at ease, comforted. But then the luminous being said, “Don’t feel badly. You are in essence a soul, so this experience didn’t really affect you at all.” Or something of the sort.

I was furious. How dare that luminous thing say that to me? As if my experience counted for nothing! It was disrespectful—to me and my nana. I was livid, quite beside myself, really. I told the being so.

Then a very curious thing happened. The luminous lady apologized! She said she hadn’t realized how painful it was, that she was dreadfully sorry, and could she please sit with me. So we sat down, and she was with me in my tears. It was all very healing somehow.

In this exercise, the woman encountered an unintegrated higher unconscious structure in the form of a luminous figure who invited her into a pseudo-transcendence, a flight into the higher unconscious and a forsaking of her grief and aloneness (see the discussion of transpersonal identification in the following chapter). The woman’s response of outrage indicates the empathic failure embodied in this “being of light,” revealing that it is not in fact an authentic unifying center. If there is not spiritual empathy, it is not an authentic unifying center.

Such an empathic failure by a luminous figure is understandable because although incorporating the higher experiential range of love and light, it was limited empathically; it was out of touch with the more painful lower unconscious range that was closer to the woman’s immediate experience. But in the exercise the woman began relating to the higher structure, reaching across the empathic break between them.

This engagement with the higher structure allowed it to transform, the increased empathy eventually healing the dissociation between them. Thus the higher unconscious range represented by the luminous figure was reunited with the woman’s ongoing experience in the world—with her operational experiential range or window of tolerance—becoming integrated into her middle unconscious.

But here again, what if the woman had no conflict with the luminous figure? What if the woman emerged from the exercise with the sense that, yes, since she was a soul, her loss and grief meant nothing? That she now knows her grandmother is in a better place, for example, and all she can feel is gratitude and happiness? Can you, therapist, be with her in this, even if you think this is denial and dissociation? Remember, this is your job. You cannot know what her journey is, but you can walk with her on her journey if you love her. If there is healing to be had with you, it will only come through the spiritual empathy you provide.
So clients and therapists involved in the contact stage may learn to discern true contact with authentic unifying centers from contact with nonempathic structures of middle, higher, and lower unconscious. We can see then how helpful the earlier stages of psychosynthesis are in preparation for contact with Self.

Without some freedom from compulsive and addictive patterns (stage zero); without some exploration of the middle, higher, and lower unconscious (stage one); and without some ability to disidentify from different aspects of the personality (stage two); it is easy to be misled by messages that seem to be from Self but are in fact expressions of distorting dynamics within our own inner worlds. Discernment is also an important dynamic in the final stage of psychosynthesis, *Response to Self.*
Chapter Eleven

Stage Four of Psychosynthesis, Response to Self

Let the will of the Self guide and direct my life.
—Roberto Assagioli

As clients continue to be held in spiritual empathy, in altruistic love, deepening their contact with authentic unifying centers, drawing closer to the empathic wisdom and guidance of Self, the next step seems not only logical but inevitable: they begin to respond to Self in their lives. Becoming increasingly aware of their own truth, sensing more strongly their own path, hearing more clearly where they are called, so they begin to express themselves in alignment with their deeper nature and values.¹

Like the contact stage, the response stage too has been happening throughout the prior stages of psychosynthesis. From taking action regarding compulsive patterns, to exploring the levels of the unconscious, to assuming responsibility for themselves, to choosing to contact authentic unifying centers, clients have already been responding to the invitations of Self. It is a shift in our focus that moves response from background to foreground, and thus a more accurate name for this last stage might be “a more conscious response to Self.”

So the response stage is about clients making choices in relationship to what seems most true, most right to them. As always, the task of the therapist is to provide spiritual empathy, which in this stage nurtures the ability of clients to act in relationship to their own truth. As always too, this task can present challenges to therapists, but first let us look at a few examples of this stage of psychosynthesis.

CLIENT: What’s really up for me today is to talk about my sexual abuse. I’ve been avoiding bringing it up. I guess I’m feeling safe enough now.
THERAPIST: Okay.

CLIENT: I still feel nervous, look. (Wiping sweat from his brow, smiling.) But it’s about being true to myself I guess. Even though a part of me says I’m nuts.

THERAPIST: How so?

CLIENT: You know, like why bring it up—it’s not that big a deal. But I know it’s important. Breaking silence is something I have to do.

CLIENT: I finally told my boyfriend I didn’t like him flirting with other women. Blew me away—he got it! He even thanked me! (Big smile, beaming at therapist.)

THERAPIST: Wow.

CLIENT: Yeah, I can’t believe I did it.

THERAPIST: How’d it happen?

CLIENT: We were having dinner and, you know, it felt like the moment. My heart was beating so hard, me thinking like, “He’s going to leave me.” But then, you know, it just came out. I was totally amazed.

THERAPIST: How were you able to do that?

CLIENT: Well, talking about it in here helped, for sure. Seeing my fear of losing him, abandonment, my dad, all of that. And something about that moment . . . something told me this was it. My inner guide.

CLIENT: I’ve been having a weird experience. Ever since I got into recovery—“turning my will and my life over to the care of God”—my life is way too peaceful. No chaos. No drama. I’m not used to it.

THERAPIST: What’s that like?

CLIENT: It’s just weird. I don’t know. It’s quiet, normal I guess. It’s uncomfortable. (Laughs.) But it’s my path, I know.

THERAPIST: How do you know it’s your path?

CLIENT: I’ve got a relationship with a Higher Power today. I talk to Him. We’re on a first-name basis!

THERAPIST: So what does your Higher Power say about this weirdness?

CLIENT: Good question. (Pause.) He says I’ll get used to it. I’m exactly where I’m supposed to be.

In all of these vignettes, clients are clearly responding to a sense of being invited or called by a deeper sense of truth: “what feels really up for me,” “something I have to do,” “something told me this was it,” “it’s my path.” In psychosynthesis terms, these are responses to Self, moments of conscious Self-realization.
Note that these responses take place within the context of physical sensations (sweating, heart beating hard), emotional reactions (feeling nervous, afraid, uncomfortable), and cognitive functioning (“Part of me says I’m nuts,” “He’s going to leave me”). The individuals do not ignore these contents, but move in and through them as they manifest their choices. This is the functioning of “I,” a center of consciousness and will that is distinct-but-not-separate from, transcendent-immanent within, personality content and process.

We also can see the functioning of a sense of rightness, a calling or vocation, operating in a similar manner, distinct-but-not-separate from, transcendent-immanent within, these contents. From “I know it’s important,” to “it felt like the moment,” to “it’s my path,” all were responding to a source of wisdom deeper or higher than their normal conscious functioning. But this deeper source was fully present to their here-and-now experience.

So here is the transcendent-immanent relationship between “I” and Self. It is a relationship that cannot be completely equated with any particular form, and therefore can be manifest in many different forms. The response stage of psychosynthesis is a time when this relationship, and specifically one’s response to that relationship, becomes foreground.

**The I-Self Relationship**

Essentially, the “response” in the response stage is a response of the personal will of “I” to the transpersonal will of Self. Assagioli writes of transpersonal will, “It is its action which is felt by the personal self, or ‘I,’ as a ‘pull’ or ‘call’” (Assagioli 1973b, 113). He goes on to describe the relationship of personal and transpersonal will as a dialogue:

Accounts of religious experiences often speak of a “call” from God, or a “pull” from some Higher Power; this sometimes starts a “dialogue” between the man [or woman] and this “higher Source,” in which each alternately invokes and evokes the other. (Assagioli 1973b, 114)

Assagioli at this point presents “I” and Self as distinct entities who can relate to each other via their respective wills. It is plain that he sees the individual as having freedom, as having a choice about whether or not to align with transpersonal will. This then is in no way a domination of personal will by transpersonal will, of “I” by Self. After all, “I” is the projection or reflection of Self, the creation of Self, so for Self to in any way diminish or overpower personal will would negate this very act of creation.

Rather, as a full reflection of Self, having consciousness and will, “I” has the power to say “Yes,” “No,” or “Maybe,” to Self. “I” also has the prerogative to take the initiative, to “invoke and evoke” Self. We have seen this freedom of personal will in the candid give-and-take interchanges that occur between individuals and their authentic unifying centers.
This freedom of personal expression can be seen in the strong, purposeful actions of the clients in our examples. Here are strong expressions of individuality, people making courageous choices in relationship to what they believe is right and good. Implicit is a sense that they could choose otherwise, that here is free will in operation.

However, this experience of independence and freedom in relationship to call is only one type of experience in the response stage. Here is Assagioli again:

> There are not really two selves, two independent and separate entities. The Self is one; it manifests in different degrees of awareness and self-realization. The reflection appears to be self-existent but has, in reality, no autonomous substantiality. It is, in other words, not a new and different light but a projection of its luminous source. (Assagioli 2000, 17)

From this point of view, there is no “I,” no personal self, no personal will. There is only Self and transpersonal will. As contrary as this may seem to the free interplay of personal and transpersonal will, we can already see this type of experience in the previous vignettes. The man who decided to speak of his sexual abuse, for example, says this was “something I have to do.” In other words, he felt so compelled by his own sense of rightness that it is as if he had no choice but to follow it.

Similarly, the woman speaking her truth to her boyfriend about his flirting with other women said, “But then it just came out. I was surprised.” That is, in a way it was not she acting in this moment but a deeper wisdom acting through her—even despite her fear and uncertainty.

Finally, this seeming lack of personal will is apparent in the recovering alcoholic who turned his “will and life” over to his Higher Power and was swept into a brand new life, one to which he was working to adjust. Here was a surrender of personal will and independent selfhood.

So there is a paradoxical mix of “self” and “no self,” of freedom and destiny, of personal will and transpersonal will, which often appears in the response stage. But whether experiencing oneself as a strong identity actively choosing the path, or feeling swept along by Spirit, this is response to Self. Both experiences may be found at different times, in different people, at different places on their path.

**The Client in Response**

What then might be the nature of therapy in the response stage? Below is part of a session with a forty-two-year-old lawyer named Daniel. He has felt called to quit his high-powered job with a prestigious law firm in order to work for a nonprofit environmental protection group:
DANIEL: I’m feeling really off today. I wonder why. I was fine this morning.

THERAPIST: Anything happen?

DANIEL: Not much. Let’s see, I had lunch with a friend . . . yeah, there you go. I’ve been upset since Don . . . he’s up for partner . . . thinks I’m totally insane for leaving. He was pretty harsh, I guess. Yeah, since then it’s been dark cloud time.

THERAPIST: Want to explore this?

DANIEL: It’s in my face—for sure.


DANIEL: Draw, I guess, yeah, let’s do it. (After twenty minutes drawing with colored crayons, he sits back, looking at what he drew.) Whew. There’s my cloud. Worry, doubt, fear, you name it. Yeah, black and red. (Indicating drawing.) All this meshugaas. That says it. Don sure was supportive. (Ironic chuckle.) But I feel how “on” this new job is for me. I can’t explain it. When they called, I knew it was my next step.

THERAPIST: Next step . . .

DANIEL: Sure, it’s a big unknown. New type of law, big pay cut. No apartment in sight. But it’s a no-brainer . . . like my river flows there.

Here we see Daniel encountering obstacles to his call—worry, doubt, fear—but again, obstacles are part of the call; they are stepping-stones on the journey rather than sidetracks from it. The encounter with obstacles or “resistances” invites clients and therapists—if they are willing—to walk with the prior stages of psychosynthesis. And, as always, therapists are encouraged to walk in spiritual empathy, allowing the client’s own journey to unfold.

Over the course of therapy, Daniel found himself drawn to further examine his upsetting reactions to those opposed to his leaving the firm. In so doing, he realized that the reason this pressure affected him so intensely was that he was still unconsciously attached to the prestige of his current job—a survival stage dynamic. This attachment was continually being energized by others’ negative comments about his choice and by their touting the benefits of the job, thus revealing an inner conflict between Daniel’s attachment and his intended response to call. This took Daniel to earlier stages of psychosynthesis.

RETURNING TO EARLIER STAGES IN CONTACT AND RESPONSE

Examining his attachment to his prestigious job, Daniel discovered the inflated sense of self the job gave him, a sense of idealized success and acceptance in the eyes of his parents and society. Seeing through this inflation, he
then entered a crisis of transformation as feelings of failure and loneliness emerged. Earlier primal wounding was now surfacing, wounding that the inflated identification—survival personality—had been helping him manage.

Entering into the exploration stage, Daniel was surprised to find himself dealing with grief for his brother who had died when Daniel was a teenager. Although he had grieved his brother's death at the time, Daniel now discovered a new depth of emptiness, anger, and helplessness that had not been touched then (lower unconscious). But in allowing this grieving, Daniel had a strong remembrance of his brother and the love of nature they had shared (higher unconscious). From early explorations of the hills around their home to later extended backpacking trips, their bond had involved a shared wonder for the natural world—a wonder that now figured into Daniel's new career path. His experiential range was expanding, his middle unconscious now including some of the heights and depths that had remained beyond his normal range of experience.

Continuing to be held in an empathic field, Daniel consciously decided to take active steps to nurture these newly uncovered dimensions of himself—the emergence of “I” stage. In an effort to facilitate his interrupted grief process, he chose to visit his brother's grave, to speak with family members about that time, and to acknowledge the anniversary of his brother's death. He also increasingly felt his love and wonder regarding the natural world, as well as his passion and commitment to protect and preserve it.

And a return to the contact stage occurred as well, as Daniel remembered with gratitude the family friend who was there for him when his parents were somewhat lost to him, caught up as they were in their own grief around the death of his brother. Daniel contacted that now-deceased friend in imaginary dialogue, opening himself again to the holding and comfort he had experienced from this person. He also sought out current friends and family members who understood his career choice, and he increased his spiritual practice. Authentic unifying centers increasingly supported his Self-realization.

And of course someone else in the response stage might not do any of the above—it all depends on where the individual feels called. Again, it is the spiritual empathy provided by the therapist that allows the therapist to walk with the client in whatever direction emerges.

**Personal and Transpersonal Will at Odds**

In Daniel's case, his response to call was unwavering, abiding throughout the different inductions occurring in his personality. He was, in Assagioli’s words, "eliminating, as much as possible, the obstacles and resistances inherent in [his] personality; by widening the channel of communication with the higher Self... and then letting the creative power of the Spirit act, trusting and obeying it" (Assagioli 2000, 23). In other words, Daniel experienced a strong
alignment of personal and transpersonal will, emphasizing the unity of personal self and transpersonal Self.

There are, however, experiences in which personal will and transpersonal will seem out of alignment, when clients find themselves at odds with their own sense of what is right and good. Such a misalignment can be quite disturbing, as it was for eighteen-year-old Ashley:

ASHLEY: I’m totally bummed.
THERAPIST: What’s up?
ASHLEY: It’s embarrassing. (Long pause.) Okay, I got high last night and . . . I, I slept with Suzie’s boyfriend. Well, ex-boyfriend, really. But I’m still like, weirded out. It’s not like me.
THERAPIST: Want to talk about this?
ASHLEY: I guess. It feels so, so, wrong. I just have to tell her, you know. She’s my best friend.
THERAPIST: Anything stopping you?
ASHLEY: Just . . . I’m scared.
THERAPIST: Scared of?
ASHLEY: Of her getting mad, I guess. But she’d be all, “Oh, I forgive you!” I just have to do it, that’s all.

Here Ashley is experiencing a dissonance with her own sense of what is good, right, and true. This dissonance has two aspects. The first is a dissonance between her sense of personal identity and deeper Self—that is, a sense of shame (“embarrassing,” “it’s not like me”). The second is a dissonance between her will and transpersonal will—that is, a sense of guilt (“It feels so, so wrong”). This is what Maslow called “real guilt,” a guilt that comes from “not being true to yourself, to your own fate in life, to your own intrinsic nature” (Maslow 1962, 114).

Ashley’s shame and guilt are what we have termed authentic shame and authentic guilt in order to distinguish them from survival shame (low self-esteem, worthlessness) and survival guilt (judgment, blame) that derive from dissonance with the survival unifying center (Firman and Gila 1997). It is important to make this distinction because these types of experience are addressed in different ways.

Authentic shame and guilt are resolved as the person realigns personal will with transpersonal will, usually by taking inner or outer action to make amends in some way—as in our example, Ashley telling her friend. On the other hand, survival guilt and shame usually involve an exploration of the childhood wounding underlying the survival structures. And of course, there can be a mixture of the two types to be sorted out as well.
As part of Ashley's response to Self, she might find herself following a number of different directions in therapy depending on what issues are inducted by her decision. For example, she might begin to recognize that she habitually uses alcohol in problematic ways and choose to address this in survival stage work. Or her fear might emerge as a major obstacle, leading her into the exploration of her early relationship with a raging, unpredictable mother. Subsequently she might enter the emergence stage as well by making changes in her life that allow her to include the wounded, sensitive, and more vulnerable aspects of herself. Finally she might return to the contact stage by consulting with internal or external authentic unifying centers—friends, family, religion, support group—regarding her choice to talk to her friend.

Thus the response stage is ultimately about acting from the underlying unity of “I” and Self. Here we seek to act in union with our deeper sense of meaning and purpose in the concrete specifics of our daily lives. But there is another possible issue in the response stage that needs to be addressed.

**The Crystallization of Response**

There are individuals who respond to an authentic sense of call but then have this response create a formation in the personality that becomes problematical. In these cases, the person's commitment to the call devolves into survival personality, and what was once a free response of the whole person becomes an identification limited to only a portion of the personality. This happened to Shana.

Shana, a member of a minority group, grew up with a keen awareness of the discrimination and injustice in society. She reported that in her late twenties she experienced a profound union with God and felt a strong call to work against some of these injustices. She joined a group committed to social justice and over the next ten years became a leader in this work. Here is a key part of her session:

**SHANA:** I hate to admit . . . I'm exhausted. Burned out. I feel bad.
**THERAPIST:** Bad?
**SHANA:** Yes. The work is so important, you know, the world needs it so much. When I think of all the suffering, the oppression . . . how can I not serve?
**THERAPIST:** What do you wish for yourself in this?
**SHANA:** I'm not sure. Well, to have infinite energy, ideally . . . but that's not realistic. So I don't know, maybe some balance. Time for myself?
THERAPIST: How would that be?

SHANA: Part of me would be overjoyed. I’d get back to regular meditation, read those books piling up on my nightstand. But wham—part of me is right here, “That’s selfish, not compassionate. I’ll let people at the Center down. What about The Struggle?” Whew. My server part, I guess. I feel like a bad little girl.

THERAPIST: How do you respond to the server part?

SHANA: If we keep going like this, there won’t be any service. (Sighs.)

THERAPIST: And the server part?

SHANA: Umm... she says, “What about that night, when you were so close to God? How can we turn away from that?” Yes, that was powerful. Changed my life. You know. But burning out, what good is that? That’s not loving kindness, right?

THERAPIST: And the server?

SHANA: She’s getting it. “Maybe you have a point.” (Chuckles.) She says, “Maybe we could even serve better if we took some time!” That’s the server for you. But I do feel some peace just talking about it.

THERAPIST: Anything God wants to say?

SHANA: “Remember, it’s not all your job.”

Initially Shana’s burnout issue presented as an obstacle to her calling to serve. As she explored this, she discovered a psychological structure that had in effect co-opted her call and response. What had begun as an authentic response of her whole being to her deepest sense of truth had over time become organized within a part of herself, the “server part,” which then in effect placed her response to Self at odds with other aspects of her personality. The burnout experience was not caused by her service per se, but by an intense inner conflict resulting from her attempt to live from a small part of who she was—the server subpersonality—and to suppress other important aspects of her personality.

So Shana’s situation began in authentic contact and response, but over time had shifted into a survival pattern underpinned by wounding—her words “I feel like a bad little girl” indicated that childhood wounding was being touched. As she began to disidentify and disentrance from this survival mode, the wounding was able to emerge and she subsequently engaged this in therapy, bringing compassion and healing to that earlier, younger level in herself.

Technically Shana had moved over time from the response stage back to the survival stage, from stage four to stage zero. Her survival personality had subsumed her most profound experience of Spirit and calling, forming what can be called a transpersonal identification (Firman and Gila 2002). A transpersonal...
identification is basically the survival personality integrating higher experiences and using these as it uses everything—to protect the person from early primal wounding. That is its job, a crucial and life-saving job during traumatic times; we can be grateful for this even as we work to free ourselves from the control of these patterns.4

In effect, Shana was called through her experience of burnout to uncover this transpersonal identification that had developed incrementally over time, and so to reestablish a more conscious relationship with Spirit. In her response to this call, she examined her burnout—the apparent obstacle on her path—finding this was a stepping-stone on her unfolding journey.

Shana’s journey illustrates once again that our relationship to Self abides though all the stages of psychosynthesis. The stages of contact and response simply indicate a more conscious and intentional expression of this abiding union with Self. The fundamental transcendent-immanent union of “I” and Self is present and operative through the struggles of survival, the adventure of exploration, and the freedom of emergence.

The Self-Realization Hypothesis

The fact that contact and response can be seen—however dimly—in the other stages of psychosynthesis brings up an important point for the understanding and expression of altruistic love: every human being is in union with Self, and so with each other and the world. At the deepest level this is who we are and what we seek to realize. Everyone. Even our worst enemies.

This view is what might be called the Self-realization hypothesis: Everyone is on the path of Self-realization, however distorted and broken this path may appear. Whether we are infant or elder, saint or sinner, ill or well, believer or unbeliever, our lives are ultimately about realizing and expressing this unitive love that underpins our being.

The Self-realization hypothesis can be found in the work of a number of psychological thinkers. For example, William James (1961) believed that alcoholism was an expression of the spiritual quest, an insight extended by Christina Grof (1993) as a spiritual “thirst for wholeness” that drives addictions. We make a similar analysis in our first two books (Firman and Gila 1997; 2002), considering patterns of addiction, compulsivity, and psychological disturbances as attempts to integrate the higher and lower unconscious.

In the field of psychoanalysis, Christopher Bollas (1987) saw the hope for transformational experience (the quest for the “transformational object”) driving the pursuit of the perfect partner, the compulsivity of the gambler, the repetition of traumatic events, and even the criminal’s search for the perfect crime. And the Jungian James Hillman (1996) affirms the fundamental experience of call (the “soul’s code”) even though it may lead to psychological disorders and even antisocial behavior.
As stated earlier, within humanistic psychology, Rogers’ notion of the actualizing tendency clearly indicates a deep call to actualization that “exists in every individual” even though “deeply buried under layer after layer of encrusted psychological defenses” (Rogers 1961, 350–1). More recently, Arthur Bohart and Robert Rosenbaum claim that a person is always seeking to “orchestrate” or “compose” his or her life and that the therapist needs to recognize and support this positive thrust even as the person struggles with creative “forms” that are painful and destructive:

Appreciating the client in the sense of sensing and relating to the “good form” implicit in their struggle to organize and compose their lives becomes a major therapeutic interaction. Any personal organization can be carried forward in productive, or unproductive ways. We can think of where the client is as a kind of “rough draft” that can be sharpened in positive or negative ways. The therapist relates to the potential good form (i.e., where the client is trying to go in a positive sense) in the client’s model and thereby facilitates the client to help him or herself carry it forward. “Interventions” then become ways of responding from such an appreciation—a way of expressing that appreciation. As such, “interventions” are fundamentally grounded in empathy. (Bohart and Rosenbaum 1995, 10)

Finally, Huston Smith powerfully expresses the Self-realization hypothesis as the search for being:

Even the addict who prowls the streets for his angry “fix” and the assassin who stalks his fated prey are reaching out for being. The alleys that they walk are blind ones; judged in terms of the larger being they preclude or the damage they work on the being of others they stand condemned. But if it were possible to consider the cocaine’s “rush” by itself, apart from its consequences, it would be judged good; the same holds for the satisfaction that sweeps over the assassin as he effects his revenge. (Smith 1976, 77)

Each and every human being is seeking good, even if that search is taking distorted and destructive forms. The Self-realization hypothesis thus supports our loving others and so our working with them in love. No matter what people are doing, we can know they are somehow, in some way, seeking to realize Self. This does not mean we enable addiction, condone criminality, or allow people to use or abuse us; it means that we can love those caught in these behaviors—even while we help them address the behaviors—knowing they are ultimately attempting to realize our mutual union in Spirit.

Also, quite practically, the Self-realization hypothesis can at times lead to our helping clients discover this deeper motivation beneath their painful patterns and destructive behaviors. Over time, the person struggling with addiction may find this is an attempt to manage the anxiety from childhood abuse and to achieve connection and intimacy; the person trapped in a
painful pattern of thought and behavior may find this is underpinned by early emotional abandonment and a search for a sense of safety and holding; even antisocial behavior may be revealed as the person's best effort to find a sense of individuality and belonging to counter an inner helplessness and isolation created by nonempathic environments.

Of course these are not simple, easy realizations for those suffering in these ways, and may involve a long struggle with the painful consequences of their attitudes and behavior. And yes, some apparently never awaken from enthrancement to consciously touch this deeper loving ground of existence in a stable way. Nevertheless, the Self-realization hypothesis holds that altruistic love is the reality underlying all of life, no matter how broken and seemingly hopeless life may seem.

In fact, we believe that anyone called to the path of being a psychotherapist is most likely acting from the Self-realization hypothesis to some extent. How else do we explain people capable of loving the unlovable, hoping for the hopeless, ministering to the incurable, and discerning the spark of human spirit even in the most desperate situations?

We have now come full circle. This book has been written in support of those called to the vocation of psychotherapy as an expression of altruistic, empathic love. We have hoped to show that from many different viewpoints and disciplines this love can be viewed as the healing and nurturing factor operating in psychotherapy. Let us in closing examine where we have come in revealing psychosynthesis as a psychology of love and then address the therapists called to love in this way.
Chapter Twelve

Psychosynthesis as a Psychology of Love

Here we have fraternal, altruistic, and humanitarian love ... they derive fundamentally from a sense of essential identity with one’s brothers in humanity.

—Roberto Assagioli

Through these chapters we have described a psychosynthesis developmental theory, personality theory, and clinical theory all founded in the ways and power of altruistic love. Altruistic love has been seen as the prime mover in optimum human development throughout life, in the formation and blossoming of authentic personality, and in the healing and resilience of human being. When we are loved for ourselves—not simply for our physicality, behavior, emotions, or intellect—we realize who we are and can respond to our callings in life.

Psychosynthesis is thus revealed as providing a psychology and psychotherapy of empathic love. Since the lack of this love causes primal wounding and the thrall of the survival orientation, it is this love that can redress these and allow the resurgence of authentic personality. As therapists die to their separate worlds and realize the fundamental union of empathic love, they can provide a spiritual empathy that allows clients to engage the journey of healing and growth outlined in the stages of psychosynthesis. Psychosynthesis therapy is quintessentially a psychotherapy of love.

The Therapist’s Call to Love

Clearly, psychosynthesis therapy is not a technique or method of therapy, but a way of deeply loving another. Learning to practice this kind of therapy is
essentially about learning to love. Love takes precedence over any hypothesis about the client's presenting issue, any notions about the direction of the therapy, any sort of technique, method, or protocol. All of these must become secondary concerns, because without empathic love all therapeutic endeavors will be ultimately empty.

However, to express altruistic love requires the therapist's ongoing realization of our shared union in Spirit, engaging a reality that extends far beyond the limits of the therapeutic situation. Assagioli here speaks the grandeur of this love:

Altruistic love is not limited to the members of the human family. It can also embrace all living things in the animal and vegetable kingdoms of nature. This inclusiveness is expressed in the Buddhist love for all living creatures, and by Saint Francis in his “Song of the Creatures.” One might say that an increasingly conscious sense of this universal brotherhood [and sisterhood] is behind the growing trend toward the cultivation of harmonious relations with the environment. This is the higher and broader aspect of ecology. (Assagioli 1973b, 117)

This love is obviously not simply a warm, positive attitude conjured up for the therapeutic hour. This is a far-reaching love arising from the realization that who we are, our deepest personal identity, is in profound union with others, with “all living creatures,” and even with the natural world.

Moreover, the breadth and depth of this love mean that the practice of psychotherapy can be only one form of expressing this love in the life of a therapist. This is not a love that can be turned on within the therapeutic setting and then turned off while living life in the wider world. This is a personal stance, a lifestyle, a life journey. In order to love in this way therapists need to be committed to a path of love in their personal lives, a path that will continuously touch and transform them and their world.

Thus, training to be this type of therapist involves more than graduate school, internships, and professional licensing—it involves the ongoing transformation of one’s life. To put it another way, in order to love at this level therapists need to have been called to this in their lives as a whole; their role as therapist is service, an expression of a larger life path of love. Assagioli referenced Kretschmer writing that the “psychotherapist must have a sense of vocation as well as a technique” (Kretschmer 2000, 277–278). We would say this “vocation” is a call to the way of the therapist.

THE WAY OF THE THERAPIST

Those called to the way of the therapist will necessarily find themselves undergoing the types of experience outlined in the stages of psychosynthesis. They will struggle with survival patterns, including addictions large and small; undergo crises of transformation, major and minor; explore their own
depths of wounding and heights of transpersonal awareness; become increas-
ingly proactive in their inner life and outer expression; and nurture an ongo-
ing relationship with the deeper truth of their lives. All the stages will be
ongoing, lifelong facets of the therapist’s journey.

A central dynamic in this engagement with the stages are therapists’
experiences of deaths and rebirths in their lives—transformative transitions,
crises, and non-ordinary experiences that have taken them beyond the
bounds of their survival personality and survival unifying centers. As pointed
out in chapter 4, experience in dying may be one of the greatest gifts ther-
pists can bring to their clients. It is this engagement with the heights and
depths of their full experiential range and accessing their deeper lives in
Spirit that allows them to become authentic unifying centers for others:

Any therapist who would lead others to psychic heights and depths must,
himself [or herself], be able to attain these heights and depths of the psyche.
Contemporary psychotherapists will have to begin by training themselves to
ascend and descend through their own psyche and thereby experience the
manifold components within man and the driving forces behind human life.
(Assagioli 2000, 274)

Ironically, this “training” in ascent and descent—this recovery from the
survival mode—often begins well before therapists realize they are called to
their path. It is simply in grappling with their lives, seeking their truth
through triumphs and failures, loves and losses, that they experience the
breathtaking range of human existence. So this response to call may not be
the product of some sort of intentional project, but rather the slowly ripen-
ing fruit of a life of hard knocks, of lessons lived. Through it all runs the
potential of bringing an expanded presence and seasoned love to those in
need—the way of the therapist revealing itself.

Therapist as Activist

Moreover, this process of death and rebirth involves a disentrancement from
the dominant survival trance of the culture. This disentrancement is impor-
tant because therapists will need to be comfortable with clients who are strug-
gling with experiences beyond the range considered normal by the culture. In
order to empathically love these people, therapists must be comfortable oper-
bating beyond this range themselves.

Consequently, therapists may have discovered for themselves what it is
to have their lives discounted and marginalized, to feel alienated from “nor-
mal” society, and to search for alternative unifying centers that can hold their
“abnormal” experience. In effect, therapists here walk ahead of their
clients—often long before meeting them—scouting out pathways beyond the
consensual survival trance.
This increasing height and depth of experiential range may well be accompanied by an increase in “breadth” as well; the way of the therapist may lead through experiences with different psychological types, psychological disturbances, physical illnesses and handicaps, age groups, sexual orientations, genders, religions, ethnic groups, and cultures. Understanding and appreciating the tremendous range of possible human experience empowers the therapist’s empathic love to be with others through the widest possible “terrain” of the human journey.

It can happen also that this tumultuous path is interpreted—by others and sometimes by therapists themselves—as a misguided or even wasted life that has been finally redeemed by stumbling upon a career as therapist. That is one point of view. We suggest another possibility: that the way of the therapist must, by its very nature, emerge within a context of such “abnormal” lives. As painful and confusing as these lives can be, they may nevertheless be necessary if one is to move beyond a society that normalizes addictions and compulsions, that is unaware or intolerant of the full range of human experience, that is rife with abuse and neglect at all levels, and that habitually objectifies human beings and disrespects the natural world—in short, that fails to love and thus oppresses.1

Understandably, the way of the therapist cannot be the smooth, clearly marked life path offered by such an unconscious, driven society, nor can this path be expected to lead to fame, fortune, and power within such a system. The therapist is in effect an activist of love working in tension with the collective enthrallments of the society, and as such is destined to be more marginalized than lionized.

This de facto countercultural stance can also place therapists in conflict with certain currents within their own profession. For example, there are trends that would lead the field of psychotherapy toward objectification of those seeking its help—the precise opposite of empathic love. Here an emphasis on diagnosis and technique, institutional agenda and social control, and narrowly construed “evidence-based” approaches would overshadow the unique empathic love of the client-therapist relationship, leading ultimately to a “manualization” in which a standard manual would dictate the treatment for every diagnosis. Although this trend has not yet dominated the field and has strong critics (Bohart 2002; Bozarth 2002; Proctor 2005; Sanders 2005), therapists nevertheless face nonempathic clinical theories and procedures throughout their careers and will need to find ways to love in spite of these.

**Therapist Self-Care**

So the way of the therapist is a life path, a spiritual journey. Essential to this path are authentic unifying centers—people, places, and things that can support the therapists as they move through the ongoing transformations that make up their journey.
Given this necessary ongoing engagement with their own transformative path, therapists practicing in this way need their own support systems in their lives, authentic unifying centers that can love and mirror them as they love and work. Spiritual practice, support groups, supervision, therapy, consultation, creative expression, recreation, and retreats are just some of the many ways therapists seek to walk their own journey even as they walk with others.

To assist therapists on their path Assagioli further recommends a didactic psychosynthesis, a course of intensive self-exploration in which practitioners work with issues arising on their journey: “Of course, great help can be given by didactic psychosynthesis; it is therefore advisable, and I strongly recommend such a didactic training—as is done in psychoanalysis” (Assagioli 2000, 7).

It is important to understand that therapists’ conscious engagement with their journey does not imply they are becoming perfect altruistic lovers in order to then serve others. It is more about learning to tread their own path continuously, knowing this is a lifelong process and that there will always be new issues emerging as they proceed.

Let us be clear too that everyone is caught in nonempathic, unloving attitudes and behaviors at one time or another—this is unavoidable. So there is no need to “walk on eggshells” here, terrified of being nonempathic and unloving, but instead to remain mindful so to address lapses in love when they arise. As Assagioli assures us, “A mixture of selfish and altruistic motives is frequent” (Assagioli 1973b. 144).

If therapists expect to be objectifying, nonempathic, and unloving toward their clients at times, they will be more apt to recognize and handle these moments when they occur. What is far more problematic is to believe that one is so widely experienced, so well trained, so morally developed, or so spiritually enlightened that failures to love are impossible. As we have seen, even today’s authentic personality can become tomorrow’s survival personality. Forgetting this, therapists may become oblivious to their lapses in love and then be surprised when clients react negatively to these, even perhaps interpreting clients’ reactions as resistance to the therapy.

With this, dear reader, we need to close. If we can leave you with anything after reading our book, let it be this: Trust that your expression of empathic love is what your clients most need. May you find those who can help you remember the deep union in Self from which this love flows. We hope too that this book has in some part helped you on your path.
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INTRODUCTION

1. Recently, a psychology of love has been strongly called for by writers within the new field of positive psychology (Hendrick and Hendrick 2005), an approach that focuses on the positive aspects of human beings:

What is more important than love for a happy human life? Our answer is “nothing is more important,” and in this response we advocate love as being a centerpiece of positive psychology. (472)

The study of love needs to become a priority for researchers and funding agencies in the near future. One need only look around to understand that love already is a priority for much of humanity. (480)

2. And this from psychiatrist and well-known author Irvin D. Yalom:

Today, a half century later, [Carl] Rogers’ therapeutic approach seems so right, so self-evident, and so buttressed by decades of psychotherapy research that it is difficult to appreciate the intensity of these battles or even to comprehend what they were all about. Experienced therapists today agree that the crucial aspect of therapy, as Rogers grasped early in his career, is the therapeutic relationship. Of course, it is imperative that the therapist relate genuinely to the patient—the more the therapist becomes a real person and avoids self-protective or professional masks or roles, the more the patient will reciprocate and change in a constructive direction. Of course, the therapist should accept the patient nonjudgmentally and unconditionally. And, of course, the therapist must enter empathically into the private world of the client. (Yalom 1980, ix–x)

(See also Bohart and Greenberg 1997; Lewis, Amini, and Lannon 2001; Moursund and Kenny 2002.)

3. See the different forms of love outlined in, for example, Assagioli 1973b; Hendrick and Hendrick 2005; Lewis 1960; May 1969.

Notes
CHAPTER ONE.
PSYCHOSYNTHESIS PERSONALITY THEORY

1. Assagioli introduces his model as a way of bringing “coordination and synthesis” to the findings from a number of disparate psychological and spiritual approaches, in a way attempting to discern the nature of the human being as revealed by the “lenses” of these different schools. His integral model of the personality thus attempts to take into account nine viewpoints, with the caveat: “This enumeration is merely indicative; the list of the investigators is very incomplete and apologies are made to those not mentioned” (Assagioli 2000, 14). Here is an edited version of Assagioli’s list:
1. Psychosomatic Medicine.
2. The Psychology of Religion, which investigates the various manifestations of religious consciousness and of mystical states (James, Underhill).
3. The Investigation of the Superconscious (and its manifestations such as intuition and illumination), of genius and of creative activity; and of highly gifted children (Bucke, Ouspensky, Hall, Maslow).
4. “Psychical Research” or Parapsychology (Meyers, James, Rhine).
5. Eastern Psychology (especially Indian), both ancient and modern.
6. “Creative Understanding,” which emphasizes the creative power of spiritual understanding and of inner significance (Keyserling).
7. The Holistic Approach and the Psychology of the Personality (Smuts, Allport, Angyal, Goldstein, Maslow, Murphy, Perls, and Progoff).
8. Inter-individual and Social Psychology and Psychiatry and the Anthropological Study of Man (Sullivan, Lewin, Sorokin, Baruk, Hauser, and Mead).
9. “Active Techniques” for the Treatment and Development of the Personality.

Having presented this “indicative” and “incomplete” list, Assagioli continues:

If we assemble ascertained facts, positive and well-authenticated contributions and well-founded interpretations, ignoring the exaggerations and theoretical superstructures of the various schools, we arrive at a pluridimensional conception of the human personality which, though far from perfect or final, is, we think, more inclusive and nearer to reality than previous formulations. (Assagioli 2000, 14)

2. Assagioli also illustrates this process with the example of learning to drive an automobile:

When he was learning to drive, these operations demanded much conscious attention and effort on his part, but as he became more proficient at them, he performed the mechanics of driving with less and less conscious intervention. This subconscious control is usually described as an automatic process. But this is misleading if the term “automatic” is taken to mean something fixed and rigid; on the contrary, in this case we have intelligent action continuously being modified in accordance with information received by sight, hearing, and kinesthetic data. And fully conscious action can be resumed at any moment, at will, if needed. (Assagioli 1973b, 190)

3. Speaking neurobiologically, the loss of aspects of ourselves in trauma can be couched in terms of dissociated neural networks:
When we are overwhelmed by traumatic experiences, our brains lose the ability to maintain neural integration across the various networks dedicated to behavior, emotion, sensation, and conscious awareness. When memories are stored in sensory and emotional networks but are dissociated from those that organize cognition, knowledge, and perspective, we become vulnerable to intrusions of past experience that are triggered by environmental and internal cues. (Cozolino 2006, 32)

It might also be said that what we shall call survival personality and survival unifying center in the next chapter form a strong neural circuit, an “attractor” or “attractor state” (Lewis, Amini, and Lannon 2001; Siegel 1999), which narrows the “window of tolerance.” Here experiences that lie outside the window will cause destabilization in the system leading to experiences of “flooding” in which a person’s normal functioning is attenuated.

4. This list is taken from the sheet ”Transpersonal Qualities” (Anonymous 1970). Maslow (Maslow 1962; 1971) called such qualities “being values” and “being cognitions,” and they can been seen in Richard Bucke’s (1967) “cosmic consciousness”; in those moments William James (1961) studied as “varieties of religious experience”; in what Marghanita Laski (1968) explored as “ecstasy”; and in the “peak experiences” researched by Maslow.

5. Although never discussed by Assagioli, we view the formation of the higher and lower unconscious as a form of splitting of positive and negative “object relations.” These object relations might be conceptualized as (a) a positive personality (idealized inflated sense of self, “idealized ego”) that is in relationship with a positive unifying center (idealized spiritual source, “idealized object”) forming the higher unconscious; and (b) a negative personality (wounded victim, underdog, “bad ego”) that is in relationship with a negative unifying center (shaming critic, inner perpetrator, “bad object”) forming the lower unconscious. As pointed out by Chris Meriam (1994), these structures may be seen to condition in turn the formation of various types of subpersonalities in the middle unconscious as well. See our detailed discussion of splitting in The Primal Wound (Firman and Gila 1997).

6. We elect most often to use the term “I” rather than “personal self,” reserving the word “self” for higher or transpersonal Self. This is helpful in clarifying the distinction between “I” and Self as well as avoiding the confusing proliferation of “selves” that can occur in personality theories, for example, “observing self,” “emotional self,” “physical self,” ad infinitum.

7. Here we are using Assagioli’s exercise of “Self-Identification” rather than his “Exercise in Dis-identification.” The reason for this is that the latter exercise is not based on objective inner observation but on making intellectual statements or affirmations about the nature of what is observed—“I have a body but I am not my body. I have my feelings but I am not my feelings. I have thoughts but I am not my thoughts.” Such affirmations go beyond pure introspection, impose a belief system on the experience, and are prone to introducing an element of dissociation from experience (Firman 1991; O’Regan 1984).

8. This level of disidentification can be seen in Roger Walsh’s account of an experience during meditation:
The first experience occurred during a moment or two of special clarity in which I was observing—in what I thought to be a non-identified manner—the rising of thoughts. However, I suddenly noticed that I was in fact identifying with, and hence unaware of, certain thoughts, mainly “I” thoughts, e.g., “I’m not identified with any of these thoughts.” Having seen this process, I was able to observe without identification at least some of these “I” thoughts, although obviously I cannot say what percentage of them, since identification with them renders them impossible to observe. Immediately there followed a powerful awareness accompanied by intense emotion that “I” did not exist, and all that existed were “I” thoughts following rapidly one after another. Almost simultaneously the thought, “My God, there’s no one there!” arose, and my consciousness reverted back to its accustomed state. (Walsh 1978, 7)

Here the transcendent aspect of “I” initially allowed a disidentification from “I thoughts.” Immediately following this disidentification, the immanent aspect of “I” allowed an engagement with a new experience—the awareness “I do not exist.” The transcendent-immanent nature of “I” allowed a movement from an experience of existing as “I thoughts” to the experience of not existing at all. In psychosynthesis terms, “I” is the one who had both of these experiences.

Psychiatrist and transpersonal thinker Arthur Deikman might consider Walsh’s experience a realization of the distinction between the “observing self” and the “objective self” (the “I thoughts”). Deikman makes the same point about the persistence of the observing self even in such an experience of noself: “Once again, the voice in the night declares that there is no voice in the night. ‘He knows ‘I am’ to be a misconception.’ Who knows that?” (Deikman 1982, 141).

This type of noself experience may also be said to give an experience of “nonduality”—a transcendence of the subject-object duality—in contrast to a “dual” sense of self as separate from the objects of experience. Like Deikman, Judith Blackstone, a writer on nondual experience, points to the persistence of “personal subjectivity” in such experiences—quite akin to what we are calling “I”:

We can feel that we are as much the tree or the lamp or the person facing us as we are our own self, but at the same time, we are always our own self, our own personal subjectivity. For example, we cannot perceive the room from the perspective of the other person, or get up and leave the room as the other person. As nondual consciousness we do not experience ourselves as separate from our experience, we are suffused in the stimuli of the present moment, and yet we are still experiencing and knowing. We experience ourselves as transparent, dissolved in empty space, and yet it is our own subjectivity that experiences this. (Blackstone 2006, 31)

As these writers indicate, it seems clear that if one were truly nonexistent in moments of noself or nonduality there would be no one present to engage the experience, no one there to experience anything at all. Assagioli elected to use the term “I” to refer to the “who” who can have such experiences.

9. Assagioli made his point abundantly clear:

This Self is above, and unaffected by, the flow of the mind-stream or by bodily conditions; and the personal conscious self should be considered merely
as its reflection, its “projection” in the field of the personality. (Assagioli 2000, 17)

The reflection [“I”] appears to be self-existent but has, in reality, no autonomous substantiality. It is, in other words, not a new and different light but a projection of its luminous source. (Assagioli 2000, 17)

... the personal conscious self or “I,” which should be considered merely as the reflection of the spiritual Self, its projection, in the field of the personality. (Assagioli 2000, 34)

These cases conform to the conception of the self as a projection of a higher Self. (Assagioli 2000, 68)

10. Some in the field elect to preserve the earlier rendering of Self, although even they agree that the abiding presence of Self throughout all levels must nevertheless be made quite clear (Djukic 1997; Marabini and Marabini 1996).

11. Early psychosynthesis thinker James Vargiu recognized that Self eludes objectification and conceptualization: “But the transcendent nature of the Self [and of ‘I’] places it beyond the power of understanding of the concrete mind, and consequently beyond the possibility of describing it with words. The only recourse is to describe what the Self is not” (Vargiu 1973, 7).

12. Assagioli writes of Self-realization, “This is the realization of the Self, the experience and awareness of the synthesizing spiritual Center” (Assagioli 2000, 34). And he is quite clear that this Self-realization is different from experiences of the higher unconscious: “Spiritual awakening and spiritual realization are something different from conscious awareness of the Self. They include various kinds of awareness of superconscious contents” (Assagioli 2000, 34). However, he does tend to conceptually confuse Self-realization with the integration of higher unconscious contents:

There are two main ways of arriving at spiritual psychosynthesis: One could be called the abrupt, dramatic way, as seen in cases of religious conversion and in the forms of sudden illumination or awakening—and the latter is the technique used in an extreme way by Zen-Buddhism. But in many cases, and perhaps at present in the majority of cases, there is instead a gradual development from the integrated personality towards the inclusion of superconscious elements, a gradual approach of the personal self-consciousness towards the spiritual Self, from self-identity in the personal sense to spiritual realization. (Assagioli 2000, 166–167, emphasis added)

Although otherwise quite clear that Self-realization can occur without higher unconscious content (Assagioli 2000, 183), this passage mixes Self-realization with “the inclusion of superconscious elements.” This confusion is one of the problems with placing Self at the top of the oval-shaped diagram, giving the impression that the path toward Self leads “vertically” through the higher unconscious.

CHAPTER TWO.
A PSYCHOSYNTHESIS DEVELOPMENTAL THEORY

1. Daniel Stern, inspired by his study of infant research, describes precisely such a “layered model” of development:
In contrast to the conventional stage model(s) whereby each successive phase of development not only replaces the preceding one but also essentially dismantles it, reorganizing the entire perspective, the layered model posited here assumes a progressive accumulation of senses of the self, socioaffective competencies, and ways-of-being-with-others. No emerging domain disappears; each remains active and interacts dynamically with all the others. In fact, each domain facilitates the emergence of the ones that follow. In this way, all senses of self, all socioaffective competencies, and all ways-of-being-with-others remain with us throughout the life span, whereas according to the stage model, earlier developmental organization can be accessed only by means of a process-like regression. (Stern 1985, xii, emphasis added)

2. In the language of neuroscience,

Secure attachments and sense of a safe world create the context for the development of the true self... [that] reflects neural integration and access across modes of information processing, and an awareness of the difference between reflexive and reflective forms of language. The true self embodies an open and ongoing dialogue among the heart, the mind, and the body. (Cozolino 2002, 198)

3. For more about the types and functions of unifying centers, see Firman and Gila (1997; 2000).

4. For more on empathy inducing empathy, see Godfrey T. Barrett-Lennard (1997).

5. This is a common view of many religious and philosophical systems, but can be seen too in Kohut’s concept of “cosmic narcissism” that “transcends the bounds of the individual” by “participation in a supraindividual and timeless existence” leading to a “quiet, superior stance which enables him to contemplate his own end philosophically” (Kohut 1985, 119–120).

6. This internal unifying center would be called an “internalized object” or “object representation” in object relations theory, or, in Winnicott’s terms, it is the formation of an “internal environment” conditioned by the external empathic holding environment (Winnicott 1987, 34). This same process is described by Kohut as “transmuting internalization”—“the acquisition of permanent psychological structures which continue, endopsychically, the functions which the idealizing self-object had previously fulfilled” (Kohut 1971, 45).

Such internalization of relationship involves the type of phenomenon called “schemata” (Piaget 1976; Piaget and Inhelder 1967); “internal working models of self and attachment figures” (Bowlby 1973; 1988); and “representations of interactions that have been generalized” (Stern 1985). In neuroscience, the notion of internal unifying centers can be understood as neural circuits within the brain that are “sculpted” by connections with attachment figures: “Because mammals need relatedness for their neurophysiology to coalesce correctly, most of what makes a socially functional human comes from connection—the shaping physiologic force of love” (Lewis, Amini, and Lannon 2001, 218).
7. We should note that Assagioli, while maintaining that the potency of the external unifying center “should not be underrated,” considered that the functioning of such a center “does not represent the most direct way or the highest achievement” (Assagioli 2000, 22). This statement is understandable because he did not develop his concept of unifying center to include internal unifying centers (nor of course our other subsequent expansions of his unifying center notion, such as authentic unifying center and survival unifying center). Without including an understanding of this internalization process, one would be in effect “stuck” with the external unifying center as the sole source of empathic mirroring—not an optimum situation, as Assagioli points out.

8. Note that this annihilation is not the noself, selflessness, or ego-transcendence referred to by many spiritual traditions, but an actual assault on our spiritual nature, our essential I-amness. In fact, it takes an empathically nurtured sense of “I” to experience the surrender and no-thingness found in spiritual practice. Primal wounding is an assault on our ability to live, move, and have our being, creating experiences of unbearable anxiety, guilt, shame, isolation, fragmentation, and abandonment.

9. Many thinkers have recognized what we are calling primal wounding and the experiences of nonbeing associated with it. As we have seen, primal wounding is akin to what Winnicott (1987) calls the “annihilation of personal being” or simply “annihilation.” Similarly, Kohut (1977) speaks of “unnamable dread” and “disintegration anxiety” arising from the “danger of the dissolution of the self.” In a like way, the psychoanalyst Michael Balint (1968) describes what he calls “the basic fault” characterized by feelings of “emptiness, being lost, deadness, futility,” which are caused by a “lack of ‘fit’ between the child and the people who represent his environment.”

We can also recognize primal wounding in the thought of Erich Neumann. Neumann talks about a break in the child’s “primal relationship” with the mother/Self that then causes the anxious experience of “hunger, pain, emptiness, cold, helplessness, utter loneliness, loss of all security and shelteredness . . . a headlong fall into the forsakenness and fear of the bottomless void” (Neumann 1973, 75).

Following the likes of philosophers Søren Kierkegaard and Martin Heidegger, existential psychology has from the beginning maintained a focus on nonbeing and its accompanying existential anxiety. For example, Rollo May (1977) describes anxiety as “the realization that one may cease to exist as a self,” and, following theologian Paul Tillich, called this the “threat of nonbeing.”

Another existential psychotherapist, Ludwig Binswanger, states that anxiety is caused by a broken continuity between self and world, leading to “the delivery of the existence to nothingness—the intolerable, dreadful, ‘naked horror’”—a vivid description of nonbeing arising from a break in relationship (Binswanger 1958, 205). Existentialist concepts such as anxiety, nothingness, anguish, angst, and dread, all point to a perception of the nonbeing underlying human life caused by the break between the individual and his world (May, Angel, and Ellenberger 1958).

Within humanistic psychology, Abraham Maslow (1962) points to broken relationship as the cause of an anxiety that cripples human growth. He sees this wound in terms of the “primal, terrifying danger” created by the parents not meeting the child’s fundamental needs for safety and belongingness. Without this basic secure connection, the child’s “inner Being” or “Self” will be lost, yielding to a “pseudo-self” and “pseudo-growth.”
Lastly, within the field of transpersonal psychology, see Michael Washburn's “wound that exposes the ego to a terrifying ‘black hole’ at the seat of the soul” (Washburn 1994, 26); Tom Yeomans’ notion of the soul wound (Yeomans 1999); Mark Epstein’s “gnawing sense of emptiness” caused by parental neglect (Epstein 1995); and John Welwood’s “core wound” caused by “the disconnection from our own being” (Welwood 2000). See also our further discussion of the primal wound (Firman and Gila 1997).

10. In neuroscience terms it might be put like this:

Both the internal neural architecture of the social brain and co-constructed narratives come to reflect the needs of the parent; the growth of the child's self is put on temporary or permanent hold. Constant vigilance to the environment thwarts the organization of a coherent subjective perspective and ongoing sense of self. (Cozolino 2002, 199)

11. Our three dimensions of survival follow Arthur Deikman (1982) and Charles Tart (1987) in incorporating the work of Ronald Shor (1965) to describe their notions of “the trance of ordinary life” and “consensus trance: the sleep of everyday life,” respectively.

Shor, working in the field of hypnosis, outlines the factors that create a strongly hypnotized subject, delineating “three dimensions of hypnotic depth.” The first of these is “hypnotic role-taking involvement” corresponding to our identification with survival personality. In this process, hypnotic subjects cooperate with the hypnotist by beginning to act the role of someone hypnotized, which then becomes unconscious.

The second dimension of hypnotic depth Shor terms simply “trance,” our notion of entrancement in the survival trance. By trance he means a loss of the hypnotic subject’s sense of a larger reality (the “generalized reality orientation”) such that the subject’s immediate reality becomes narrowed to the immediate hypnotic situation.

Shor’s third dimension is “archaic involvement,” which is akin to our concept of attachment to a survival unifying center, in which there is a transference onto the hypnotist of the dependent, open, trusting relationship one had with parents as an infant.

Shor’s summation of these three dimensions of hypnotic depth is an apt and chilling description of the human condition, Assagioli’s “fundamental infirmity of man” described later in this chapter, and the essence of the survival orientation:

When depth is profound along all three dimensions, a situation exists with the following characteristics: (a) the role-enactments have permeated down to nonconscious levels; (b) the hypnotic happenings become phenomenologically the only possible “reality” for the moment; (c) intense, archaic object relations are formed onto the person of the hypnotist; (d) in general, all classic hypnotic phenomena can be produced. (Shor 1965, 314)

It seems quite significant that Shor’s three dimensions of hypnotic depth were employed by both Deikman and Tart independently to explicate their analysis of the larger cultural trance, and that these dimensions are so applicable to psychosynthesis thought as well.

12. Teacher, counselor, and social activist Raúl Quiñones Rosado, in his important study of oppression and liberation, writes:
However, given the pervasiveness of the culture of oppression within the social environment, it is not surprising that socialization results in **negative self-image, limiting self-concept, low self-esteem, and lack of self-love** for subordinated group members. Conversely, for dominant group members the process results in a positive, albeit, distorted self-image, exaggerated self-concept, inflated self-esteem, and narcissism, particularly when considered relative to subordinated counterparts. From an integral perspective, one must say dominant group members are also negatively impacted. (Quiñones Rosado 2007, 84, emphasis in original)

13. Here is economist E. F. Schumacher:

Most of our life is spent in some kind of thraldom; we are captivated by this or that, drift along in our captivity, and carry out programs which have been lodged in our machine, we do not know how, when, or by whom. (Schumacher 1977, 68)

Psychiatrist Arthur Deikman:

Most persons who stop to observe their thoughts, concerns, and desires become aware that they pass most of their time in a sleep of fantasy—a trance—even if, at the same time, they are consciously pursuing practical goals. (Deikman 1982, 126)

Psychologist Charles Tart:

About one-third of our lives is spent at the level of nocturnal sleeping and dreaming, the remaining two-thirds in consensus trance. (Tart 1987, 213)

See also our treatment of the survival trance in our two earlier works (Firman and Gila 1997; 2002).

**CHAPTER THREE.**

**SPIRITUAL EMPATHY**

1. And again, neuroscience might describe this principle in terms of the "physiologic force of love," the relational shaping of neural networks: “When a limbic connection has established a neural pattern, it takes a limbic connection to revise it” (Lewis, Amini, and Lannon 2001, 177).

2. See Bohart and Greenberg (1997) for a superb exposition of empathy within a variety of different schools.

3. A neurobiological basis for empathy is currently supported by discoveries such as "limbic resonance," "mirror neurons," "adaptive oscillators," "mindsight," and "right-hemisphere-to-right-hemisphere communication." Limbic resonance is "a symphony of mutual exchange and internal adaptation whereby two mammals become attuned to each other's inner states" (Lewis, Amini, and Lannon 2001, 63). Mirror neurons are neurons that fire in resonance to the behavior of the other, allowing one to sense the experience of the other without actually performing the behavior (Winerman 2005). Adaptive oscillators are neurological mechanisms that may support resonance and synchronization between people, allowing participation “in an aspect of
the other's experience” and “partially living from the other's center” (Stern 2004, 80–81). Mindsight is a term for the “ability to detect that another person has a mind with a focus of attention, an intention, and an emotional state” mediated by the “right orbitofrontal cortex” (Siegel 1999, 200–201). Finally, Allan Schore (2003) believes communication between the right brains of individuals is key in recognizing the internal state of another, empathic resonance, attachment, and the development of the self system.

4. Jerold D. Bozarth has asserted a much closer relationship among Rogers’ three conditions, a perspective quite like what we are suggesting in our term “spiritual empathy.” He writes, “Empathy in client-centered theory is a concept that is integrally integrated with the conditions of congruency and unconditional positive regard,” and, “The empathic and unconditional acceptance is, in essence, the same experience” (Bozarth 1997, 98).

5. The deep connection between empathy and altruism has been studied as the “empathy-altruism hypothesis” (Batson et al. 2005).

6. All the cases and examples presented throughout this book are highly disguised: the client’s name is not the true name; the gender of client and therapist may or may not be correct; there are elements of cases that have been borrowed from other cases (again in disguised forms); the cases themselves are not necessarily those of the authors; and quoted dialogues may be paraphrases of the originals. In other words, any resemblance with a specific individual will be completely coincidental.

7. Yes, there are resistances that are not caused by therapists. But these resistances are simply some part of the client—a fear, an anger, a need, a subpersonality—that needs to emerge as part of the client’s ongoing unfolding.

For example, Cindy can be seen as resisting letting go of her stress. But this resistance is not something to push past or break through; it is simply a part of her who does not wish to lose the stress as a motivator and so be abandoned by her father and be seen as a “failure.” Rather than pushing past such a resistance it is important to explore this, to empathically connect to the fearful part of her. This type of resistance is not then seen as an obstacle to the process but instead as the next step in the process.

In our work, we seldom use the term “resistance” for this type of dynamic because the term not only has a pejorative connotation but it obscures what is actually happening—there is an unconscious aspect of the person emerging that is the next step on the journey.

8. Practitioners of various spiritual disciplines are sometimes prone to treating survival patterns—“cravings and aversions”—as mere mistakes in consciousness rather than deeply rooted personality structures protecting and managing early wounding. This can lead to treating themselves and others with a nonempathic, authoritarian attitude in hopes that these “illusions” may simply be broken through or dispelled. Here is practitioner and teacher Judith Blackstone voicing this concern:

The lack of refined psychological understanding sometimes results in a lack of compassion toward these states, as can be seen in the attitude of some psychotherapy clients who are also practitioners of Asian religion. They have been taught that since cravings and aversions are not ultimately
“true,” they must simply be eradicated or ignored. But, as most psychotherapists know, compassion and acceptance are required for revealing the memories of childhood vulnerability and pain that are embedded in transference behaviors. (Blackstone 2007, 65)

Here the spiritual aspirant is placed in the same resist-or-submit dilemma faced by anyone confronting a survival unifying center demanding a break in one's continuity of being.

9. In one empathy study, participants reported increased “personal agency,” a “redefined sense of self,” and a “renewed sense of being-in-the-world,” the researcher concluding: “When people feel that they are being understood for ‘who they are,’ they have potential to respond by being who they really are, getting to know more of who they really are, and coming to accept and love who they really are” (Myers 2003, 101).

CHAPTER FOUR.
THE DEATH AND REBIRTH OF THE THERAPIST

1. Psychoanalyst Alfred Margulies (1989) recognizes this same death and rebirth of the therapist in empathy, tracing this process not only in psychoanalysis (Freud) and existential psychology (Ellenberger, May) but in phenomenology (Husserl, Merleau-Ponty) and the creative process (Keats, Shakespeare). He writes:

   The analyst requires of himself or herself the subjugation of usual modes of human interaction, an abstinence imposed by the demands of the method.

   This negation of self by the therapist involves a kind of self-aggression: to submerge oneself, to submit to not-knowing, and to put oneself aside. (14)

and

Elsewhere Havens and I (1981) have written of two broad steps toward the goal of sharing the world of the other. The first step is a proscription: “the setting aside of expectations or presuppositions, the avoidance of concluding about the patient” (423). The second step is empathy, the “imaginative projection of one’s own consciousness into another being” (Webster's New Collegiate Dictionary, 5th Ed.). (15–16)

2. This notion that what human beings truly fear is annihilation or nonbeing, and that the much-touted “fear of death” is actually a projection of this fear onto physical death, has been voiced within the field of transpersonal psychology (Loy 1992). However, the “annihilation” referred to by these writers seems to be simply an insight into the transcendence-immanence of “I”—the realization that “I” am not an object of consciousness, that “I” am a “no-thing” that cannot be grasped.

We would say rather that the fear of annihilation is a direct product of primal wounding, and that this fear may then be projected onto physical death or the no-thing-ness of “I” (or onto something else entirely as in phobias and paranoid delusions). The terror of annihilation is not some mental mistake; it is a product of oppressive forces in the environment that profoundly shape the psyche and soma—this is not some illusion to be easily dispelled, but can only be healed by a journey of empathic love guided by Self, a journey whose timing cannot be rushed by human design.
3. Bohart and Tallman put it this way:

A shared context of understanding allows the therapist to sensitively time the suggestion of a technique and the client to perceive how to use it and how it might be relevant to what the client is focusing on. In essence, the therapist is handing the client the right tool at the right time as the client engages in his or her active search. (Bohart and Tallman 1997, 406)

4. The importance of therapists “learning to not know” in this way has also been described within the mindfulness approach to psychotherapy (Germer, Siegel, and Fulton 2005, 70–72).

5. Maureen O’Hara (1997) puts forth a strong argument that psychology can move beyond a focus on an “egocentric” understanding of empathy—a focus on the individuals involved—to a study of “sociocentric” or “relational” empathy that recognizes the fundamental unity within which individuals live, move, and have their being. She quotes British biologist J. B. S. Haldane: “If the cooperation of some thousands of millions of cells in our brain can produce our consciousness, the idea becomes vastly more plausible that the cooperation of humanity, or some part of it, may determine what Compte calls a ‘Great Being’” (316). Bryan Wittine describes much the same dynamic:

Insofar as we view our clients egoically, we tend to see them as separate individuals different from ourselves. Insofar as we awaken to transpersonal identity, however, we also experience our essential unity with all human beings and living things. In the eyes of a therapist on a path of self-realization, therefore, the person seated opposite the therapist is not just a constellation of personal characteristics; he or she also becomes an individualized expression of the Self we share. (Wittine 1993, 168–169)

CHAPTER FIVE.
EMPATHIC RESONANCE

1. As Bohart and Greenberg put it, empathic exploration “can lead to sensitive interpretations that help clients access unconscious experience” and “includes a resonant grasping of the ‘edges’ or implicit aspects of a client’s experience to help create new meaning” (Bohart and Greenberg 1997, 5). Even more to the point, in speaking of Rogers’ empathic client-centered approach, these authors say Rogers was strengthening two client skills: “(a) the skill of empathically listening to the self and allowing in previously disowned aspects of experience and (b) the ability to reflect on the self (analogous to the observing ego in psychoanalytic theory)” (433).

2. Our concept of empathic resonance is quite like the concept of empathic resonance offered by Bohart and Rosenbaum (1995):

Empathy in this model is resonance. While others have spoken of empathy as resonance, they have typically equated resonance with “having the same feelings as the client.” Yet this is a more narrow meaning of “resonance” than the word implies. One can resonate with another person’s experience without having the same feelings.

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Resonance is therefore a broader concept than has heretofore been proposed for empathy. Resonance is based metaphorically on the idea of two strings resonating with one another. In general we shall use artistic metaphors to convey what we mean. As a matter of resonance, empathy involves “tuning oneself to the same wave length,” as the client, to “vibrating together.” It is neither the process of “imagining oneself into the other”; cognitively trying to perceive the world as they perceive them; nor trying to feel their feelings, or intuit their feelings. Both of these are content-focused. They rely on a model of empathy as a “jumping the gap” between two monadic, isolated individuals, whose worlds are fundamentally unknown to one another, a perspective that is being challenged by many, including client-centered theorists (Barrett-Lennard 1993; Bohart 1993; O’Hara 1984). (20)

3. From a neuroscience point of view, empathic resonance has been described as a resonance of “states of mind” mediated by the right hemisphere of client and therapist:

A therapist and patient enter into a resonance of states of mind, which allows for the creation of a co-regulating dyadic system. This system is able to emerge in increasingly complex dyadic states by means of the attunement between the two individuals. The patient’s subtle nonverbal expressions of her state of mind are perceived by the therapist and responded to with a shift in the therapist’s own state, not just with words. In this way, there is a direct resonance between the primary emotional, psychobiological state of the patient and that of the therapist. These nonverbal expressions are mediated by the right hemisphere of one person and then perceived by the right hemisphere of the other. In this way, the essential nonverbal aspect of psychotherapy, and perhaps all emotional relationships, can be conceived as right-hemisphere-to-right-hemisphere resonance between two individuals. (Siegel 1999, 298)

4. We have borrowed the concept of confluence from gestalt therapy:

A sensing and the object sensed, an intention and its realization, one person and another, are confluent when there is no appreciation of a boundary between them, when there is no discrimination of the points of difference or otherness that distinguish them. (Perls, Hefferline, and Goodman 1951, 118)

5. The emergence of primal wounding is quite common in other intimate relationships as well. Many new lovers, for example, after a period of wonderfully intimate closeness, find themselves unpleasantly shocked and surprised by changes in the relationship: “I used to adore him, but now his jokes just make me want to strangle him,” or “For some reason, I feel overwhelmed and angry when we have sex now,” or even “I must have made a horrible mistake in choosing to be with him—little things about him just drive me crazy.” What is wrong here? What happened to the warmth, the intimacy, the romance of the relationship? Nothing is wrong: this is an integral part of the warmth, the intimacy, the romance! (What is wrong is a society that does not prepare us for this.)
6. The type of therapeutic interaction described here brings to mind these sage words of Heinz Kohut:

If there is one lesson that I have learned during my life as an analyst, it is the lesson that what my patients tell me is likely to be true—that many times when I believed that I was right and my patients were wrong, it turned out, though often only after a prolonged search, that my rightness was superficial whereas their rightness was profound. (Kohut 1984, 93–94)

7. Some might consider this a case of “projective identification” (Klein) in which the client’s feelings of abandonment and overwhelm were projected onto the therapist and so the therapist experienced these feelings herself. But this too would miss the fact that the therapist’s own wounds were being energized. It is true that the intensity of the therapist’s feelings was a function of the empathic resonance with the client—the high energy of the client’s wound produced a high energy resonance in the therapist’s wound, creating an intensity beyond that of the therapist’s wound alone. However, in order for there to be a resonance at all, there has to be a resonator—the therapist’s wounds. For a strong critique of the very notion of projective identification, see Stolorow et al. (1987).

8. There are also times when therapy itself constitutes an empathic failure, causing a negative reaction in the client toward the therapeutic situation. For example, one man had difficulty remaining in the room during his first therapy session, leaving and returning several times. As he began to trust the therapist a bit, he revealed that he felt his coming into therapy was a failure, an admission that he was sick, a loss of his sense of well-being.

In psychoanalytic terms such a reaction is simply the ego’s resistance to relinquishing the illusion of self-sufficient control, a “narcissistic injury” (Kohut 1978). In psychosynthesis terms, yes, it is true that entering therapy often means a faltering of the survival personality and the emergence of primal wounding—a strong cause for an aversion to therapy—but the roots of this aversion may well run deeper than this.

These deeper roots can be found in the notions of illness and treatment implied by the term “therapy.” These notions constitute an empathic failure because they do not immediately mirror the health in clients’ lives. Clients have been living and perhaps even flourishing in spite of all that has happened to them, and this health can seem lost when they become “a patient in treatment for a mental illness.” A negative reaction to therapy such as that described here may thus be caused by an empathic failure embedded in the very concept of therapy itself.

Furthermore, if the client’s condition reveals itself as the product of early wounding, there is an inherent injustice in the therapeutic situation, sometimes voiced by clients: “It’s not fair that I have to be doing this work when it was other people who did these things to me.” This is a quite valid point, and to immediately try to push past this with “But now it is yours to deal with, so get on with it” may be our avoidance of the enormity of this injustice—at bottom, a running from the dark mystery of brokenness and evil in the world.

Remember, spiritual empathy will see the person—“I”—who is present within both gifts and wounding, joy and suffering, agony and ecstasy. We need to be able to be empathic along the entire experiential range, from the heights to the depths, open to both the higher and lower unconscious. A focus on either wounds or gifts can be
experienced as empathic failure if clients feel reduced to one or the other or feel that one or the other is not given its proper due.

9. Gina O’Connell Higgins here speaks to the psychology of the external as she talks about the many forms of psychological diagnoses: “Since so many forms of distress originate in assault, we need to refocus on what is disruptive to people rather than obsessively categorizing those who are disrupted” (Higgins 1994, 13, emphases in original).

The client’s awareness of the larger world emerging in therapy has been called the “world channel” by Amy Mindell:

The world channel emerges when we are attracted to the natural environment and animals, the world or world issues, the weather, other countries and politics, wars, political leaders, or anything larger than an individual or relationship. Sentences, such as “the world is strange” or “so much is happening in the world it makes me cry,” indicate the presence of the world channel. (Mindell 1996, 75)

Mindell further points out that taking such responses seriously within the therapy can lead to clients discerning and responding to a felt call to act in the world based on their awareness.

10. It may be, of course, that a therapist intervenes in these nonempathic ways based on being trained in a psychological approach that does not recognize the transpersonal qualities in these experiences as healthy aspects of the person to be integrated. Following these approaches, one might interpret such experiences as regressive and a threat to mental health. In this case, one might be led to commit empathic failure without necessarily being driven by personal wounding. This brings up, however, the larger issue of psychological theory as a unifying center—one’s theory may actually embody empathic failure if, for example, it misunderstands or pathologizes important dimensions of human experience.

CHAPTER SIX
LOVE, POWER, AND ETHICS

1. This notion of therapists using their power in service of the client is quite like what Glenn Larner refers to as “deconstructing therapy” in which “therapists can be powerful, but sacrifice themselves for the sake of the other,” thus allowing “the power of the other to emerge” (Larner 1999, 41). He writes:

Deconstructing psychotherapy is involved in the process of ethical engagement in “I-thou” relations. . . . Therapeutic power is balanced by the ethical stance towards the other, putting the other first before self, recognizing others as subjects in their own right. (47)

2. Gillian Proctor offers a more refined analysis of therapeutic power, pointing out that the power imbalance in the therapeutic relationship has three aspects: (1) “the power inherent in the roles of therapist and client,” (2) “the power arising from the structural positions in society of the therapist and client,” and (3) “the power arising from the personal histories of the therapist and client and their experiences of power and powerlessness” (Proctor 2002, 7–8).
3. This is not to say that once therapy has terminated, and a particular therapist and client meet after several years, that a different relationship cannot develop (check the law and ethics governing your professional license); it simply means that all such expectations are not to be indulged over the course of therapy. Even so, such a post-therapy relationship will ever be influenced by the earlier therapeutic relationship:

The reality of therapy is that neither you nor your former client will ever outgrow your therapist-client roles, and those roles will inevitably color and distort any other kind of friendship you may attempt to build.

But wait a minute! You really like this client. Does all this mean you have to give up the possibility of ever having him for a friend? We believe, regretfully, that it does. And this brings us full circle to the genuine sadness of termination: for the therapist too, it is an ending. (Moursund and Kenny 2002, 116)

4. Clinical psychologist Gillian Proctor has produced some of the most comprehensive and insightful writing in the area of the use of power in therapy. She analyzes this moral dilemma as a clash between “the competing ethical principles of autonomy and beneficence,” and points out that autonomy needs to take precedence over beneficence, as in Rogers’ person-centered approach:

Rogers challenged the power inherent in the role of the therapist in many revolutionary ways. Rogers’ person-centred theory is based on the principle of respect for each individual and their autonomy. It is a radical theory of therapy and is heretical to psychiatric understanding of mental illness. The theory of psychological distress is based on internalized oppression, and the effect of person-centred therapy is to reduce the power that others have had over clients and thus increase their own sense of personal power, or ‘power-from-within.’ (Proctor 2002, 84)

The fundamental ethical principle behind PCT [person-centered therapy] . . . is the autonomy of the client, as opposed to the moral principle of beneficence (doing what’s judged to be best for the client) employed by many other models of therapy. Grant (2004:157) argues that the practice of PCT is consistent with the ethics of ‘respect for the right of others to determine their own ways in life’. (Proctor 2005, 283)

5. But note well too: therapists who seek to fight oppression by indoctrinating clients into an identity that resists social injustice are also indulging in oppression. Here clients are still objectified and not allowed to be themselves, only now they are led to develop a social activist survival personality. The person is still an object, though now a socially active one. The only thing that allows a client to find her or his own way is spiritual empathy. Only empathic love can nurture the seed of authenticity, only empathic love is liberating.

CHAPTER EIGHT.
STAGE ONE OF PSYCHOSYNTHESIS, EXPLORATION

1. As clients transition from stage zero toward stage one, they may begin to wonder about a particular compulsivity or addiction operating in their lives. Here it is
quite appropriate to ask if the client wishes to explore that compulsion or addiction. If so, the therapist might provide information about the issue, recommend books about it, suggest exploring self-help groups, or even mention rehabilitation programs.

But be careful: such suggestions should not be an acting out of our own need to fix or save the client—our own "codependence." In that case, all such well-intentioned efforts will simply constitute objectification of the client, that is, empathic failure. Rather, interventions like these need to arise naturally from some voiced concern by the client, some burgeoning desire from the client's own world, so that the suggestions meet the person on the person's own path, for example, "You say that every time you get in a fight with your girlfriend, alcohol is involved. Are you wondering about your alcohol use?"

CHAPTER TEN.
STAGE THREE OF PSYCHOSYNTHESIS,
CONTACT WITH SELF

1. Our use of the term induction was inspired by Aldous Huxley who posited a neurobiological underpinning for the phenomenon:

What is called "induction" is not confined to the lower levels of the brain and nervous system. It also takes place in the cortex, and is the physical basis of that ambivalence of sentiment which is so striking a feature of man's psychological life. Every positive begets its corresponding negative. The sight of something red is followed by a green afterimage. The opposing muscle groups involved in any action automatically bring one another into play. And on a higher level we find such things as a hatred that accompanies love, a derision begotten by respect and awe. In a word, the inductive process is ubiquitously active. (Huxley 1952, 187)

Closer to our use of the term is that found in the physics of electromagnetic induction in which the movement of a magnet in a coil creates an electrical current flowing in a wire.

The question arose as to whether electricity could be produced from magnetism. When this question was answered, the world was never again the same. That discovery transformed Western civilization. Both Joseph Henry of America and Michael Faraday of Scotland independently in 1831 discovered that when a magnet was plunged into a coil of wire, a voltage was induced. Electric current could be made to flow in a wire by simply moving a magnet in or out of a coil of wire. This phenomenon is called electromagnetic induction. (Hewitt 1977, 364–365)

In our model of induction, the movement of Self induces energy to flow in the personality.

2. In terms of attachment theory, Bowlby would say that what are "defensively excluded" in the false self formation "are the signals, arising from both inside and outside the person, that would activate their attachment behaviour and that would enable them both to love and to experience being loved" (Bowlby 1988, 35). It is pre-
cisely this potential for being loved and loving that the survival structures are defend-
ing against because this is where the wounding is. In short, to allow love into our lives
is to become aware of the painful lack of love in our lives—and perhaps in the world.

3. Patterns like these that are reactive to contact with Self can be seen as those
that cause a “repression of the sublime” (Haronian 1974); or incite “desacralizing,”
that is, the distrust of “the possibility of values and virtues” (Maslow 1971); or form
“transpersonal defenses” (Ferrucci 1982; Wilber 1980). However, these patterns are
not defending against Self per se, but against the primal wounding being revealed by
contact with Self. See also the discussion in our first book (Firman and Gila 1997).

4. A twelve-year-old C. G. Jung seems to have made this mistake of believing
there is a dark or evil side to God, which was later to influence his notion that Self
has a sinister side as well. The young Jung, after fighting long against having a “for-
bidden thought” decided this thought, even if evil, was being willed by God, so he
must allow himself to have the thought:

I gathered all my courage, as though I were about to leap forthwith into hell-
fire, and let the thought come. I saw before me the cathedral, the blue sky.
God sits on His golden throne, high above the world—and from under the
throne an enormous turd falls upon the sparkling new roof, shatters it, and
breaks the walls of the cathedral asunder. (Jung 1963, 39)

Although experiencing a tremendous relief at not repressing this thought any
longer, Jung thought this a “shaming experience” and “something bad, evil and sinis-
ter” (41). Seemingly there must be an evil side to a God who would will such a
thought.

However, if we understand the phenomenon of induction, there is no evil side to
God at play here at all. Jung's imagery is in fact a wonderful example of induction: the
hypocrisy and superficiality of the religious structures with which Jung was struggling
(the cathedral) were being dispelled by a relationship to God. It was not God “doing
evil” but rather the truth of God dispelling the illusions and superficiality of the pop-
ular religion of the day.

Again, we may, if we wish, blame truth for dispelling our illusions, but this is very
different from assuming truth has an evil side. Unfortunately, this type of mistaken
interpretation of God influenced some of Jung's later thinking about Self. Further-
more, many holy scriptures that seem to portray the Divine as punishing or destruc-
tive may be better understood in the light of induction—these scriptures may simply
be attempting to describe the pain we can experience as our illusions are challenged
and dispelled by an approach to deeper Truth.

Even those great emblems of a supposedly punishing Deity, the “underworld” and
“hell,” can be understood in the light of induction—the great mystic Meister Eckhart
put it succinctly: “But I say truly that what burns in hell is nothing!” (Eckhart 1981,
183). This “nothing” is the illusion of separation from God, and this illusion, like
Jung’s “cathedral,” will indeed be incinerated by the truth of our union with the
Divine. But again, this is not “God's punishment” but a simple description of what
happens to illusion in the face of truth.

5. This intervention might be seen as a psychosynthesis approach to what is
called in cognitive-behavioral therapy “thought blocking” (Rimm and Masters 1979)
in which troublesome thoughts are interrupted to make space for the thinking process desired by the client. But this is only done as there is prior work and understanding with this client about subpersonalities and disidentification.

6. The worthlessness and shame derive from the negative personality that receives the criticism and condemnation from the negative unifying center. These are the split-off “negative object relations” that form the architecture of the lower unconscious. (See note 12, chapter 3.)

This is not to say, by the way, that an authentic unifying center cannot give straightforward candid guidance in a stern and authoritative tone. The key is that an authentic unifying center will always have empathy, giving the recipient the sense of being seen, understood, and loved—even while receiving input that may be hard to hear.

CHAPTER ELEVEN.
STAGE FOUR OF PSYCHOSYNTHESIS, RESPONSE TO SELF

1. Assagioli (Assagioli 2000) called stage four “Psychosynthesis: the Formation or Reconstruction of the Personality Around the New Center.” Reading him here could suggest that this stage is then focused on simply the integration of the personality. However, keep in mind that he introduces his stages as a way of healing the “fundamental infirmity of man” and of achieving “an harmonious inner integration, true Self-realization, and right relationships with others” (21). So it is clear he is understanding this “reconstruction of the personality” in much larger terms than the term might imply, and is including a response to the deeper promptings of Spirit in all spheres of our lives—the nature of our elaboration of this stage here.

2. Here are powerful statements by Assagioli on the unity of “I” or personal self with Self:

The harmonization, communion, unification, and fusion of the two wills has been—and is—the deep aspiration and, one might say, the highest, even if often unrealized, need of humanity. It has been felt and expressed in various ways according to the various concepts of Reality held by the different types of human beings. Essentially, it means tuning in and willingly participating in the rhythms of Universal Life. In Indian philosophy, this is called sattva, the guna of rhythm and of harmonious response to divine urge. The Chinese call this attitude wu-wei, or identification with the tao. For the Stoics and Spinoza it has been the willing acceptance of one’s “destiny.” For those having a devotional nature or a religious conception of faith, it is the relationship and eventual unification of man’s will with God’s will. (Assagioli 1973b, 130)

And again:

The inner experience of the spiritual Self, and its intimate association with and penetration of the personal self, gives to those who have it a sense of greatness and internal expansion, the conviction of participating in some
way in the divine nature. In the religious tradition and spiritual doctrines of every epoch one finds numerous attestations on this subject—some of them expressed in daring terms. In the Bible there is the explicit sentence, “I have said, Ye are gods; and all of you are children of the most High.” St. Augustine declares: “When the soul loves something it becomes like unto it; if it should love terrestrial things it becomes terrestrial, but if it should love God (we may ask) does it not become God?” The most extreme expression of the identity of the human spirit in its pure and real essence with the Supreme Spirit is contained in the central teaching of the Vedanta philosophy: “Tat Twam Asi” (Thou art That) and “Aham evam param Brahman” (In truth I am the Supreme Brahman). (Assagioli 2000, 40)

And finally a crucial and impassioned admonition to remember the “I” side of the I-Self paradox:

In whatever way one may conceive the relationship between the individual Self and the universal Self, be they regarded as identical or similar, distinct or united, it is most important to recognize clearly, and to retain ever present in theory and in practice, the difference that exists between the Self in its essential nature—that which has been called the “Fount,” the “Center,” the “deeper Being,” the “Apex” of ourselves—and the small ordinary personality, the little “self” or ego, of which we are normally conscious. The disregard of this vital distinction leads to absurd and dangerous consequences. (Assagioli 2000, 40)

3. Assagioli (2000) alludes to these two different aspects of response when he refers to two different “methods” or “types” found in this stage. The first type emphasizes the personal will side of the I-Self relationship: “Some people have a distinct vision of their aim from the outset. They are capable of forming a clear picture of themselves as they can and intend to become” (23). This would seem to be those with a strong sense of identity, consciously and willfully pursuing their vision. Assagioli further warns against an imbalance in this response, saying that those following this way should guard against becoming too rigid, and to be “ready to modify or to enlarge it [the vision]—and even to change it altogether as later experiences, fresh outlooks or new clarifications indicate and demand this change” (24).

The second type of response emphasizes the transpersonal will side of the I-Self relationship. Here people exhibit a tendency to “live spontaneously, following indications and intuitions rather than definite plans” and “let themselves be led by the Spirit within or by the will of God, leaving Him to choose what they should become” (23). Assagioli has words of caution for this type of response too, writing that one “should guard against becoming too passive and negative, accepting as intuitions and higher inspirations certain promptings which are, in reality, determined by unconscious forces, wishes and desires” (24)—the important process of discernment discussed in the contact stage earlier.

Assagioli considers both equally valid, writing of them, “But it is well to know, to appreciate and to use both to some extent in order to avoid the limitations and the exaggerations of each by correcting and enriching the one with elements taken from the other” (24).

Indeed, Assagioli’s critique and warnings about the “limitations and “exaggerations” of each have to do with leaving one type out. An overemphasis on personal will
can lead one to becoming so caught up in the activity and the goal that the original larger vision is lost. On the other hand, an emphasis on transpersonal will can become passive, compliant, and miss taking active steps to support and express the vision.

4. The transpersonal identification has been recognized as “infatuation with the sublime” (Haronian 1983), “dualistic denial” (Firman 1991), and “spiritual bypassing” (Welwood 2000). Operating from this type of survival personality is a powerful way of surviving primal wounding, but, as happens with all other survival patterns, it may become destructive over time. For example, it would seem that transpersonal identifications underlie many problematic “spiritualized” personality types, from the holier-than-thou elitist, to the ungrounded mystical dreamer, to the spiritual leader who abuses followers, to religious fanatics willing to use any means to attain their vision of perfection for the world.

CHAPTER TWELVE.

PSYCHOSYNTHESIS AS A PSYCHOLOGY OF LOVE

1. Here is a poignant comment by Christina Grof, a pioneer in transpersonal psychology, about her recovery from alcoholism:

Standing on the edge of a new life, I at first felt sad as I reviewed what felt like endless days and months and years of wasted time and productivity during my active drinking career. But then my focus started to shift, and I began to see that the dark years of alcoholism had actually been an important stage in my spiritual journey. I had been given lessons and opportunities and gifts that could have come to me only through that experience. (Grof 1993, 4)
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This book shows what psychosynthesis looks like in the empirical practice of psychotherapy. Originally conceived by Italian psychiatrist Roberto Assagioli, psychosynthesis is one of the first Western psychologies to include theoretically both the psychological and spiritual dimensions of the person and to address healing and growth at both of these levels. In effect, it offers an approach to psychotherapy founded in altruistic love, a love that nurtures the innate drive within human beings to embrace and actualize the whole of who they are. Authors John Firman and Ann Gila explore how this empathic altruistic love impacts the actual therapeutic situation and what is involved for the therapist in providing this love for another. They include experientially based models and theory, case studies from both the client and therapist perspectives, and an invitation for both the professional and the layperson to the self-reflection, inner work, and commitment necessary to love and work at this depth.

"A Psychotherapy of Love is a practical and profound book, solidly based on the authors’ decades of experience as therapists and as teachers of psychosynthesis. It is filled with illuminating examples of therapeutic interactions and theoretical perspectives from a wide variety of sources—including Freud, Jung, Adler, and Rogers. It also includes spiritual insights from transpersonal psychology, Western mysticism, and Buddhism.

"For Firman and Gila, psychosynthesis is a psychology of love, a powerful statement which challenges popular mechanistic approaches to psychotherapy. This book is essential reading for anyone interested in pursuing psychotherapy as a loving, compassionate, and spiritually grounded profession."

— Robert Frager, Founder, Institute of Transpersonal Psychology

"The subject of empathy is nowadays at the forefront of scientific research, and at the basis of all successful psychotherapy and counseling. Firman and Gila show us empathy in its deepest aspect—as spiritual empathy. Their insight throws new light on the nature of relationships, as well as on the practice of the helping professions. This book will do much to improve the quality of our presence with the people in our lives. It is a splendid tribute to the mystery of love."

— Piero Ferrucci, author of Beauty and the Soul: The Extraordinary Power of Everyday Beauty to Heal Your Life

JOHN FIRMAN (1945–2008) was a psychotherapist in private practice in Palo Alto, California, and an Associate Core Faculty member at the Institute of Transpersonal Psychology. ANN GILA is a psychotherapist in private practice in Palo Alto and an Associate Core Faculty member at the Institute of Transpersonal Psychology. Their books include Psychosynthesis, A Psychology of the Spirit and The Primal Wound: A Transpersonal View of Trauma, Addiction, and Growth, both also published by SUNY Press.