

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

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

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Abstract

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

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

Resumen

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

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

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

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

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

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

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

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

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

Alternative Views of Non-Rational States

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

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

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

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

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

The Multipath Approach to Personality (MAP) Model

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

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

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

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

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

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

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

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

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

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

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

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

Clinical Conditions Prone to Non-Rational States

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

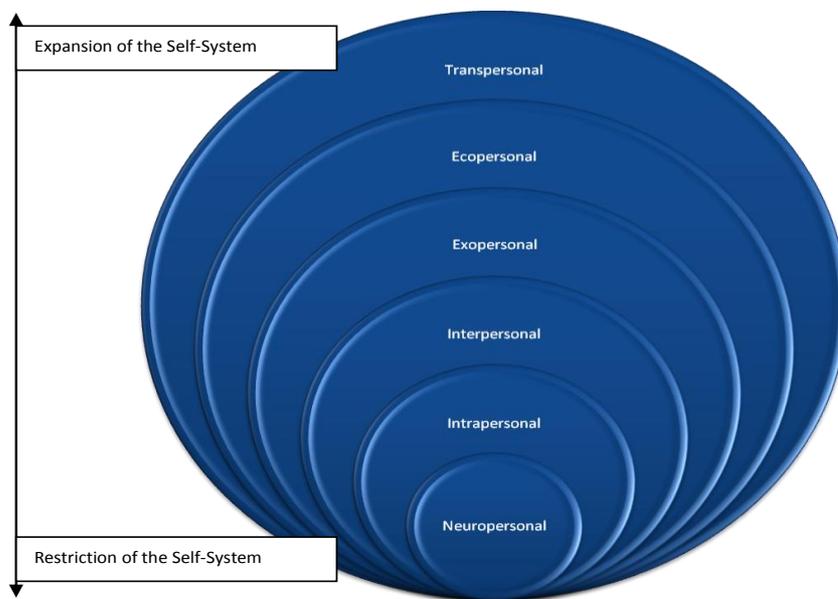


Figure 1: MAP Model

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

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

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

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

Counseling and Therapy of Non-Rational States

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

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

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

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

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

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

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

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

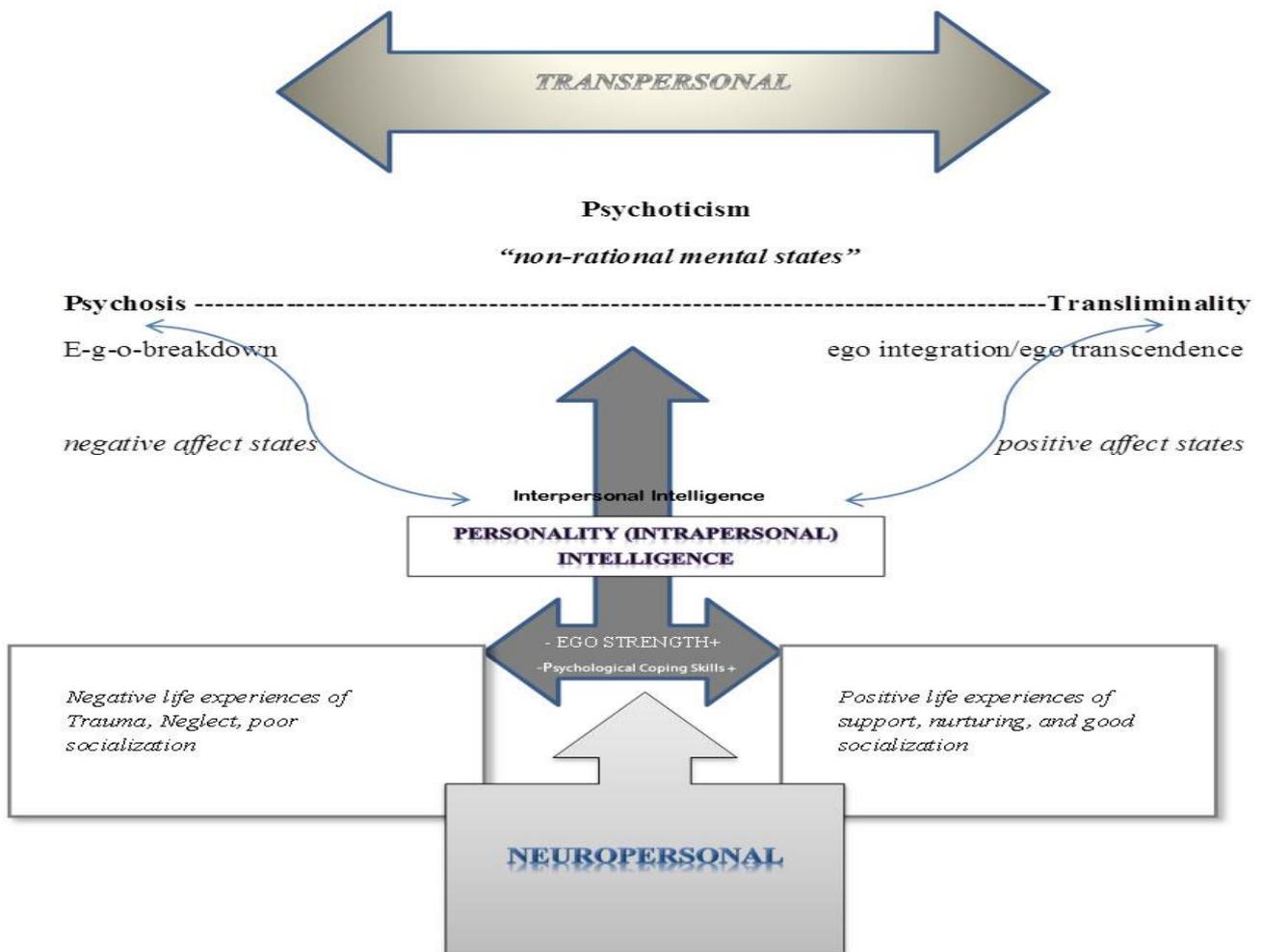


Figure 2: Developmental Paths to Non-Rational States

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

Conclusions

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

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