

# **On consciousness-modifying (transpersonal) psychotherapy**

## **Sobre la modificación de consciencia: psicoterapia transpersonal**

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### **Abstract**

This article presents a review of several major conceptual themes and research areas in the field of transpersonal psychotherapy, as defined by the systematic use of modified or enhanced states of consciousness to increase the speed and quality of insight and deep psychological restructuring. It describes typical moments in the evolution of psychotherapeutic processes in this field and of individual sessions resorting to CMPs - Consciousness Modifying Psychotherapies. It makes the assumption that such approaches to psychotherapy hold huge potential and are in tune with a good definition of the human being. As the human being is conscious of itself and its ongoing experiential process, it is essential to consider and manage the personal identity.

### **Keywords**

Consciousness, identity, restructuring, research, transpersonal psychotherapy

### **Resumen**

Este artículo presenta una revisión de los más importantes principios conceptuales y algunas áreas de investigación en el campo de la Psicoterapia Transpersonal, definida como el uso sistemático de estados modificados (aumentados) de consciencia, para incrementar la calidad y rapidez en la comprensión y reestructuración profunda en pacientes. El artículo describe momentos habituales en la evolución de los procesos terapéuticos en el campo de la psicoterapia transpersonal, así como en las sesiones individuales referentes a las Psicoterapias Modificadoras de Consciencia (CMPs). Se hace entender que tenemos razones para creer que tales procedimientos, tienen un gran potencial para la psicoterapia y que están en sintonía con una buena definición del ser humano como un ser que es consciente de sí mismo y del curso de su proceso experiencial, que por tanto hace esencial la consideración de la identidad y el manejo de ésta.

### **Palabras clave**

Consciencia, Identidad, reestructuración, investigación, psicoterapia transpersonal

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Does the Transpersonal approach to Psychotherapy merit a place among other established models? Are we able to show this in a convincing way? Of course the answer is a definite “yes”. Let’s see why, with some background emphasis on the fact that any Science must have a concrete theory and methodology and any Scientific discipline must have at least a sound theoretical basis and some data-encompassing descriptive models.

### Methodology of Transpersonal Psychotherapy

Let us imagine that we are very well trained observers and are witnessing a therapeutic session conducted by a typical, highly skilled transpersonal practitioner. What is happening there?

1. The therapist is carefully informed and properly trained in “classic areas” of psychology and psychotherapy. He knows about general psychopathology, developmental psychology, personality theory, psychophysiology and other areas typical of the training of psychologists and/or mental health care practitioners (See Smith, Nolen-Hoeksma, Fredrickson & Loftus, 2003 as an example). So he is attentive to clues from the client about his/her mental status, past and ongoing developmental history, his/her social network and body health. He is able to diagnose general mental conditions, and of course to build a good personal history of his client. While collecting information about his client’s values, beliefs and spiritual experiences, he is also very attentive to his posture, bodily expression and voice tone.
2. The therapist is ready to resort to all sorts of techniques he knows about, so that he can help the client express his concerns and symptoms and deal with his body, mind, emotions and behaviour. Such techniques may include active and creative techniques, verbal, somatic, imaginal, cognitive, dream work - you name it. Of course some other techniques will be rather typical of Transpersonal Psychotherapy, as we will see now.

Then the observer will notice some more specific points about Transpersonal Psychotherapy:

3. The therapist is also working with *Modification of Consciousness: quantitative* (expanding the perceptual field both inwardly and outwardly) and *qualitative* (changing the dimensions and the depth of perception both of the inner and outside world). This in turn allows for deeper and faster insight and deeper and faster restructuring of psychological structures. During sessions using different *Psychotechnologies* (See Grof, 2000), the therapist helps the client go through important shortcuts within his body-mind apparatus, thus becoming aware of areas of it that are usually very hard to access using verbal approaches, cognitive techniques and so on. Typical Psychotechnologies will help dealing with memory and identity through modified states of consciousness (as is the norm in Regression Therapy, since it deals with our biographical history of identity building and/or our trans-biographic history of past identities and their relevance to the evolution of our deeper self. (See Stevenson, 1997). Such Techniques include traditional ones like breathing methods (Grof, 2000); sensory isolation or sensory overload; utilization of sound; herbal drugs; physiological means like pain, bleeding, fasting; trance dance, meditation, prayer; or more modern ones: technically induced lucid dreaming, design music, biofeedback and “mind machines”, synthesis drugs, sensory deprivation tanks, sensory driving. The therapist trusts the inner resources of the client and the fact that, at a deep, core inner level, he possesses the wisdom that will allow him/her to find the origins of his troubles and manage them; so he assists the client doing this. He acts as a catalyser and a partner along the path of the client towards better health, authenticity and happiness. While doing this, he resorts to techniques that can be in themselves soothing, promote positive-experiences, reduce stress and anxiety and, mainly, promote a better management of identity.

4. The therapist keeps in mind a vision of human beings that consider them as something different from mere environment-adapting biological organisms. He honours the fact that they are humans mostly because they are self-aware and consciousness is the major variable for defining humanity. In a way, we are humans because we can recognize our body in a mirror, our personal and social self in the “reflections” coming from other’s feedback, and we have an identity. Identity only makes sense because we are conscious and we project and concretise our consciousness in it. Then probably the therapist believes that consciousness is not just a by-product of brain activity but is, along with the thinking mind, something that goes beyond the brain. How does this show up in method? *The therapist is resorting to specific mind-trainings*, mostly coming from the spiritual traditions of humankind, *to stay in a very mindful state*, highly centred and focused, therefore able to deal with very subtle transference and counter-transference phenomena between him and the client. He goes into, and stays in, a modified, expanded state of consciousness, trying to communicate with the client at the deepest level they both can reach together. For some, this means a “psychic field which, through resonance, can help awaken and open the inner being of the client. This can deepen the traditional psychotherapeutic work being done, and it also can work toward the opening of the client’s ” psychic center” (Cortright, 2007: 156-57). Also this sort of endeavour implies a kind of new ability which classical psychologists are not properly trained to deal with. Roberts (1989) calls this “tertiary thinking” processes, meaning management of different states of consciousness and not just concepts or conceptual levels. Instead, this entails intently moving through modified states of consciousness and the different areas for knowledge and expression they open into. Some authors who studied the conditions for the efficacy of psychotherapy in general came to the conclusion that the most powerful ingredient, independently of therapeutic methods, is the psychotherapist (Lecomte, 2009). But then again, the accomplished therapists are able to make the client feel secure, to help him express emotions, to keep a permanent mindfulness about himself in the process and to validate the client’s effort. And for this, the kind of training a transpersonal psychotherapist undergoes is especially useful. He is trained in consciousness development, monitoring of mind states and also brings the monitoring of transference and counter-transference phenomena to a new level entailing “energy” transference and highly subtle, between-minds interactions as the state of consciousness of the client and the state of consciousness of the therapist also interact..
5. A typical session will imply what I would like to call “*transpersonal exploration*” – the exploration and management of emotions, meaning, thought structures, bodily sensations, memories, and so on, resorting to modified states of consciousness. This promotes both deep insight about the origins of ongoing trouble and deep restructuring opportunities. Saldanha (1997) describes seven phases that usually unfold during a therapeutic session resorting to “transpersonal” techniques:
- (I) *Acknowledgement*. The client gets in touch with his symptoms or troubles with the help of the therapist. This can happen at any, or several, levels of the client’s personal or even subtle structure;
  - (II) *Identification*. The client focus the symptom or suffering, gets into it, expresses it with the greatest possible intensity. The role it has on the full psychological structure is clarified;
  - (III) *De-identification*. The client takes a distance from the contents of the experiential work, de-identifies after a previous catharsis, and starts opening for new possibilities;
  - (IV) *Transmutation*. The client gets insights, elaborates, as superconscious levels or energies get more clearly into the picture and help finding new meanings, creative solutions and postures;

- (V) *Transformation.* The client feels differently about his previous conflicts, finds a new perspective, as he feels that his previous situation has changed;
- (VI) *Elaboration.* A global vision of the situation the clients has been going through emerges and he is now fully getting into a different mindset;
- (VII) *Integration.* The client integrates the therapeutic gains into his personal life and his worldviews and even changes his values.

I mentioned Saldanha's model mostly as an illustration of the fact that during a transpersonal psychotherapy session we will be dealing with modified states of consciousness as a way to deeply understand and manage the identity structure of a given client, allowing him to find the core woundings (Cortright, 2007) that gave rise to his suffering, avoidant behaviour, disturbance and other correlates of a unhealthy, alienated, personal identity, and then change it partially or totally into something new. Such woundings can come from pre-natal or perinatal moments of the developmental history of our biographical identity (Chamberlain, 1998; Grof, 1980, 2000) that can be accessed through consciousness-changing methods like holotropic breathwork or hypnosis a lot more easily than through "classic" verbal psychotherapies. Meanwhile, the client will be getting training in how to associate and dissociate from his identity, how to rebuild it, how to manage it in the quest for deeper levels of meaning, wisdom and unity within himself and in his social life. Furthermore he will be acquiring new skills in emotion awareness and management through the development of distancing from, and monitoring, of emotions, emotional behaviours, and emotional triggers. It is now a well-known fact that some practices, like mindfulness meditation, do promote that, (see Ekman, 2008).

### Theory of Transpersonal Psychotherapy

It is a well known fact that right from the beginning, the transpersonal movement was trying to connect science and the spiritual traditions of humankind in an attempt at understanding better human beings and not just their disturbances but also their higher accomplishments (Maslow, 1968). The idea of peak experiences and their typical correlates of non-pathological consciousness modification was showing that the study of consciousness was mandatory and for this, cartographies with sound descriptions of different modes or states of consciousness, their phenomenology and their somatic, cognitive, emotional and spiritual effects were necessary along with psychotechnologies to work in this area. The spiritual traditions were supplying both and it is no wonder that transpersonal authors take into account frequently the powerful systems of e.g. the Hindu Vedas, Buddhism, Shamanism or the Christian and Muslim mystics. Nowadays, of course, some authors made very interesting compilations and presentations of "old" knowledge even making some very relevant new contributions, (see Wilber, 2000 or Grof, 2000, for important examples). So one trend in the transpersonal movement has been, right from the beginning, a convergence and work at the interception of science (with its accuracy, systematic approach, clear formulations, care in avoiding the dangers of superstition, wishful thinking, biased selection of data or plain illusion... and observational methods, testing of hypotheses, clear logic and denotative expression) and spirituality (with its powerful way of allowing people to develop a sense in life, its *psychotechnologies*, the rich field of experience, the cartographies of consciousness, the broad view of the human phenomenon, the descriptions of subtle energy structures and/or "bodies", the interpretation of part of human suffering as the consequence of alienation from the deeper self, identification with a perishable body and partial desires incapable of satisfying the need for unity and the subtle pleasures of the soul..Transpersonal psychotherapy is mostly concerned with *the study of human consciousness* in its many modalities.

Anyway, as Belschner (2005) has shown in a convincing way, transpersonal psychology deals with extraordinary experiences in the sense that they seem to go against our modern, normative view of reality. Experiencers describe a *non-linear time* (instead of our normative arrow of measurable time running from

past to present to future), a “space” that can imply more than three dimensions, a subject that can merge with objects, a causality that can be non-local and an “I” that does not have to be the typical, biographical, subject of normal experiences within normal time and space. This “I” or ego is not necessarily constrained by the need for stability and is not necessarily environment-dependent. Therefore, many people tend to assume that transpersonal experiences should be almost synonymous with psychopathology but they are not, as we know today from much research conducted on meditation and its benefits (see below).

Hartelius, Caplan & Rardin (2007) made an excellent contribution to the definition of our field when they studied around 35 years of publications and definitions within the Transpersonal field. They found three main themes: Transpersonal Psychology (TP) is a *Beyond the Ego Psychology*, therefore starting where “standard psychology leaves of” (2007) and dealing with something more than the personal ego and its pathology; it is also an *Integrative-Holistic Psychology*, trying to deal with the human being in his entirety as a biological, emotional, social, cognitive, spiritual being; and it is a *Psychology of Transformation* both of the personal self and the deeper Self. I believe we can easily find out that the same applies to transpersonal psychotherapy – something hardly surprising if we consider the fact that therapeutic concerns over individuals and society are normal among many of the most important authors in the field. We cannot use space here to characterise the vast field of Transpersonal Theory but we can mention something about it. Hartelius, Caplan & Rardin (2007) assert that “the transpersonal model is not only about new knowledge, but about new contexts for knowledge and new ways of knowing”. We have witnessed many times, in clinical practice, the fact that the way we perceive our world and ourselves is a function of our state of consciousness. Some patients will be overwhelmed by anxiety in some states of consciousness, perceiving their world as a threatening one, while in a different state of consciousness they can even assert sometimes that their usual ego is no longer important and that they feel deeply at peace with themselves and the world. Sometimes this will remain after they return to their “normal” selves, signalling that some deep transformational processes took place after and during the changes in the state of consciousness.

In fact, the transpersonal vision: (1) accepts that love is healthy, can be developed, and that there are deeper kinds of love, some of them highly impersonal, global and unity-prone; (2) accepts that we do have a body-emotion-mind personal ego that is very important and must be carefully dealt with but also that this personal ego is the instrument and expression of an underlying reality including a transpersonal Self that is probably the origin of consciousness. Kasproff & Scotton (1999) assert that the idea of human development as being capable of going beyond ego levels is typical of transpersonal theory and does not contradict, but rather extends, other approaches while showing concern for fostering “higher” human development – as was first shown in Carl Jung’s and Abraham Maslow’s work; (3) usually it accepts the idea that Spirituality is very important for a healthy and happy human life and that within it we find extremely important contributions for personal and collective Peace, both social and ecological well-being, deep Ecology, and even possible ways out of classical and modern political and economic views; (4) deals with cartographies of consciousness states and consciousness development models and also with descriptions of realms accessible through modified states of consciousness (while doing so, it gives the practitioner ways to discriminate among “pre-personal” level, regressive experiences, and truly transpersonal ones where even the loss of ego boundaries can occur in healthy ways); (5) works with notions about subtle energies, the idea that we do possess subtle energy structures that interact with, and influence, our general health, as they also interact with our immune system, nervous central and peripheral systems, endocrine system and so on (such ideas are somehow similar to those we can find in acupuncture underlying theory and graphics with “energy points”. And we all know about the success of acupuncture treatments and their acceptance by the World Health Organization); (6) generally it accepts that we have some “anomalous” psychological functions that amount to extra-sensory perception possibilities, anomalous healing and psychokinesis; (7) also of course it emphasises the importance of consciousness as an utterly relevant object of study for psychology and with it the importance of experience, the development of consciousness and the need for developing ways to deal with our global

ego identity. In this respect Louchakova (2004) presents some very interesting data after a 7 year study with more than 300 subjects, showing that the phenomenological organization of the experience of “I am”, central to human beings, is spatially organized both in what concerns the outer and the inner space: “The components of the self are organized in the “internal space” of introspection as layers around the central experience of the “I am” – consciousness. “I am” in association with sensations, emotions and feelings, images, verbal thoughts, deeper non-verbal understandings, mental states such as torpor or confusion, and “nothing”” (Louchakova, 2004); (8) honours creativity and the arts, values and deep meaning structures such as philosophical and religious ones as expressions of humankind at its best. It also asserts that real social change comes mostly from individual change towards deeper experiences of ourselves, our central and more essential self, our values and, generally speaking, towards a clear expansion of our individual consciousness both inwards and outwards, both quantitatively and qualitatively.

Classical views in psychology have had some hard times dealing with Creativity and its origins. Even if authors like Weisberg (1987) tried to show that it can be attributed to learning, effort and progressive “increments” instead of incubation and insight, it is quite obvious that he missed the fact that it is deeply connected with changes in states of consciousness. They are described by great artists, for instances in music (Willin, 1987). So the attempt at explaining creativity as a product of learning and adaptation to the environment can be a shot away from the target. The great creators of humankind were pointing to the future and probably getting their “inspiration” from possibilities opened by expanded states of consciousness. I would even dare to say that spiral-opening, upward cycles in the life of human individuals, are different from spiral-closing, maintenance cycles and that the first are characteristic of inspiration and insight coming from modified states while the later are just closed, repetitive cycles necessary for the maintenance of normal functioning in the body and mind. But their functions are different and it is a mistake to believe maintenance is the main thing about humans since change and progress are not coming from it. Also moments of construction are different from moments of destruction in our lives and both can imply positive or negative implications (one can construct “chaotically,” closing down the inner landscape or one can construct “cosmically”, opening it up). A transpersonal psychotherapist will not take maintenance or adaptation to an unjust, disturbed society as a good therapeutic objective and he will not disregard the power of the future-pointing deeper self. But he will also keep in mind objectives that, aside from more “spiritual transcendental” ones, like getting closer in touch with this mentioned “deeper self” and unison with the cosmos, are similar to those we can find in Positive Psychology: focusing in, and promoting special human traits and qualities that are favourable to “well-being and optimal functioning of all individuals” (Sniders, 2006): happiness, optimism, hope, resilience, forgiveness, creativity, flow and peak experiences, emotional intelligence, hardiness, self-efficacy and self-esteem.

Interestingly enough, perhaps old stories are repeating in new ways for today’s society: the shamans of both old and contemporary traditional societies resorted to, or are still making use of, a collection of consciousness-changing technologies (including, of course, the ritual intake of “entheogenic” drugs. Such technologies enabled them to travel into the “spirit worlds” and find there information, sometimes in a mythical form, that would help both individuals and social groups thrive, find healing and make sense of existence. Krippner (2000) shows this while quoting his own and many other, detailed and systematic studies about shamanism and shamans). Modern users of changed states of consciousness are now coming back to their social groups – modern societies – with new ways for healing (like transpersonal psychotherapy) and new ways for relating human beings and their environment in meaningful ways (like Deep Ecology). Krippner (2000) even shows that post-modern epistemology is somehow coming back to some pre-modern aspects of shamanic thought concerning *a respect for diversity, empathy for other human beings, and concern for other life forms* and that perhaps “shamanic epistemology” is a very needed complement to our modern normal Science. We know from Ethnopsychotherapy (Simões, 2002) and other such scientific disciplines that the old shamanic ways can be adaptive for societies (actually we have age-old stories of success on this one); I hope we will get to the same conclusion for new

perceptions coming from expansion of consciousness and becoming fundamental to our times of crisis. So what is the real subject of transpersonal psychotherapy or, as I prefer to call them, CMPs, Consciousness-Modifying Psychotherapies? I would say that three candidates come forth very easily as the special study area: Consciousness with its different states, the Self, both the personal and the “deeper” Self, and identification/detachment/abstraction processes through which Consciousness conforms to self-structures. I would agree deeply with Louchakova and Lucas (2007) when they criticize the pervading tendency in the present transpersonal field to deal with a “deeper self” almost totally unconnected with the personal self in its social-cultural context. So I would assert that a sound theory of CMPs, must accept the fact that we have a personal self, developing in a social context (and for that we do have nice “classical” research and theory in psychology to take into account), and a Deeper Self, the probable origin of consciousness, and that consciousness conforms to structures contextually developed (within families and societies) which can be, according to the specific state of consciousness at stake, ego, personal identities or transpersonal identities. And by identifying with ego structures, consciousness influences them but is also influenced by them. Then we get vulnerable to pain, suffering, loss, according to the core identifications of our consciousness. If our identity is mostly about being a physical body, we tend to be afraid of illness and death and to suffer enormously from illness. When we identify progressively with a deeper self, we get from there huge healing possibilities, different meaning for our personal lives, and totally different possibilities for resilience – as this deeper self is not at all so vulnerable to existential dilemmas because of its transcendental character. If I am an immortal soul, of course I have less problems with the usual mortal problems... So our trouble is where our consciousness identifications are, meaning that our pain and vulnerability and also our happiness is where our self is. What I identify with, that I am – and it has a context, that can be deeply physical, social, and/or spiritual, ethereal. Probably the story of human development is a tale of progressive identifications from the personal to the impersonal, deeper self, of progressive expansion of consciousness, and of progressive rebuilding of our identity in a spiralling cycle of identification-de-identification-re-identification – until perhaps one will totally transcend any sort of self-identity and become just unified with a cosmic source (or a cosmic identity?). Even the way a therapeutic alliance and relationship develops implies, for transpersonal psychotherapists, a special preparation so that they will be deeply self-aware and focused, paying close attention to the client’s states of consciousness and the way he is managing identity, emotions, and catharsis through them. This, in turn, enables the therapist to deal with great efficacy with conditions where Identity and Identity management are of central importance. These areas are namely reactive depression, drug addiction, spiritual emergency, phobias, and existential frustration.

There is some closeness between the views of transpersonal psychotherapy about human beings and those we can find in humanistic and existential approaches. We emphasize the importance of self-acceptance and free expression from the patient but also of the therapists’ ability to stay in the relationship with an unconditionally loving attitude, a positive esteem towards the patient and a tendency to help him find his ways and express his feelings more than giving him interpretations, solutions or methods. On the other hand, we believe that “normal” behaviour is not at all something we can infer from statistics but rather we prefer to talk about healthy behaviour and also health promoting procedures. We would say that a healthy human being is mature, open to change, accepts that others can behave differently and have different views, is self-reliant, focused, socially constructive, loving, resilient, has a sense of purpose in life, has a good sense of his many dimensions and can consciously navigate them, is integrated and lives some degree of conscious unity he calls himself, and is able to somehow resort to humour and distancing from himself and life situations. He can stay in the present, enjoy life experiences, and has a tendency to get through moments of consciousness expansion during ethical, aesthetic, and generally pleasurable experiences. On the contrary, problematic human behaviour tends to be on the side of dissociation, disintegration, lack of resonance to others, identification with pathology and pathological states, defensive shrinking of the field of consciousness (as in phobias), alienation, loss of purpose, and intense suffering without the skills to endure and manage it. A major part of human suffering comes from rigid identification with defensive and disturbed patterns of behaviour and emotion, identification with very fragile personality structures and self-concepts, and generally speaking maladaptive attachments to self-

concepts that are just defensive social facades, pessimistic views of oneself based on traumatic experiences, physical and emotional deprivations and the like. Emotions, as Cortright (2007) put it, are “experience amplifiers”. They increase the conscious experience and tend to promote very strong memories. So the therapeutic approach within transpersonal psychotherapy places some heavy emphasis on the process of detaching from our usual, rather poor, sense of self and finding more about what and who we are, thanks to modified states of consciousness that, as already noted before, dramatically change our perception of ourselves and the world around us. To transpersonal psychotherapy, *the royal road to healing implies deep changes in Identity and identity structure thanks to transformative experiences through healthy, expansive, modified states of consciousness.*

But then, some views within psychiatry and psychotherapy imply that modified states of consciousness, if and when they are different from normal just sleep, dreaming and vigil states, get to be pathological. How do we deal with that? transpersonal psychotherapy is mostly concerned with *the study of Human Consciousness* in its many modalities, so it acknowledges psychiatry’s pathological changes in consciousness, whether they are quantitative, like narrowing of the field of consciousness, clouding, stupor, coma, hypervigilance, or qualitative, like delirious states, confusion, dissociative states, twilight states, dream-like states; but it also acknowledges positive, non-pathological counterparts of the previous states, like expansion in the field of consciousness, intense attention and concentration, extreme clarity, conscious intentional dissociation, mediumistic trances within adaptive social contexts, changes in the apparent level of consciousness and access to supposedly parallel realities or even other universes without accompanying pathological signs, experiences of light, colour, vibration, odour, with unordinary characteristics. The latest states can be extremely useful, creative and health promoting.

Transpersonal psychotherapy also developed its specialties. As it bridges psychology and spirituality, practitioners sometimes work with clients having various spiritual experiences, dealing with questions and problems that arise from spiritual practices, even concerns about participation in indigenous rituals. These experiences and concerns can affect the client’s mental health in positive and sometimes challenging ways. In a few cases these experiences could lead to different forms of spiritual emergencies, like: (1) shamanic crisis, (2) the awakening of kundalini, (3) episodes of unitive consciousness (peak experiences), (4) psychological renewal through return to the center (our deepest and true nature), (5) the crisis of psychic opening, (6) past-life experiences, (7) communications with spirit guides and channelling, (8) near-death experiences, (9) experiences of close encounters with UFOs, and (10) possession states. Transpersonal research in the area of spiritual emergency is being conducted to help in the education of psychotherapists to better discern the differences between clinical psychosis and the often misdiagnosed spiritual emergency. The DSM-IV-TR has special categories for Religious and Spiritual Problems, due to the work of David Lukoff. These are typical areas where transpersonal psychotherapists are well informed and prepared.

The next section in this article will be dealing with the empirical reasons for believing that Transpersonal Psychotherapy has a bright future ahead and that its claims have great merit.

### **Relevant research contributing to, or pertaining, in the field of Transpersonal Psychotherapy**

We still lack a bigger number of direct research about the efficacy, indications and shortcomings of transpersonal psychotherapy even if we have nice theory and some very interesting reports with positive case studies (for instances Clinton, 2006; Deatherage, 1975; Galegos, 1983; Miller, 2005; Urbanowski & Miler, 1996; Segall, 2005; Peres, Mercante & Nasello, 2005). Some commendable exceptions are worth mentioning. Simões (2003) made a comparison of regression therapy in two sessions vs. placebo, imagery sessions for dealing with severe, drug-resistant migraine headaches, dealing with 12 patients. One third of the patients got rid of the symptoms; one third had no therapeutic gain and about one third got a very positive reduction in the days of reported incapacity or suffering. Holmes, Morris, Clance & Putney (1996) made a quasi-experimental research apparently showing, even with some methodological

limitations, that “experiential oriented psychotherapies may be useful therapeutic modalities” (pg 120). This conclusion came after comparing a holotropic breathwork plus experientially oriented therapy group with a experientially oriented therapy only group, and concluding that there was a greater improvement in the former (greater reduction in death anxiety and greater increase in self-esteem).

Peres, Simão & Nasello (2007) assert that the use of modified states of consciousness in therapy is highly relevant as it promotes both voluntary and spontaneous recall of traumatic memories but can also help reframing them in more positive ways. Peres & Nasello (2007) point out that emotions and level of consciousness are “the most important regulators and modulators in the acquisition, formation, and evocation of memories” (pg. 12) and therefore psychotherapists should be able to work with both emotions *and* altered states of consciousness. Also Peres et al. (2007) show evidence that “Cognitive Restructuring Therapies” (a form of regression therapy based on altered states of consciousness – typically “transpersonal”) produce both less intense memory retrieval about traumatic past events and more cognitive organization around them.

The fact that modified states of consciousness can produce therapeutic gains in several areas has been convincingly documented in research with flotation tanks. Effects include profound relaxation, pain relief, anxiety relief, many perceptive changes or even hallucinations – but positive, with no pathological correlates observed, stress and depression relief. In general, even when very powerful changes in the states of consciousness are reported, they are generally described as positive and fruitful. This allows experts in the field like Kjellgren, Lyden & Norlander (2008) to advocate them and invite researchers to combine flotation tanks and psychotherapy. Even the training of therapists through meditation techniques has received some recent attention. Grepmaier et al. (2007) showed, with a careful double-blind study, that in-training psychotherapists receiving training in mindfulness meditation were getting better results with their patients than those who were not practicing it.

As we will see soon, we have recent research showing that meditation can also be used to dramatically improve the way clients can manage depression, anxiety and even OCD, but there is a lot more to be done in the future. For instances, one fascinating avenue concerns the way specific modified states of consciousness (that can be neurologically characterized as will be seen in some studies about different meditation methods – see the section about meditation) and/or states connected to healing ability (see Don & Moura, 2000 for a very suggestive report) can be induced through different procedures, in turn conducive to insights and reprogramming in different areas/layers of personality functioning.

Even if we lack more research, the claims and the theoretical ideas we find in our field are getting very important supporting evidence from many areas. Let me point some.

a) **Love.** Although it is hard to define it as there may be several different definitions and qualities of love, we can now be sure that love is mentally, physically and socially healthy the same way love deprivation is damaging to the same areas. Many different research projects are showing this, from studies about the effects of attachment disturbances in monkeys and young humans to studies about the long-term effects for physical and mental health of early love deprivation, to studies about the reinforcement of the immune system, cardiovascular system or resilience coming from loving others, feeling loved and loving oneself (see Rodrigues, 2008, for a review). Such studies do show us with some detail, many ways in which the cultivation of love can help build happier human beings and a better society. And where do we find very strong ways for enhancing the feeling and experience of love (cultivating love)? In transpersonal psychotherapy and its exercises – partially inherited from the spiritual traditions of the world, that also emphasize the importance of love as an essential aspect of human spirituality and a characteristic of the Divine.

b) **General learning, Metalearning, and consciousness.** How do such themes connect with psychotherapy? Easily. We can always find animals that run faster, eat more, fly, swim better,

dive better, endure more extreme temperatures, than humans do. But humans excel by far in just one thing: they are the best *learners* of the animal kingdom. Now there has been some controversy about being possible for us to learn without awareness but there is overwhelming evidence, from educational psychology and research about metalearning, showing that we learn a lot better and faster when we know that we are learning (e.g. Watkins, 2007;) and also that the best learners, namely gifted students, are the most *conscious* of their learning processes (Albert, 1990; Howe, 1990; Kurz and Weinert, 1989; Parent, Larivée and Bouffard-Bouchard, 1991; Schofield and Ashman, 1987) and/or of themselves as they learn (McCombs, 1989; Ribeiro, 2003). Then again, psychotherapy is obviously also a learning process; and transpersonal psychotherapy is dealing with consciousness and the effort of becoming aware of ourselves, our past, our ongoing processes, through consciousness-boosting techniques and processes. Metalearning shows us something that looks evident: consciousness accelerates and improves the quality of learning. Some authors (Koriat, in press) are beginning to notice that the relationship between metalearning or metacognition and consciousness has implications for a philosophy of the mind. metacognition became interesting for philosophers of the mind as it touches on matters of consciousness and free will since it concerns our ability to know our own thought/knowledge processes and regulate them from a meta-level of processing, different from the usual information-processing (object level). “Thus, the study of the subjective monitoring of knowledge addresses a defining property of consciousness, because consciousness implies not only that we know something, but also, that we know that we know it. Thus, consciousness binds together knowledge and metaknowledge” (Op.cit., pg. 7). “As noted earlier, much of the work in metacognition is predicated on the assumption that consciousness is not a mere epiphenomenon. Rather subjective feelings and subjective judgments exert a causal role on behaviour. In metacognition research this idea has been expressed in terms of the hypothesis that monitoring affects control” (idem, pg 39).

We can also assert that one obvious function of emotions is increasing consciousness because “by magnifying what is positive or negative in our experience, feelings are *experience amplifiers*” (Cortright, 2007, pg 128) and obviously there is no experience without consciousness. Some authors do acknowledge that emotion in humans (and maybe in animals too) is highly connected with consciousness – to the point of sharing partially the same supportive brain structures: “thus, cingulated cortex stands out as a region that is important for expression, experience and motivational aspects of emotion, as well as more generally for conscious states” (Tsuchiya and Adolphs, 2007, pg.160 – although their vision is largely reductionistic). But as we increase consciousness and the intensity and quality of *experience* we are increasing learning and memory. Emotions intensify consciousness and experience and, most probably because of that, they increase learning and memory. The relationship of emotion and memory is very well established (e.g. Reizenzein, 2001; Scherer, 2000; Gillighan & Bower, 1984). Greenberg & Safran (1987) highlight the role of emotion as a synthesis of information both unconscious and conscious, therefore allowing the organism to act in the best adaptive way it can. Motivation is a key part of emotional studies and some authors are showing that human motivation is not fixed but it undergoes development – connected to life projects and future projections of the self – and, of course, is crucial for learning (Nuttin, 1984; Berbaum, 1993; Jesus, 2000; Harackiewicz & Sansone, 2000). This is why no therapist can afford to ignore emotions, *and* the central role of consciousness that they amplify, for any human being.

One important connected area concerns Near-Death Experiences, a burgeoning field of research where modification of consciousness is evident. In her study with some 3000 adults and 277 child experiencers, Atwater (2008) reports a whole range of important after-effects, lots of them potentially positive but sometimes implying a hard time for people adapting to a “new me” and to a different resonance to family and society. She mentions strong increases in prosocial behavior, feelings of love towards others in general, creativity and openness to experience, loss of fear of

death, more spiritually-oriented life, increased ability to handle stress, psychic abilities (like extra-sensory perception of several kinds), hunger for knowledge and curiosity, increase in abstract thought ability and strong increase in general IQ. In her words: “it is as if experiencers are somehow rewired and reconfigured – some, of course, more than others. And this is especially evident with children” (2008: 3). Atwater even interprets this (namely the bigger effect for children) as implying brain-structure changes, something easier with children. For me, this implies a modified state of consciousness producing, in a single intense experience, a huge re-learning process. Not surprisingly, Atwater asserts that usually “those professionals who tend to have the best record working with adult experiencers are the ones trained in Transpersonal Psychology” (2008: 9). Recently, this field received another very important contribution from Pim Van Lommel (2006), who published an article in the *Lancet* (by 2001) on this subject.

### c) Neuroplasticity and Research on Meditation

Meditation is probably the most widespread spiritual practice among transpersonal psychotherapists both as part of their individual path and preparation. Also it is part of lots of psychotherapeutic processes led by them. And we do have a huge body of research evidence showing its benefits – and becoming very specific about it (Lutz, Dunne & Davidson, in Press, assert that, from the fifties on, around 1.000 publications were made – although with heterogeneous value). The David Lynch Foundation’s website shows a very impressive resume of “hundreds of scientific studies (...) conducted on the benefits of the Transcendental Meditation program at more than 200 independent universities and research institutions worldwide in the past 35 years, and the National Institute of Health has awarded over \$20 million to research the prevention-oriented health benefits of the TM program. Findings have been published in leading, peer-reviewed scientific journals, including *The American Journal of Cardiology* and the American Heart Association’s *Hypertension and Stroke*”. The conclusions, after a mass of many hundred publications in prestigious Journals, are showing that both students and teachers get a reduction in stress and stress-related disorders, reduced substance abuse; students improve intelligence, learning and memory, general academic performance, while teachers also improve creativity, job satisfaction, relationships – and reduce health care costs. In general, TM research projects show: reduced stress and anxiety, blood pressure, substance abuse, even obesity or diabetes; improved brain functioning, blood flow to the brain, information transfer and brain flexibility, brain reaction to stress; improved physiological rest and muscle relaxation, intelligence, creativity, self-confidence, analytical and synthetic-holistic thinking, mind-body coordination.

There is a lot going on nowadays in this area. Travis (2006) presents a useful comparison between neural patterns for mindfulness meditation, Buddhist and transcendental meditation. He concludes that they do differ in method and physiological effects patent in blood flow, brain metabolic rate and EEG patterns. TM practitioners learn the basics fast and their brains frontal and parietal attentional systems get more active while the thalamus (corresponding to sensory input) and the basal ganglia (corresponding to sequencing of cognition and behavior) become less active. This, according to Travis (2006), corresponds to a state of restful alertness. Over time, TM also produces an increase in frontal brain coherence. Tibetan-Buddhist meditation shows a strong difference between novices and advanced practitioners – mostly a higher activity in the left frontal area – corresponding to positive feelings of love and happiness. Mindfulness meditation produces thicker brain areas corresponding to the focusing of attention (right frontal lobe), sensory perception (right insula, right parietal and right temporal). Other interesting finding, from Hirai (1989), shows that intensively trained Zen Buddhist monks can have no brain response habituation to repeated auditory stimuli – a dramatic lab evidence for the fact that we can train ourselves to stay very much in the present time, living intensely and with a sense of openness to novelty, without depressive guilt and sadness over the past or anxiety over the future.

Recent research in Neuroplasticity becomes extremely interesting for transpersonal psychotherapists when it shows (as we began to see previously) that special spiritual practices entail important brain functioning and even *structural* changes. For instances, Schwartz (2002; quot. By Begley, 2008), did PET Scans of 18 patients with OCD (Obsessive-Compulsive Disorder) before and after 10 weeks sessions of mindfulness-based therapy. They found powerful therapeutic effects correlated with a big fall in the activity of the orbital frontal cortex, the core brain structure involved in the “OCD circuit”: 12 out of the 18 patients had improved significantly. In the same guise, Teasdale, Seagal, and Williams (2000; quot. By Begley, 2008) found that “treatment as usual” approaches to depressive patients left 34 percent of them free of relapse while mindfulness-based cognitive therapy produced 66 percent relapse-free (studying two groups, randomly assigned for the two conditions from a group of 145). In 2004 this finding was replicated by Teasdale along with Helen Ma (quot. By Begley, 2008). From a group of 55 patients, they found a 22 percent of relapse-free patients for “treatment as usual” approaches, versus 64 percent for mindfulness-based cognitive therapy. But then again... mindfulness-based means resorting to a methodology typically dealing with consciousness-change – a sort of classic trademark for the transpersonal area. Begley (2008) also quotes recent research showing that in intensely trained Buddhist meditators, the activity in the left “happy” prefrontal cortex far exceeds the activity in the right prefrontal – and this is also showing in their outside meditation state. Since this is something at an increase through practice within subjects, there are good reasons to believe that it is due to mental practices. Davidson (2004; quot. By Begley, 2008) as shown that a gamma brainwave pattern (high frequency, between 24-26 Hz to 70 Hz) is found more intensely in advanced Buddhist meditators and it is not only increasing during meditation but it remains stable afterwards, something that does not happen for novices. And this brainwave pattern corresponds to meditation on compassion. So research is showing that it is possible to cultivate happiness, love and prosocial behaviour through meditation and this is producing lasting brain changes. Such changes, as we saw before, also show up in a typical pattern of higher prefrontal left brain activation that in turn is also correlated with lower levels of cortisol, better immune response, faster recovery from negative and stressful events and a general “resilient affective style” (Davidson, 2004).

Johanson (2006) presented a survey showing that the use of mindfulness meditation looks quite promising for psychotherapy. He points to the fact that it can be way out of unconscious, habitual, automatic patterns and conditionings and that it resembles, to some extent, what we find in Gestalt therapy as it focuses on ongoing psychological processes as they unfold. It brings deeper awareness of feelings and helps the client find his own truth. He also quotes research data showing the usefulness of mindful approaches to stress reduction, depression, depression-relapse prevention and even borderline conditions. He concludes that mindfulness can amount to helping therapists cultivating therapeutic qualities and well being and also it “might become a construct that drowns clinical theory, research, and practice closer together, and helps integrate the private and professional lives of therapists” (Johanson, 2006: 11). Mace (2007) shows that Psychoanalysts such as Freud, Bion, and Karen Horney emphasised the importance of attention in the psychoanalytic procedure and indeed there is flourishing interest in mindfulness in cognitive-behavioural approaches as shown in Kabat-Zinn Mindfulness-Based Stress reduction, MBCT (Mindfulness-Based Cognitive Therapy) or DBT (Dialectical Behaviour Therapy) or ACT (Acceptance and Commitment Therapy). Still according to Mace, Mindfulness approaches have been applied to mood (anxiety and depression), intrusions (like ruminations, hallucinations), behaviours (addiction, self-harm, violence, bingeing), relational problems (attitudes and empathy) or problems with self-relating (self-consciousness, self-hatred). Segall (2005: 114) brings an impressive list of situations where the skill of mindfulness can be useful while acknowledging that transpersonal psychotherapists have been “the earliest pioneers in exploring how meditation and mindfulness practice might contribute to the process and outcome of psychotherapy”. He also describes with some length many ways Mindfulness can help patients get a better sense of body,

emotions, and thoughts, understand the consequences of mind and body behaviours and manage them. Davidson et Al. (2003) have also shown that mindfulness meditation can apparently improve the immune function of the body through an increase in left-sided brain anterior activation connected with positive affect.

#### d) **Research on Spirituality**

Classic Psychologists viewed sometimes spirituality as an escape from suffering and the hardships of life or a mere, unhealthy, illusion. Religious people would be unhealthy, neurotic, unreasonable (Comer, 2004). However, the same author asserts that recent research on spirituality is showing a rather different picture where those who believe in a friendly, trustworthy, caring God, are less solitary, depressive, or pessimistic, and more resilient, than non-believers or those who believe in a harsh God (Comer, 2004). Many prejudices about spirituality have been dismantled by recent research on the very positive physiological and mental health effects of Spirituality and Religion. Interested readers can look for detailed further research on the very important “Handbook of Religion and Health” (Koenig, McCullough & Larson, 2001). Also Davidson (2008) makes a nice point about the importance of primary care physicians being attentive to spirituality as a relevant part of their normal procedures because for many patients they are an important component of life context. He makes a point about the need for medical practitioners being *present*, attentive and physically close to patients. This is of course also very relevant for psychotherapists – and transpersonal psychotherapy is highly specialized in managing spiritual concerns and places a special emphasis on the preparation of therapists so that they will be able to understand, contextualise and help patients deal with spiritual issues in their lives while, as therapists, they keep a very alert and present mindset (mindful). Generally speaking, psychotherapists should be prepared to help their clients deal with religious issues and respect their belief systems. For instance, Peres, Simão & Nasello (2007) discuss this same issue pointing out that in Brazil only 7,3% of the population do not possess religious beliefs and stressing the fact that respect and empathy towards their beliefs can of course help the clients cooperate with therapists and also foster results. Religious and spiritual beliefs are important helping factors when clients have to deal with traumatic events as they help finding meaning and interpreting events in positive, resilient ways. War veterans, for instances, can deal differently with acute trauma depending on the degree of their faith and this is a powerful predictor of a positive outcome (Fontana & Rosenheck, 2004; quot. by Peres, Simão & Nasello, 2007). Generally speaking, Religion and Spirituality are helpful in the recovery of trauma (Shaw et al., 2005, quot. By Peres, Simão & Nasello 2007). Furthermore it is a well know fact that the inclusion of “spiritual and religious problems in the DSM-IV” (1994) demands professionals with tools to help clients deal with such issues – like transpersonal psychotherapists.

Even in children’s studies a positive relationship between spirituality and happiness was found: more spiritual children were happier than less spiritual ones (Holder, Coleman & Wallace, 2008). The authors quoted admit that probably the typical increase in personal meaning one can get from spirituality is the key mediating factor in happiness increase – which in turn suggests strategies for improving happiness feelings. Again, we are close to the area of consciousness-modifying psychotherapies.

#### e) **Research on Healing**

Human beings possess some extraordinary possibilities and one of them concerns Healing. Murphy's (1992) transpersonal classic *The Future of the Body* or Mishlove's (1993) *The Roots of Consciousness* are showing just that. Anomalous healing is one domain where we also find modifications of consciousness at the centre. There is compelling evidence about anomalous healing coming from DMILS (Distant Mental Interaction with Living Systems) research, as shown by Schlitz & Braud (1997). From the seventies on, they mention 30 different research projects where agents tried to influence, usually with success, physiological measures like galvanic skin response in people carefully placed in sensory and electronic isolation. A meta-analysis of 19 research projects where a direct influence on physiological measures was attempted showed that the probability for the global being attributable to change amounts is  $P = 0.0000007$ ; the probability for the global results from the whole 30 studies being attributable to chance is  $4.58 \times 1/10$  followed by ten zeros. Generally speaking, the best results from Parapsychology are obtained when subjects are in a modified state of consciousness – as we know from research within the very successful Ganzfeld Paradigm (see for instances Bem & Honorton, 1994; Child, 1985; Radin, 1997). Again, we are inside areas that are very dear to Transpersonal Psychology.

Lutz, Dunne, & Davidson, (in Press) report a recent study showing that mental training through a mindfulness stress-reduction training program can improve the immune function and that this effect is stronger for meditators obtaining also the strongest prefrontal left brain activation. This of course echoes and confirms previous studies by Davidson et Al. (2003, in Press). Benor (2004) comments on, and reports, several recent studies following the classic from Simonton et al. (1980), according to which cancer patients receive consistent benefit from complementary therapies consisting of meditation, imagery during deep relaxation, confidence in self-healing resources and surrender to “higher powers”. This is rather typical of the transpersonal approach and implies, generally, the use of modified states of consciousness. Pert, Dreher, & Ruff (2005) emphasize the well researched fact that emotion and stress do influence the immune system (and that repressed emotion tends to damage its functioning) the same way the immune system influences emotional states. So they conclude that psychological interventions are very important even for the treatment of severe medical conditions. But then, one important area for the acknowledgement of repressed emotions is of course the field of CMPs or consciousness modifying psychotherapies. It looks like the global avenue to influencing the neuropeptide system that connects mind and body, nervous and immune system, viscera and the brain, is through Consciousness. It is no wonder, then, that the famous Simonton Clinic in the USA has been obtaining almost unparalleled positive results in the fight against cancer while including in its therapeutic program therapeutic groups, meditation, visualization, relaxation and even a strong emphasis in patient's spirituality (Simonton, Henson e Hampton, 2002).

#### f) **Concepts and Instruments**

I would like to leave a small note here. Transpersonal theory does imply some unusual concepts for general psychology, like “peak experiences”, “spirituality”, “spiritual well-being”, “paranormal beliefs”, “transpersonal orientation”, “self-expansion”, “mystical experiences”, “spiritual beliefs”, “mental, physical, and spiritual well-being” and the like. For such concepts, psychometric instruments have been developed and are being used for research purposes as MacDonald, Kuentzel and Friedman (1999a and b) show through the review of 26 different instruments. This is a necessary and promising area although it needs further development.

#### **Conclusion**

A number of research areas, experience with practice, case studies and mere logic come together showing that the transpersonal approach to psychotherapy is effective, powerful and necessary as human

beings are mostly *conscious* beings and a psychotherapeutic model that states this and works directly with the most fundamental defining variable of humanity – consciousness – is obviously to be welcomed. Some authors even dare talking about a “Transpersonal Psychiatry” and its consideration of possible therapeutic uses of drugs that can induce altered states of consciousness. In turn, neuropsychology is now familiar with the idea that consciousness-changing procedures can induce healthy, therapeutic brain activity and even brain structure changes. The fact that general regulating entities (both government or private) will just acknowledge this is of utmost importance. There is also a need to extend existing and sound regulations for psychotherapy in general to the transpersonal field, helping us avoid poor procedures and some “new agey” malpractices from unprepared people. The acknowledgement of the soundness of the transpersonal approach in psychotherapy is therefore also a necessary step towards a quality insurance in the preparation of therapists and the protection of the general public.

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