Chapter 11 – Transpersonality Disorders

Chapter 11
TRANSPERSONALITY DISORDERS

Chapter Outline

I. Psychological Disorder from a Mainstream Perspective

A. What is Abnormal?
   1. Traditional definitions of psychological disorder.
   2. Contemporary perspectives on psychological disorder.
   3. Major categories of psychological disorders recognized by the DSM-IV-R.
   4. Importance of culture in diagnosis and treatment of psychological disorders.

B. Misdiagnosis of Spiritual Problems as Signs of Psychopathology
   1. Shortcomings of the DSM-IV-R.
   2. Problem differentiating religious and spiritual experiences from psychopathology.
   3. Mixture of psychological closings and transpersonal openings.

C. Distinguishing between Transpersonal Experiences and Psychopathology
   1. Criteria for distinguishing between religious, spiritual, and transpersonal experiences and psychopathology.
   2. Proper differential diagnosis of the problem that the client presents at intake-interview important.
   3. What are important criteria suggesting that a person might be experiencing a spiritual emergency (transpersonal crisis)?
   4. Why is a good medical and psychiatric examination a necessary requirement when diagnosing spiritual emergencies?

II. Spiritual Emergence and Spiritual Emergency

A. What are Spiritual Emergencies?
   1. A new clinical field of Spiritual Emergencies.
   2. What are spiritual emergencies (transpersonal crises)?
   3. Under what conditions can spiritual emergencies (transpersonal crises) occur?

B. Types of Spiritual Emergencies
   1. A transpersonal spectrum model of psychopathology
   2. Spiritual emergencies form an indivisible, multidimensional continuum of transpersonal crises.
      a. Meditation-related problems.
      b. Awakening of kundalini.
      c. Shamanic journeying.
      d. Activation of an archetype.
      e. Psychic opening.
      f. Emergence of reincarnational patterns.
Chapter 11 – Transpersonality Disorders

C. Self-Realization and Psychological Disturbances
   1. Crises preceding the spiritual awakening.
   2. Crises caused by the spiritual awakening.
   3. Reactions to the spiritual awakening.
   4. The process of transmutation.

D. Cultural Spiritual Emergencies
   1. Mid-life crisis
   2. Global crises
   3. Addictions

III. Spiritual Emergency and the Mental Health Professional

A. General Therapeutic Strategies
   1. General therapeutic strategies for assisting individuals in transpersonal crises.
      a. Open the channels of communication between the conscious and the subconscious.
      b. Utilize the natural telepathic communications that occur during therapy sessions.
      c. "Give unto Caesar the things that are Caesar's and to God the things that are God's."
      d. Intellectual capacities should not be feared but used.
      e. Maintain balance between spontaneity and discipline.
      f. A steady program of meditation is beneficial.
      g. Controls in the long run must be learned directly through experience.
      h. Develop expectations that growth and transpersonal development is always possible.
      i. Do not ignore the ever-present communications from modern science, medicine, religion, and psychology that undermine the private integrity of the individual.

   2. Assess the effectiveness of general therapeutic strategies empirically.
      a. Self-Expansiveness Level Form (SELF)

B. Psychotherapy with Religious and Spiritual Clients
   1. An emerging trend: Religion and spirituality in psychotherapy.

IV. Understanding Traditional Psychological Disorders from a Transpersonal Perspective

A. Understanding Psychological Disorders from a Transpersonal Perspective: Two Examples.
   1. Paranoid schizophrenia
   2. Multiple Personality

B. The Concept of Sub-Personalities and the Egos Inside Us
   1. The evolution of the idea of sub-personalities
      a. Early 19th century discovery of the unconscious and the subliminal self.
Chapter 11 – Transpersonality Disorders

b. Sub-personalities in mainstream psychology.
c. Sub-personalities in transpersonal psychology.
d. Sub-personality in everyday life.
c. Yet the concept of sub-personality is absent in all mainstream general psychology textbooks.

2. Sub-personalities are not "multiple personalities".
a. A number of potential egos reside within an individual's identity.
b. Identity does not reside primarily in the ego or even in one ego.

3. Discovering your sub-personalities - A psychosynthesis exercise.

V. Conclusion

A. Transpersonal Approach to Psychological Disorders
1. A transpersonal perspective offers new diagnostic, etiological, and therapeutic insights into a variety of clinical issues.
2. A transpersonal perspective recognizes the importance of the spiritual dimensions in all psychological disorders.
3. A transpersonal perspective recognizes the significance of cosmic dimensions and the potential for consciousness evolution in all psychological disorders.
Learning Objectives

Describe the conditions under which behavior and experience is likely to be labeled as disordered or abnormal, especially according to the criteria stated in the Diagnostic and Statistical Manual (DSM-IV-R).

Describe the five major contemporary perspectives on psychological disorders, their view of what causes the psychological disorders, the critical time period of the determining cause, and the main focus of treatment.

Identify and describe the major categories of psychological disorders identified by the DSM-IV-R.

Explain why it is important to take an individual's culture into account when diagnosing and treating a psychological disorder.

Define culture-bound syndrome.

Identify three shortcomings of the DSM-IV-R with respect to the diagnosis of psychological disorders.

Describe the difficulty that Western-trained psychologists and psychiatrists may encounter when trying to diagnosis transpersonal crises when using the DSM-IV-R.

Explain why differentiating transpersonal experiences from psychopathology can be extremely difficult for the practicing clinician.

Describe how mystical experiences and other non-ordinary states of consciousness tend to be viewed from the standpoint of mainstream psychology.

Explain why the occurrence of a religious, spiritual, or transpersonal experience by itself does not mean that something pathological has occurred.

Explain why the occurrence of something pathological by itself does not mean that something transpersonal cannot emerge or develop.

Tell why it is important to distinguish between a spiritual or transpersonal experience that may be initially troubling to an individual but that leads to expanded awareness and ego maturity and a spiritual or transpersonal experience that results in a psychological crisis.

Identify the DSM-IV-R diagnostic code that specifically addresses religious or spiritual problems.

Evaluate and judge the value of various criteria for distinguishing between religious, spiritual, and transpersonal experiences and psychopathology.

Discuss why proper differential diagnosis of the problem that the client presents at intake-interview is important, and explain how this may be effectively accomplished.

Evaluate and judge the value of various criteria for identifying a person who is experiencing a spiritual emergency (transpersonal crisis).

State why a good medical and psychiatric examination a necessary requirement when diagnosing spiritual emergencies.

Evaluate and judge the value of the new clinical field called Spiritual Emergencies.

Define the term spiritual emergency.

Identify the conditions under which spiritual emergencies can occur.

Describe spiritual emergencies that can occur at the "upper" levels of Wilber's spectrum model of psychopathology.

Identify and discuss seven types of spiritual emergencies which may occur during the process of spiritual growth in self-understanding.

Provide a general outline of the disturbances which can arise at the various stages of spiritual realization and discuss general therapeutic strategies pertaining to their proper treatment.
Chapter 11 – Transpersonality Disorders

Identify and discuss three contemporary individual, cultural, and global pathologies that may result from the lack of transpersonal experiences.

Describe the ways that cultural beliefs may contribute to the creation of psychological disorders.

Evaluate and judge the value of nine general therapeutic strategies that may be used to assist individuals who are experiencing a spiritual emergency or transpersonal crisis.

Discuss the role of religion and spirituality in psychotherapy.

Describe how a transpersonal perspective differs from most mainstream approaches to psychological disorders.

Illustrate how the transpersonal perspective offers new diagnostic, etiological, and therapeutic insights into a variety of clinical issues.

Describe how a transpersonal perspective recognizes the importance of the spiritual dimensions in all psychological disorders.

Tell how a transpersonal perspective recognizes the significance of cosmic dimensions and the potential for consciousness evolution in all psychological disorders.

Summarize how the complex psychological disorder of paranoid schizophrenia is explained and understood from the transpersonal perspective of Seth/Jane Roberts.

Identify seven key research findings regarding the nature and character of the dissociative personality disorder called multiple personality disorder.

Summarize how the complex psychological disorder of multiple personality disorder is explained and understood from the transpersonal perspective of Seth/Jane Roberts.

Explain why the existence of subpersonalities is not considered a psychopathological condition from a transpersonal perspective.

Explain how the idea originated in the 19th century that the normal human personality may consist not of one self, but many selves.

Identify five mainstream psychologists who refer to the notion of sub-personalities in their psychological theories without actually using the term itself.

Identify the transpersonal psychiatrist who made the concept of sub-personalities an important element in his original system of transpersonal therapy and describe how it is used in therapy.

Describe the common sense notion of sub-personalities in everyday life.

Speculate on the reasons why the concept of sub-personality is absent in all mainstream general psychology textbooks.

Explain how the idea that sub-personalities exist within the overall personality structure is different from the idea of secondary personalities that exist in individuals afflicted with multiple personality disorder.

Describe the nature of identity in light of sub-personality theory.

Perform the psychosynthesis exercise designed to help discover one's sub-personalities and write up an account of the experience.
Chapter Summary

The chapter begins with a review of traditional definitions of psychological disorders and contemporary perspectives on their causes and treatment in mainstream psychology. The major categories of psychological disorders recognized by the Diagnostic and Statistical Manual (DSM-IV-R) and the importance of culture in the diagnosis and treatment of mental disorders are highlighted. Shortcomings of the DSM-IV-R responsible for the misdiagnosis of religious/spiritual/transpersonal problems as signs of a psychological disorder are described and the problem of differentiating religious and spiritual experiences from psychopathology are discussed. The mixture of psychological closings and transpersonal openings in many transpersonal crises has made accurate differentiation difficult in the absence of clear criteria by which spiritual experiences and psychopathology may be distinguished. Transpersonal psychology has addressed this need and pointed out the importance of making the proper differentiate diagnosis of the problem that the client presents at intake-interview. Important criteria that a person might be experiencing a spiritual emergency (transpersonal crisis) are identified and discussed, as well as the reasons why a good medical and psychiatric examination is a necessary requirement when diagnosing spiritual emergencies. The difference between a spiritual emergence and spiritual emergency is also examined.

The nature and character of spiritual emergencies and the new clinical field which addresses them are discussed as well as the conditions under which spiritual emergencies (transpersonal crises) can occur. Wilber's spectrum model of psychopathology is presented as one framework by which to understand the developmental character of spiritual emergencies and to highlight the notion that all transpersonal crises form an indivisible, multidimensional continuum of personality action. Various types of spiritual emergencies are then examined: mediation-related problems, awakening of kundalini, shamanic journeying, activation of an archetype, psychic opening, emergence of reincarnational patterns, and possession states. Psychological disturbances that can arise during the unfolding of Self-Realization are examined in depth: Crises preceding the spiritual awakening, crises caused by the spiritual awakening, reactions to the spiritual awakening, and the process of transmutation. Spiritual emergencies that are culturally and socially grounded such as mid-life crises, global crises, and addictions are also examined.

General therapeutic strategies of interest to the mental health professional for assisting individuals in spiritual emergency and transpersonal crisis are presented. Mental health professionals are advised to utilize the natural telepathic communications that occur during therapy sessions and to address ego concerns as well as the spiritual issues that emerge during therapy. The intellectual capacities of both health care processional and client are to be used and not feared as they address therapeutic material and a balance between spontaneity and discipline should be maintained throughout treatment. A steady program of meditation is also beneficial. Client control of his or her spiritual emergency must be learned directly through experience. Expectations are to be developed that growth and transpersonal development is always possible. The effectiveness of these and other general therapeutic strategies should be assessed empirically, for example, through instruments such as the Self-Expansiveness Level Form (SELF). The mental health professional should take advantage of the emerging trend of greater acceptance by the client and by the profession of the use of the client's religious and spiritual orientation in addressing personal difficulties.

The chapter concludes with a discussion of how traditional psychological disorders may be approached from a transpersonal perspective that complements and adds to more traditional approaches. A transpersonal perspective offers new diagnostic, etiological, and therapeutic insights into a variety of clinical issues. A transpersonal perspective recognizes the importance of the spiritual dimension in all psychological disorders. A transpersonal perspective also recognizes the significance of cosmic dimensions and the potential for consciousness evolution in all psychological disorders. Two
psychological disorders -- paranoid schizophrenia and multiple personality -- are briefly discussed in light of this context from the perspective of Seth/Jane Roberts. The construct of "sub-personalities" -- a number of potential egos reside within an individual's identity and identity does not reside primarily in the ego or even in one ego -- is then examined as it occurs in the writings of mainstream psychologists, transpersonal psychologists, and in the popular imagination. Sub-personalities are distinguished from multiple or secondary personalities on a number of variable. The chapter concludes with a psychosynthesis exercise to aid the reader in discovering his or her own sub-personalities.
Chapter 11
Transpersonality Disorders

Psychological Disorder from a Mainstream Perspective

What is Abnormal?

*Traditionally* defined psychological disorder. Traditionally, behavior and experience is likely to be labeled as disordered or abnormal if it is statistically infrequent (not typical for the individual or the society in which the individual lives), socially unacceptable or deviant, maladaptive and dangerous to self and others (dysfunctional), and personally distressing (Cormer, 1998). Clinicians today usually assess whether an individual is to be labeled as disordered according to the criteria established by the American Psychiatric Association's (1994) *Diagnostic and Statistical Manual of Mental Disorders* (4th edition, text revision) or DSM-IV-R. The DSM-IV-R defines a *mental disorder* as "a clinically significant behavioral and psychological syndrome or pattern that occurs in an individual and that is associated with present distress (a painful syndrome) or disability (impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom" (APA, 1994, p. xxi).

Contemporary perspectives on psychological disorders. Traditional psychological models typically approach psychological and behavioral disorders in a variety of ways -- whether the problem or difficulty occur at pre-personal, personal, or transpersonal levels. Traditional models may include (a) a biological approach with its organic emphasis on inherited biological or genetic predispositions, abnormal physiological functioning, and abnormal brain structures and states; (b) a psychoanalytic approach with its emphasis on unresolved subconscious conflicts and repressed impulses; (c) a cognitive approach with its focus on conscious thoughts, irrational beliefs, attributions; (d) a behaviorist approach that focuses its attention on faulty operant learning, inappropriate stimulus generalization or discrimination, improper observational learning, escape or avoidance conditioning, and stimulus control of behavior; and (e) a social-cultural approach that stresses the role of family, community, society, culture and their socialization processes as causative agents. Table 11-1 identifies five major contemporary perspectives on psychological disorders, their view of what causes the psychological disorders, the critical time period of the determining cause, and the main focus of treatment.

<table>
<thead>
<tr>
<th>Major categories of psychological disorders recognized by the DSM-IV-R. The DSM-IV-R provides a standardized diagnostic system used to classify and label major categories of psychological disorders for purposes of communication, research, and treatment. Some of the major categories of psychological disorders identified by the DSM-IV-R include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Anxiety disorders are characterized by distressing and uncontrollable feelings of muscle tension, intense dread, persistent over-arousal, irrational fear and apprehension and include: phobias, panic attacks, generalized anxiety, obsessive thoughts-compulsive impulses, and post-traumatic stress.</td>
</tr>
<tr>
<td>(2) Dissociative disorders are characterized by a fragmentation or compartmentalization of self-identity, behavior, and memory in which some aspect of an individual’s stream of consciousness becomes lost to awareness and include: psychogenic amnesia or fugue, multiple personality, and depersonalization.</td>
</tr>
</tbody>
</table>
Chapter 11 – Transpersonality Disorders

(3) Somatoform disorders are characterized by physical problems for which no biological cause is found and include: conversion disorders and hypochondriasis.

(4) Affective disorders are characterized emotional extremes as reflected in a slowing down (lethargy) or speeding up (excitability) of behavior, cognition, and emotions and include: depression, mania, and bipolar manic-depression.

(5) Schizophrenic disorders are characterized by disturbances in sensation and perception (hallucinations), thought and language (delusions), motivation and emotion (withdrawal and autism) and include: disorganized, catatonic, paranoid, residual, and undifferentiated types.

(6) Personality disorders are characterized by ordinary personality traits that have become inflexible and extreme resulting in socially unacceptable behaviors that impair social or personal functioning, and include: antisocial, paranoid, histrionic, and narcissistic.

The importance of culture in diagnosis and treatment of psychological disorders. It is important to recognize, psychologically speaking, that what is atypical, deviant, and dysfunctional may vary with context, culture, and time. The cultural context within which psychological phenomena occur must be taken into consideration when evaluating and diagnosing evidence of psychopathology (Shiraev & Levy, 2010, chap. 9). Culture in many respect is a mediating and moderating, antecedent and consequent variable of all behavior. The relativist perspective views all psychological disorders as culturally relative and that what is viewed as acceptable and is rewarded behavior in one culture (visions of the Blessed Virgin Mary in Bolivia and spirit possession in Haiti) would be regarded as signs of psychopathology in another (hallucinations and delusions in the United States). The universalist perspective popular in the Western countries such as the United States views psychopathology in terms of absolute, invariant symptoms across all cultures. When deciding whether an individual is experiencing a transformative spiritual experience or a psychological disturbance, it is important to pay attention to the individual's ethnic, religious, and other cultural reference groups, cultural explanations of the individual's illness, the cultural interpretation of social stressors and social supports (e.g., religion, level of functioning, disability), and cultural elements of the relationship between the individual and the clinician. There are disorders that may or may not be linked to a particular DSV-IV diagnostic category called "culture-bound syndrome" described as recurrent, locally specific patterns of aberrant behavior and distressful experiences generally limited to specific societies or areas of the world (e.g., Susto occurs in Latin America, Dhat occurs in India, Amok occurs in Malaysia, Shenjing shaijo in China, Pibloktog in the Artic Inuit communities) (Shiraev & Levy, 2010, pp. 226-230). The cultural background of the clinician can influence his or her perception of different behaviors (Fukuyama & Sevig, 1999).

Misdiagnosis of Spiritual Problems as Signs of Psychopathology

Shortcomings of the DSM-IV-R. Although the DSM-IV-R has become the main system for the diagnosis and classification of psychological disorders, especially in the United States, the DSM-IV-R is not without its critics. This standardized diagnostic system for assessing ordinary psychological disorders is criticized for being highly misleading and negatively suggestive, biasing perception, creating stereotypes, and stigmatizing people (Ingersol, 2002). The client's physical health, age and gender as well as the clinician's gender, theoretical orientation, and ethnicity all affect judgments of severity and type of diagnosis and prognosis for improvement (Friedman & MacDonald, 2006). There is also a tendency to for Western-trained psychologists and psychiatrists using the DSM-IV-R to view religious, spiritual, and transpersonal problems and difficulties as a purely pathological experience instead of as a personal challenge and difficulty for the client that can emerge at any stage of personal development. Psychologists' unfamiliarity with the nature or even existence of transpersonal crises can make them unable to distinguish so-called "prepersonal" regressions from transpersonal progressions, for example,
leading clinicians to misdiagnose the difficulty and subsequently to make errors in therapeutic treatment. A transpersonal crisis, misdiagnosed as schizophrenia, for instance, would be inappropriately treated by forced hospitalization and psychopharmacological drugs. The errors in diagnosis, of course, can happen in both directions with a serious psychopathology such as schizophrenia being mistaken for a less serious transpersonal crisis.

**Problem differentiating religious and spiritual experiences from psychopathology.** The key problem is that "differentiating R/S/T [religious, spiritual, and/or transpersonal] experiences from psychopathology can be extremely difficult because of similarities between pathological symptom expression and the unusual behaviors and perceptual characteristics found in these experiences" (Johnson & Friedman, 2008, p. 11; Jackson, 1991; Wapnick, 1969). Transpersonal psychologists and psychiatrists recognize that the similarity between aspects of mystical experiences and psychotic symptoms have led to confusion and mistakes in diagnostic and treatment decisions that fail to recognize the difference between acute psychotic episodes with growth potential and long-term psychotic illness. As a consequence, they have called for the defining of new diagnostic categories in the DSM-IV-R that allows for the development of treatments which reduces dysfunction without harmful side effects (Ingersol, 2002; Lukoff, Lu, & Turner, 1996, 1998). The problem is the attitude of traditional psychiatry toward spiritual emergencies or transpersonal crises -- it does not recognize the difference between mystical and psychotic experiences. Most behavioristic, cognitive, and psychoanalytic psychotherapists, with the notable exception of humanistic psychologists, tend to regard clients who report mystical experiences as psychotic (Allman, De La Roche, Elkins, & Weathers, 1992). All unusual states of consciousness are viewed essentially as pathological anomalies that are little more than distortions of ordinary waking consciousness which is seen as the optimal form of consciousness or awareness that a human being can experience. All other states of consciousness tend to be viewed by mainstream psychologists as degenerative in one way or another when considered from that criterion baseline state of consciousness. There is little or no recognition that dramatic, creative, direct, vivid, and immediate experiential states involving changed or alternate consciousness could be potentially and practically beneficial, therapeutic, and transformative in a healthful way. Indeed, traditional psychiatry routinely and indiscriminately seeks to terminate transpersonal crises as soon as they arise through the use of controlling and suppressive pharmacological means (Nelson, 1994).

**Mixture of psychological closings and transpersonal openings.** The occurrence of a religious, spiritual, or transpersonal experience by itself does not mean that something pathological has occurred. About 30%-40% of people in the United States, for example, have reported having had some sort of religious or spiritual experience during their lifetime (Hood, Spilka, Hunsberger & Gorsuch, 1996). In a national survey conducted in Great Britain in 2000, 55% of respondents reported awareness of a synchronistic patterning of events in their lives, 38% an awareness of the presence of God, 37% awareness of prayer being answered, 29% awareness of a sacred presence in nature, 25% awareness of the presence of the dead, and 25% awareness of an evil presence (Hay, 2006). Moreover, the occurrence of something pathological by itself does not mean that something transpersonal cannot emerge or develop. What appears on the surface to be a psychological crisis, may actually function as a growth experience for the individual that results in greater ego-psychological and psychic-spiritual expansion and well-being that adds extra dimension in all aspects of one's daily life. Moreover, even in the midst of a severe psychological crisis such as a psychosis, transpersonal experiences can spontaneously and unexpectedly emerge to provide a needed synthesis. A temporary psychological crisis may be followed by a psychosynthesis and expansion to a higher level of functioning than before the crisis. What is first labeled as a crisis is later understood to have been a necessary stage of growth and development. The chaos, disorder, disorganization and turmoil of a psychological crisis may become the means by which lifestyle habits which may have previously served a good and valuable purpose for the personality but which have become outdated, dysfunctional, and limiting, are dispensed with and cast off. "The self must be plunged into chaos even to find order, to find itself and to find a comprehension and understanding that will bring
Chapter 11 – Transpersonality Disorders

original insight and knowledge [into one's life]" (Roberts, 1997c, p. 132). This is why it is important to distinguish between a spiritual or transpersonal experience that may be initially troubling to an individual but that leads to expanded awareness and ego maturity (referred to as a spiritual emergence) and a spiritual or transpersonal experience that results in a psychological crisis (referred to as a spiritual emergency).

**Distinguishing between Transpersonal Experiences and Psychopathology**

**Criteria for distinguishing between religious, spiritual, and transpersonal experiences and psychopathology.** Recent research into these admixtures of psychological crises has led to the development of a new diagnostic category in the DSM-IV (APA, 1994) that provides a coding for "Religious or Spiritual Problem" (diagnostic code V62.89). Lukoff (1985) was one of the first transpersonal psychologists to propose that a term such as "psychotic disorders with mystical features" be applied to psychological crises in which transpersonal experiences erupt unexpectedly when normal cognitive functions severely disintegrate (as in psychoses, for example) and the personality is flooded with unfamiliar aspects of its own being from all portions of the psyche -- conscious and subconscious, lighter and deeper, high and low, shadow-like and transcendent, prepersonal and transpersonal, healthy and unhealthy factors. Lukoff, Lu, and Turner (1992, 1996, 1998) further differentiated religious, spiritual, and transpersonal experiences from psychopathology by calling attention to different sorts of transpersonal crises ranging from (a) conflicts over purely religious matters of faith and doctrine properly treated by clergy (e.g., Nicene Creed), (b) concerns related to experiences that arise as a consequence of some spiritual practice treated by teachers or gurus (e.g., kundalini rising), (c) spiritual or religious problems accompanying a mental disorder treated by mental health professionals (e.g., repetitive religious rituals associated with OCD), and (d) religious or spiritual experiences not related to psychopathology (e.g., near-death experiences). Preliminary validity studies provide some evidence that the DSM-IV V-code for Religious or Spiritual Problems as a diagnostic category has some utility in helping both psychologists and clergy distinguish among problems with religious, spiritual and transpersonal content and psychopathology (Hartter, 1995; Milstein, Midlarsky, Link, Raue, & Bruce, 2000).

**Proper differential diagnosis of the problem that the client presents at intake-interview important.** Johnson and Friedman (2008) review a number of useful criteria for distinguishing between religious, spiritual, and transpersonal experiences and psychopathology. These include determining the state or condition of the individual's pre-episodic, episodic, and post-episodic functioning level, especially in the areas of (a) level of functioning in daily life and whether patterns of pathology are exhibited in other life areas (home, work, recreation, sexual relationships, social settings), (b) the intensity of the spiritual experience, (c) emotional tone of the experience as exciting or as frightening and overwhelming, (d) how the individual copes with other people's reactions to the experience, (e) the individual's physical condition, including presence of neurochemical imbalances, (f) history of mental stability or dysfunction, (g) presence of manic symptoms, self-destructive tendencies, persecutory delusions or hallucinations, disorganized thought and speech processes, (h) onset of symptoms, (i) attitude toward the experience, (j) individual's religious belief system, (k) individual's experience of the crisis, (l) cultural context of the experience (Bragdon, 1990; Grof & Grof, 1989; Lukoff, 1985). Why is proper differential diagnosis of the problem that the client presents at intake-interview important? "An accurate diagnostic profile will help by-pass therapeutic mismatches and make the treatment process more efficient" (Jerry, 2003, p. 45). The transpersonal literature provides ample evidence that the characteristics of transpersonal experiences can be clearly and effectively distinguished from symptoms of psychotic experiences by the well-trained clinician who is familiar with both types of phenomena (e.g., Assagioli, 1989; Grof & Grof, 1990, pp. 254-255; Nelson, 1994; Washburn, 1994, pp. 254-256). Lukoff (1985, p. 163), for example, presents a diagnostic decision tree and flowchart for distinguishing between a mystical experience with psychotic features and a psychotic experience with mystical features. Grof & Grof (1990, pp. 254-255) list some
Chapter 11 – Transpersonality Disorders

major criteria for differentiating psychiatric disorders from spiritual emergencies which are presented in Figure 11-2.

What are important criteria suggesting that a person might be experiencing a spiritual emergency (transpersonal crisis)? How does one know that a person is experiencing a so-called spiritual crisis? Several criteria may be used to help make the diagnosis. First, the episode obviously must be in some way unusual, atypical, and uncommon for the individual who experiences it, different from his or her usual baseline state of consciousness. Second, such a change or alteration in consciousness involves the whole person - perceptually, emotionally, cognitively, and physiologically. There is a unity-identity-whole quality to the experience such that a "shaking of the foundations" is said to occur. Third, there is a significant "transpersonal" emphasis in the process -- a going beyond or through ordinary ego functioning to a dimension of experience that expands upon or incorporates what is experienced as the "More" of being. In concrete terms, this may mean the occurrence of a dramatic death and (re) birth experience in which one ego structure is replaced by another such that the sense of "I" is experienced as being different as result of the experience. Or it may involve the encounter with symbolic being of a mythological or archetypal character such as an encounter with angelic or demonic beings, or participation in heroic journeys or encounters with beings in the afterlife. Fourth, beyond the phenomenological content of the experience, the past psychiatric history of the individual reporting such episodes needs to be taken into account since the presence of a long history of conventional psychiatric treatment and hospitalization can provide an important context for understanding the possible etiology of the experience. Fifth, if the person who is experiencing the psychological crisis is in an otherwise reasonably good physical, cardiovascular condition, with the ability to understand the episode as an inner psychological growth process, and has the continuing ability to maintain an adequate working relationship with the therapist or health care provider, then an important criteria suggesting that a person might be experiencing a transpersonal crisis is met. Finally, a physical exam needs to rule out gross organic brain disorder or physical disease as being responsible for the psychological crisis. Many articles and books provide the transpersonally-oriented clinician a useful set of criteria from which to work. Jerry (2003), for instance, offers a transpersonally-oriented framework for distinguishing between spiritual emergence and spiritual emergency that addresses three key elements of transpersonal diagnosis: the clinician, the client, and the presenting issue(s). Grof & Grof (1990, chap. 1) provide a comparative listing of symptoms that show how spiritual emergence is categorically distinct from spiritual emergency. These differences between spiritual emergence and spiritual emergency are presented in Figure 11-3.

Why is a good medical and psychiatric examination a necessary requirement when diagnosing spiritual emergencies? A good medical and psychiatric examination is a necessary requirement when diagnosing spiritual emergencies because not every unusual state of consciousness or intense perceptual, emotional, cognitive, and physiological change represents a transpersonal crisis. Brain dysfunction or diseases of systems of the body may be a precipitating factor in the psychological crises and require medical considerations. This needs to be ruled out before purely psychological work begins.
What Are Spiritual Emergencies?

**A new clinical field of Spiritual Emergencies.** The varieties, causes, and treatments of transpersonal crises has given rise to a new clinical field called "Spiritual Emergencies" (Bragdon, 1990) There is a national referral network called the Spiritual Emergence Network (http://www.spiritualemergence.info/) that has been founded to provide mental health professionals information and resources to assist individuals experiencing transpersonal crises. The goal of this new clinical field is to promote the view that spiritual emergencies or transpersonal crises ought to be understood and treated as creative problem-solving stage in a natural developmental process. When transpersonal crises are viewed and treated from this perspective, then psychological difficulties have the potential of resulting in emotional and bodymind healing, personality transformation, and the evolution of personal awareness. When they are dismissed as pathological or receive inappropriate diagnoses, individuals may feel more isolated and misunderstood, assimilation of the experience is impeded, future help-seeking behavior is inhibited, and inappropriate treatment regimens are imposed (i.e., hospitalization with heavy medication).

**What are spiritual emergencies (transpersonal crises)?** Briefly stated, a spiritual emergency or transpersonal crisis can be defined as a mental disorder that has healing and transformative potential and that can lead to a positive restructuring of personality and to a psychological and spiritual renewal (Grof & Grof, 1989). Any psychological disorder that has the potential for helping the individual open up to the greater dimensions of his or her being while simultaneously strengthening confidence in ego functioning can be terms a spiritual emergency. It is an "emergency" because a sudden crisis is perceived in usual ego functioning or in the opening up of heretofore repressed or hidden psychic energies into awareness. It is "spiritual" because the perceived permeability of previously rigid ego boundaries and the simultaneous release of psychic energies provides the both the opportunity and the springboard for the human personality to rise to a "higher" state of being and psychological functioning. Spiritual emergencies include episodes of nonordinary states of consciousness (e.g., certain stages of dissociation) in which the individual's self-perceptions and the perceptions of others regard what is happening as a developmental or "evolutionary" transitional action on the part of the personality to move from one stage, level, or area of personality functioning to another level and that includes awareness of larger portions of one's own identity.

**Under what conditions can spiritual emergencies (transpersonal crises) occur?** Like peak experiences, spiritual emergencies (transpersonal crises) can occur in a number of ways. They can arise spontaneously without any obvious or apparent triggering cause but simply be the result of a accumulating set of experiences, impulses, circumstances, behaviors, repressions, and so forth over the course of a long period of time. Spiritual emergencies may be triggered by emotional stress, physical exertion, disease, or accident. They may be triggered by psychedelic drugs or various meditative practices. Spiritual emergencies can even be triggered by intense sexual experience or the experience of childbirth. Spiritual emergencies can occur whenever an individual works through various areas of the psyche (e.g., experience a deep trance, ingest entheogens, pray fervently, use the Oiuja board, have a peak experience) such that levels or areas of the subconscious open up to reveal new experiences, insights, understandings, expressions of the deep unconscious and superconscious psychic realms and which may dynamically and dramatically personify and exteriorize themselves to get their message across. Unfortunately, most individuals are unaware of their normal creative capacity to expand or surpass their usual biopsychosocial functioning because they focus so narrowly and rigidly upon waking work-a-day concerns and three-dimensional time-space events. Intrusions of a creative nature, such as unusual sensations, ideas, memories, mental images, bodily feelings, or impulses that originate from other layers of actuality may be frightening, considered to be alien or “not-self” and dangerous, perhaps even signs of mental disturbances and thus are automatically shut out by the familiar ego-directed portions of the personality. Such
communications from the more marginal, subliminal realms of consciousness are permitted only during
sleep, in dreams or in instances in creative inspiration.

Types of Spiritual Emergencies

A transpersonal spectrum model of psychopathology. Transpersonal scholar Ken Wilber (1984) proposes a spectrum model of pathology that parallels the his spectrum model of normal psychology in which particular types of psychological disorders manifest themselves as the result of a developmental “lesion” at particular stages in the development of consciousness. While Wilber's Buddhist-influenced model is acknowledged to be "developmental, structural, hierarchical, and systems-oriented" (Wilber, 1984, p. 75), it is important to recognize, psychologically speaking, that use of the term "levels" of development do not necessarily have to imply higher or lower levels, but concentric levels, even as the term "layers" of the subconscious do not necessarily imply higher or lower levels necessarily, but as marvelously intertwined, like a labyrinth, or series of interconnected rooms, and are used only for simplicity sake. At the so-called higher transpersonal stages of consciousness development (i.e., what Wilber terms "subtle" and "causal" levels), the personality may experience during meditation practice a various of unusual visions, images, thoughts, emotions, and sensations that may be interpreted in a distorted fashion leading to personal distress. One such pathology is the mistaking of a lower level of development for a higher one, as when a meditator mistakes archetypal forms, illumination, raptures, ecstasies, insights or absorptions for final liberation, a phenomenon sometimes referred to as "Zen sickness" and that Wilber terms a "subtle disorder of the pseudo-nirvana type." A similar distortion of experience that Wilber terms a "subtle disorder of the pseudo-realization type" in which the individual after achieving an intense insight (e.g., the unsatisfactory nature of physical existence) fails to transcend that experience to a higher level, instead becomes stuck and absorbed in the terrifying, oppressive, painful thoughts and emotion that accompany the initial original insight. The inability to accept what is called "the Great Death" of the archetypal self with which the individual may identify and fail to transcend, becoming locked into an attachment of this Self, failing to differentiate this particular object of consciousness from what is called "Formless Consciousness" is termed a "causal disorder of the failure of differentiation type." It is important to recognize that these particular form of pathologies tend to occur primarily to advanced meditators who are thoroughly indoctrinated in Buddhist concepts and practices.

Spiritual emergencies form an indivisible, multidimensional continuum of transpersonal crises. Spiritual emergencies range from conflicts over religious teachings and doctrine, to spontaneous psychic intrusions of a creative nature, to more esoteric experiential patterns such as emergence of reincarnational memories, and include: (Bragdon, 1990, chap. 3; Grof & Grof, 1990, chap. 4; Lukoff, Lu, & Turner, 1998):

- Episodes of unitive consciousness (peak experiences)
- The awakening of Kundalini
- Near-death experiences
- Emergence of past-life memories
- Shamanic journeying
- Activation of an archetype
- Psychic opening (awakening of extrasensory perception)
- Communication with the dead
- Channeling
- Experiences of close encounters with UFOs
- Possession states
- Questioning of spiritual values
- Meditation-related problems
Chapter 11 – Transpersonality Disorders

- Mystical experience
- Leaving a spiritual teacher/path

Seven of these types of spiritual emergencies are described below.

1. **Meditation-related problems.** Psychological crises can emerge in the midst of transpersonal development. In addition to their positive physical and psychological effects and growth potential, psychospiritual practices may give rise to disturbances in behavior, cognition, and affect. Meditation, for example, in addition to its use in the treatment of chronic pain, hypertension, anxiety disorders, stress, and as an adjunct to psychotherapy as a means of facilitating mental health, has psychiatric complications for emotionally fragile students undergoing intensive meditation training (e.g., releasing previously repressed traumatic memories and painful emotions, emergence of overwhelming and uncontrolled mental and physical energy resulting from release of kundalini). Many books and articles describe not only the promises, but also the perils, of the spiritual path of meditation (Epstein, 1990; Epstein & Lieff, 1981; Greyson, 1993; Kornfield, 1993; Miller, 1993; Ossoff, 1993; VanderKooi, 1997). The contemplative practice of meditation may not only lead to transpersonal development, but at certain stages of contemplative practice may also clear the way for the uncovering of traumatic material or the eruption into conscious awareness of unresolved early psychological issues and interpersonal difficulties that may have been earlier shoved aside by the controlling and directing ego, complicating further transpersonal development, until a personal synthesis and expansion has occurred to assimilate previously unassimilated portions of one's own identity and experience. Even advanced mystics are not free from repressed materials that Jung called the "Shadow," because enlightenment does not transform neurotic traits out of existence. Rather than being something that must be encountered and transformed, most traditional spiritual paths consider neurotic traits as insignificant and something to be transcended rather than transformed (Feuerstein, 1993).

2. **Awakening of kundalini.** "Kundalini is the name for the spiritual energy, or consciousness, that moves and illuminates all of life. It also specifically refers to the powerful energy releases in the spine and the chakras, and all of the subtle channels of the body" (Kornfield, 1993, p. 128). The opening of the chakras and the releases of their energies into the body, described in more detail in books on Hindu kundalini yoga. Jack Kornfield, experienced meditator and teacher, states that the opening of these "energy centers" in the body can open up a range of powerful energetic, visionary, and emotional experiences in the percipient -- confusion, fear, ego-inflation, intense sexual feelings, tension, difficulty breathing, outpourings of rage and frustration, profound grief. Outpourings of compassion, chronic swalloowing or coughing, spontaneous emergence of sounds and images, eye phenomena, disorientation, pressure, tension, loss of ego boundaries - depending on which of the seven chakras are opened (Kornfield, 1993, chap. 9). As unfamiliar and unusual sensations, these experiences can be interpreted either as a symptom of a psychological disorder or as a side effect of a spiritual phenomenon (Greyson, 1993; Ossoff, 1993). Such powerful altered states and energetic processes can occur so quickly that the individual is unprepared on how to handle them. The thing to do is to find the proper balance between spontaneity and discipline in such a situation, sometimes with the help of a teacher who has already experienced such a crisis and knows the path through the difficulty. "Our path is neither to desire them, nor to fear them. The true path is one of letting go. When we cultivate spaciousness, faith, and a broad perspective, we can move through all states and discover in them a timeless wisdom and a deep and loving Heart" (Kornfield, 1993, p. 134).

3. **Shamanic journeying.** The shaman (pronounced SHAH-man) is the name for the traditional witch doctor or holy medicine man of North American Indians. The shaman would be able to alter his or her state of consciousness at will and undergo a "journey" into the underworld. The journey would include a descent into the underworld in which the shaman would undergo an experience of death and rebirth. The journey would be guided by ancestral spirits. The ongoing dreams and visions of which the
journey would consist would include encounters with devils and demons, exposure to emotional and physical tortures, a death experience in which the ego is completely annihilated and extinguished, to be followed by a subsequent rebirth of an entirely new ego and the ascent in supernatural realms of spirits and higher beings. Physical and psychological healings of members of the tribe or clan by the shaman would often take place while the shaman and the patient were in this alternate state of consciousness. Carlos Castenada (1968, 1971, 1972, 1974) wrote a series of popular books that describes his apprenticeship with a Yaqui Indian shaman called Don Juan and that introduced the concepts and practice of shamanism to many Westerners. One of the most complete description of shamanic methods for shamanic journeying can be found in Michael Harner's (1990) *The Way of the Shaman*. The profound encounter with death and rebirth, encounters with dragon-like creatures and demons are powerful symbolizations that accompany the great mental, emotional, and physical adventure of shamanic journeying. These can be quite terrifying experiences for the unprepared. Shamanic journeying may happen spontaneously, following the ingestion of psychoactive drugs, or training under the guidance of a practicing shaman. Like psychoactive drugs such as LSD, specific techniques used in shamanism seem to act as "non-specific catalyst" that serve to open up dimensions of the psychic realm that exist behind and independent of physical reality. Shamanic journeying provides a way to experience first-hand the open-ended nature of reality and a cartography or map of those inner psychic realms. The spiritual emergency occurs because of the natural tendency to interpret the experience as a sign of mental disorder or even insanity.

4. **Activation of an archetype.** Carl Jung made the term "archetype" famous in his theory of personality with his expression of terms such as "Shadow," "Animus," "Anima," "Persona," "Ego," and "Self" as core archetypes of the personality. An archetype can be defines as an internal psychic structure around which collects a combination of attributes or characteristics of similar types which provides the distinctive unique identity of the archetype (e.g., shadow attracts "evil" traits, animus attracts "masculine" traits, and so forth). There is an emotional core to each archetype around which specific images and ideas surround representing instinctual energies of the species' collective unconscious. There are an innumerable number of archetypes (e.g., joker, power, energy, God, angels, Madonna, nature spirits, hero, king, warrior, sage, gods and goddesses) each of which describe a specific aspect of human personality and that influence our relationships with self, world, and others. When individuals encounter these various aspects of the psychic realm, tremendous energy is released which may produce sudden emotional changes, a sense of being engulfed by themes of death, feelings of powerfulness or powerlessness, irrationality, acting out of repressed harmful impulses, false exaggeration of importance, attitude of moral superiority, inability to accept mistakes or weaknesses, and so forth. Jungian scholar Joseph Campbell (1949, 1986, 1988) describes some of the basic archetypal themes that can characterize spiritual emergencies signaling psychological renewal through activation of central archetypes. This can include the experience of being in the middle or center of the Universe, and preoccupation with death and the themes of ritual killing, martyrdom, crucifixion, and the afterlife. Or the encounter with an archetype may involve an experience of returning to the beginnings of the world and to creation or experiencing some apocalyptic battle between forces of good and evil, clash of male and female polarities, or sense of being raised to a highly exalted status accompanied by a sense of rebirth. These difference experiences would characterize encounters with different archetypes. Jung regarded such encounters an almost inevitable part of the process of personality development he termed individuation. in which all portions or areas of the psyche become integrated. "Individuation means becoming a single, homogeneous being, and, insofar as 'individuality' embraces our innermost, last, and incomparable uniqueness, it also implies becoming one's own self. We could therefore translate individuation as 'coming to selfhood' or 'self-realization'" (Jung, 1953, p. 171). The spiritual emergency occurs because of the tendency to interpret the experience as a sign of psychological disorder or even insanity.
Chapter 11 – Transpersonality Disorders

5. **Psychic opening.** It is important to recognize, psychologically speaking, that when people commune with nature, engage in meditation, ingest psychoactive substances, fast for long periods of time, endure prolonged periods of isolation, or have a mystical experience, they are working through areas or levels of the psyche. At some indescribable point, when a certain stage of dissociation is achieved, the inner psychic realm "opens up" into levels of being, reality, experience, or understanding usually unavailable to ego-directed awareness. Because most people do not understand their own inner reality or have been taught to distrust themselves, such experiences may be perceived as frightening, threatening, or signs of mental disturbance or instability. Almost conscious just-under-the-surface or even more deeply buried needs and desires, reaching backward to birth, may emerge into awareness. Or more deeply feared elements may arise as in an earthquake to shatter the seemingly solid surface of the persona. On the other hand, those possibilities of development that have been dormant or not strong enough to rise to conscious ego awareness may suddenly burst forth and bloom. Types of spiritual emergencies (transpersonal crises) place in this category of "psychic openings" include what are traditionally known as experiences of so-called extra-sensory experiences (ESP) and a flooding of other extraordinary paranormal experiences such as out-of-body experiences, trance channeling, an apparent premonition, a precognitive dream, or physical encounters with poltergeist activity.

In some sensitive individuals there is an awakening of parapsychological perceptions. They have visions, which they believe to be of exalted beings; they may hear voices, or begin to write automatically, accepting the messages at their face value and obeying them unreservedly. The quality of such messages is extremely varied. Some of them contain fine teachings, others are quite poor or meaningless. (Grof & Grof, 1989, p. 37)

Parapsychological experiences may occur during the practice of meditation, in dreams, or whenever the personality achieves certain stages of dissociation or alternate states of consciousness. Information may be received dealing with the reality which exists behind, and independent of, physical matter and communications may occur between personalities no longer focused in the physical field and those still in it (i.e., communication between what is termed the living and the dead who are still at least psychically connected with life in the physical field may take place). Such inner communication may be achieved through self-induced hypnotic trance states, spontaneously as when a severe emotional outbursts reactions are set off, or as a result of external circumstances. Such communications may be occurring constantly at a subconscious level, and seldom reach ego awareness because of cultural conditioning and censorship imposed upon such communications by society and environment. Paranormal experiences may cause fear, confusion, and emotional disturbances which lead people to seek counseling as an aid to understanding the nature of such experiences or in coping with their emotional reactions to such experiences (Hastings, 1983).

[Such communications]should always examine with much discrimination and sound judgment, and without being influenced by their uncommon origin or by any claim of their alleged transmitter. No validity should be attributed to messages containing definite orders and commanding blind obedience, and to those tending to exalt the personality of the recipient. (Assagioli, 1965/1976, p. 46)

6. **Emergence of reincarnational patterns.** Like the fossilized layers within the physical earth, so do the subconscious layers hold intact the traces of an individual's past lives. At deep levels of subconscious activity, associations that seems to be from the personal present subconscious merge with those from past lives, and may emerge into conscious ego awareness the inner psyche's latent knowledge and experience of an individual's personality in various existences. Historical knowledge and memories dealing with successive previous existences and identities may emerge (or be achieved) through communication with those layers of the subconscious dealing with previous lives. At even deeper levels or areas of the subconscious communications that give information dealing with racial heritage of the
species may occur. Experiences that seem to be occurring in a different temporal or spatial context, in another historical period or another country, accompanied by strong positive or negative emotions and intense physical sensations fall into this category of spiritual emergencies. These experiences may be accompanied by a strong conviction that one is retrieving these experiences from memory and that one is actually reliving previous episodes from his or her own previous incarnations. Conflicts may emerge when the present dominant personality's desires are opposed by the subconscious fears that proceed from memories of a past life. None of this, or very little, may be conscious. If the knowledge of such subconscious conditioning is understood and applied through therapy, then the vicious circle can be broken, and new constructive outcomes can be attained. This has nothing to do with so-called karma. While personalities may work out individual problems through various existences with a continuity of purpose, free will operates and no purpose is forced upon any personality in any particular lifetime, but adopts various reincarnations for those purpose most in keeping with the personality's own needs.

Karma has meaning only in basic terms within your particular plane. Nor does karma say anything about an eye for an eye, nor is there in karma any suggestion of punishment. Karma is merely in the physical plane, the result of personal development, and represents the maturing realization that we are all psychically and physically part of All There Is, and that when we wound, it is not another that we wound but ourselves. (Roberts, 1998a, pp. 21, 63).

Like a living archeological heritage, an individual's reincarnational memories provides a source from which the individual may draw knowledge, a sense of psychic continuity, and balance. The emergency or crisis arises when the waking ego interprets such experiences as signs of self-deception or even insanity.

7. **Possession states.** Spirit possession, a trance state in which a person reports that his or her body is invaded or captured by one or more disembodied entities, has been reported to occur throughout the world (Bourguignon, 1976; Mischel & Mischel, 1958). Possession experiences often occur as a part of religious practices in many cultures and "may or may not be seen as pathological within their native cultural framework, but if not recognized as culturally appropriate could indicate psychosis, delusions, or hallucinations in a Western setting" (Shiraev & Levy, 2010, p. 227). In some cases, buried needs, frightening fears, and benign constructive abilities may dramatically personify themselves in the guise of so-called secondary personalities that explosively emerge to give form to that which have, until then, found no vehicle for expression. Spiritual emergencies of the possession-type are characterized by the individual typically identifying the emergent psychic energy as evil or demonic, tries to suppress its manifestation by all means, which often gives rise to suicidal depression, murderous aggression, impulses for antisocial behavior, or cravings for drugs and alcohol, and emergence of other behaviors which alienate relatives and friends. Many so-called cases of possession can be attributed to the dissociated part of the personality clothing itself in the guise of another personality and battling the primary personality for dominance. Invasion of the dominant personality's mind or subconscious by so-called unhealthy or evil or demon or uncontrolled spirits, as a rule when they seem to suddenly burst forth, have long been hiding in the personal subconscious, and are indeed unfortunate creations of a psychotic mind. These unhealthy aspects of strong subconscious formation are the unfortunate result of those diverse divisions imposed by society and environment upon the ego personality so far dominant. "The closed and dangerous subconscious is the one which is closed both to inner depths of inspiration arising from the inner self, and also to outer doors of expression. Here the pressure is explosive" (Roberts, 1997c, p. 326). A positive outcome to such psychic openings lies in the ability to the dominant ego-oriented portions of the personality to maintain its authoritative position and integrate these buried needs, emotions, and abilities into its structure so as to deal more effectively with the physical world. For instance, if the dominant personality had no strong, utilized creative outlets of his or her own, then a benevolent secondary personality might insinuate itself by acting as an outlet for creative abilities that the dominant ego has been unable to use. A more unfortunate outcome occurs when secondary
personalities emerge with such force and vigor that they give personification to buried fears and fantasies that are unhealthy to a dominant personality whose ego is not sufficiently strong enough to handle the powerful unified subconscious forces which have been long denied outlet, and which now dictate terms to the dominant personality. Such secondary personalities often camouflage themselves in the guise of moral superiority, perfection, holiness, or even godlike qualities (called ego-inflation) as they usurp the position of the dominant personality, until the fear patterns of which they are composed gradually assert themselves. In all of this, the beneficial or detrimental effect of the emergence of secondary personalities is judged by its good or bad effect upon the dominance ego personality whose job it necessarily is to deal with the demands and requirements of survival in the physical world.

Self-Realization and Psychological Disturbances

Transpersonal psychiatrist Roberto Assagioli (1965/1976, chap. 2) in his classic book, *Psychosynthesis: A Manual of Principles and Techniques*, provides "a general outline of the disturbances which can arise at the various stages of spiritual realization and some indications pertaining to their proper treatment" (p. 40). Assagioli was keenly aware of the relationship between spirituality and psychological disturbances and the need to distinguish between transpersonal crises that occur before, during, and after spiritual emergence or "self-realization" and psychological disturbances that accompany common psychopathology as conventionally understood by mainstream psychology. Assagioli recognized that

Spiritual development. . . . involves the awakening of potentialities hitherto dormant, the raising of consciousness to new realms, a drastic transmutation of the 'normal' elements of the personality, and a functioning along a new inner dimension. . . . So fundamental a transformation is marked by several critical stages, which may be accompanied by various mental, emotional, and even physical disturbances. To the objective, clinical observation of the therapist, these may appear to be the same as those due to more usual causes. But in reality they have quite another meaning and function, and need to be dealt with in a very different way. . . . The recognition of his actual, existential situation reveal the different nature and level of the underlying conflict. . . . The conflicts are between some aspect of the personality and the progressive, emerging tendencies and aspirations of a moral, religious, humanitarian, or spiritual character. . . . The emotional disorders or neurotic symptoms of the average man and woman are often more serious, intense, and difficult for them to bear and for therapists to deal with than those connected with Self-realization. . . . The physical, emotional, and mental problems arising on the way to Self-realization, however, serious they may appear, are merely temporary reactions, by-products, so to speak, of an organic process of inner growth and regeneration. Therefore they wither disappear spontaneously when the crisis that has produced them is over, or they yield easily to proper treatment. (Grof & Grof, 1989, p. 30, 34, 48)

Assagioli identifies four critical stages of transpersonal or spiritual awakening (i.e., "becoming aware of a new area of experience, the opening of the hitherto closed eyes to an inner reality previously ignored" (Assagioli, 1965/1976, p. 40) during which transpersonal crises or spiritual emergencies may occur: (a) crises preceding the spiritual awakening (b) crises caused by the spiritual awakening, reactions to the spiritual awakening, and (d) phases of the process of transmutation.

1. **Crises preceding the spiritual awakening.** The first stage of spiritual opening is characterized by a "divine discontent", a growing sense of dissatisfaction ("Is this all there is?") and a sense of agitation, uneasiness, emptiness, and inner turmoil that grows out of belief that "the only reality is that of the physical world which he can see and touch," the realization that "something's missing," and a yearning for something "More."
The first stage, [is] that of dissatisfaction, restlessness, and unconscious groping. If he has lost interest in life, if everyday existence holds no attraction for him, if he is looking for relief in wrong directions, wandering up and down blind alleys, and he has not yet had a glimpse of the higher reality -- then the revelation of the real cause of his trouble and the indication of the unhoped-for solution, of the happy outcome of the crisis, can greatly help to bring about the inner awakening which in itself constitutes the principle part of the resolution. (Grof & Grof, 1989, p. 46)

The individual is experiencing an illness that Maslow (1971, chap. 23) called a "metapathology" that results from a deprivation of Being-Values and "a diminishing of full humanness or of the human potential" (p. 320).

All personal affairs, which formerly absorbed so much of his attention and interest, seem to retreat, psychologically, into the background; they lose their importance and value. New problems arise. The individual begins to inquire into the origin and purpose of life; to ask what is the reason for so many things he formerly took for granted; to question, for instance, the meaning of his own sufferings and those of others, and what justification there may be for so many inequalities in the destinies of men. . . . It frequently happens that this state of inner disturbance is followed by a moral crisis. His conscience awakens or becomes more sensitive; a new sense of responsibility appears, and the individual can be oppressed by a heavy sense of guilt. He judges himself with severity and becomes prey to profound discouragement, even to the point of contemplating suicide. To the man himself it seems as if physical annihilation were the only logical conclusion to his increasing sense of impotence and hopelessness, of breakdown and disintegration. (Assagioli, 1965/1976, p. 41)

This crisis period may be accompanied by various symptoms characteristic of some neurotic and borderline psychotic states, and psychosomatic disturbances (e.g., nervous tension, insomnia). If the significance and importance this new state of mind is not recognized, acknowledged, or accepted, individuals may become alarmed, feeling threatened and uncomfortable by the prospect of leaving one's comfort zone to progress into the unknown, or even believing that they may be losing their minds, and strive to devise ways to neutralize the situation (Ferrucci, 1982, chap. 14). The individual may engage in repression as the discomfort, feelings of emptiness, and nagging questions are pushed away from one's awareness. Or the individual may use projection to attribute these feelings, attitudes, and expectations to another person, instead of owning them him or her self, so that they are once again able to maintain the status quo in their own lives. Or the person may engage in compensation and throw themselves even more forcefully into the life that previously seemed so empty -- changing jobs, watching TV, "having fun," drinking and carousing in an attempt to feel "comfortably numb" to alleviate his or her disturbed condition. Or individuals may engaged in a defensive pessimism whereby they pity and belittle themselves as being either too old or too young, too smart or too stupid to be able to do anything about the situation anyways. Or they may engage in a desacralization of anything spiritual by ridiculing it and anyone or anything that even hints that there may be something "More." In this way and others, individuals attempt to short-circuit the self-renewal process they are undergoing. In any event, this crisis period is viewed as paving the way for the achievement of a new personal integration (psychosynthesis) and in the making of "positive, natural, and often natural preparations for the progress of the individual. They bring to the surface elements of the personality that need to be looked at and changed in the interest of the person's further growth" (Grof & Grof, 1989, p. 34).

2. **Crises caused by the spiritual awakening.** The experience of spiritual awakening or enlightenment has been described in many books (see for example, Ferrucci, 1990; Hixon, 1989; Miller & C'de Baca, 2001; White, 1984) and will not be described here, except to say that in the cases we are considering here, it often produces a wonderful flood of light, energy, joy, and release from the conflicts
and sufferings that preceded it. Assagioli (1965/1976) provides a generalized description of such an awakening:

A harmonious inner awakening is characterized by a sense of joy and mental illumination that brings with it an insight into the meaning and purpose of life; it dispels many doubts, offers the solution of many problems, and gives a sense of security. At the same time there wells up a realization that life is one, and an outpouring of love flows through the awakening individual toward his fellow beings and the whole of creation. The former personality, with its sharp angles and disagreeable traits, seems to have receded into the background and a new loving and loveable individual smiles at us and the whole world, full of eagerness to please, to serve, and to share his newly acquired spiritual riches, the abundance of which seems almost too much for him to contain. (p. 46)

In some cases, but not all, personal difficulties arise "when the intellect is not well coordinated and developed; when the emotions and imagination are uncontrolled; when the nervous system is too sensitive; or when the inrush of spiritual energy is overwhelming in its suddenness and intensity" (Assagioli, 1965/1976, p. 43). One common difficulty pertains to misinterpreting and overgeneralizing the meaning and significance of the experience in a grandiose way such the personal ego becomes inflated puffed up with self-exaltation and self-glorification. The realization that "I am a part of God" becomes changed to "I am God." The sense of oneness with All That Is becomes distorted such that the distinction between the individual ego, or "I" and the rest of Reality becomes blurred. "Dazzled by contact with truths too great or energies too powerful for their mental capacities to grasp and their personality to assimilate. . . . [the individual] attributes to their personal self, or egoic "I" the qualities and powers of the Transpersonal or higher Self" (Grof & Grof, 1989, p. 36).

The second stage, that of emotional excitement or elation -- when the individual may be carried away by an excessive enthusiasm and cherishes the illusion of having arrived at a permanent attainment, calls for a gentle warning that his blessed state is of necessity, but temporary; and he should give an indication of the vicissitude on the way ahead of him. (Grof & Grof, 1989, p. 46)

In other cases, other troubles may arise with expanded awareness of the "deeper Being" or basic identity of ourselves. These may include (a) a greater sensitivity to the pain of human beings in general, (b) a greater sense of personal limitation and inadequacy in the face of the beauty and splendors perceived, (c) an excessive optimism that all problems are now solved, (d) mental over-stimulation as a result of an infusion of images, ideas, mental connections, and associations that leads to the belief of having all the solutions and the one and only Truth, and (e) difficulty in returning to the prosaic, ordinary everyday work-a-day world of flesh-and-blood living (Ferrucci, 1982, chap. 14).

In other cases the sudden influx of energies produces an emotional upheaval which expresses itself in uncontrolled, unbalanced and disordered behavior. Shouting and crying, singing and outbursts of various kinds characterize this form of response. If the individual is active and aggressive he may be easily impelled by the excitement of the inner awakening to play the role of prophet or savior; he may found a new sect and start a campaign of spectacular proselytism. (Assagioli, 1965/1976, pp. 45-46)

3. Reactions to the spiritual awakening. It is a relatively rare event in which the spiritual and transpersonal experience is strong enough to achieve a higher personality integration and transformation that is relatively permanent, in which "an individual's life is suddenly and permanently uplifted and transformed as a direct and immediate result of a spiritual awakening" (Grof & Grof, 1989, p. 38). More often, "although a higher level of organization is reached, only some of the regressive tendencies and patterns in the personality are fully transformed, while most of them are only neutralized temporarily by
the presence of the higher energies" (Grof & Grof, 1989, p. 38). In some cases, the higher level of organization is not reached because of egoic censorship, emotional blocks, and patterns of beliefs that, although brought to light during the experience, ultimately prevent the higher integration from occurring. "Most spiritual experiences contain a combination in various proportions of permanent changes, temporary changes, the recognition of obstacles that need to be overcome, and the lived realization of what it is like to exist at this higher level of integration" (Grof & Grof, 1989, p. 39).

This inevitable reaction in the third stage . . . often involves . . . a painful reaction and sometimes a deep depression, as the person 'comes down' from his high experience. If he has been forewarned, this will enable him to avoid much suffering, doubt, and discouragement. When he has not had the benefit of a warning of this sort, the [therapist] guide can give much help by assuring him that his present condition is temporary and not in any sense permanent or hopeless as he seems compelled to believe. The [therapist] guide should insistently declare that the rewarding outcome of the crisis justifies the anguish -- however intense -- he is experiencing. Much relief and encouragement can be afforded him by quoting examples of those who have been in a similar plight and have come out of it. (Grof & Grof, 1989, pp. 46-47)

The state of exalted joy and bliss does not last forever, however, for this is not the nature of existence. Life, physical life, proceeds in cycles. Nature has her seasons and is rhythmical. Daily life has its ups-and-downs. There are no mountains without valleys. Joy and love, being emotions, move and change. The personality is infused and transformed, but the transformation is seldom either complete or permanent. All is change. Perfection implies a state of being beyond change, beyond growth, development, and creativity. No such state exists for all of being is in a state of becoming, not becoming more perfect, but becoming more perfectly itself. While joy seeks eternity, it cannot be so while we are physical creatures here on earth. It can be painful to one who has "awakened" to experience the withdrawal of the energy transmitted by the Transpersonal Self and the loss of one's exalted state of being. If the peaks of enlightenment and liberation are high, then the abyss of despair,meaninglessness, and bitterness can be deep, and can produce personal difficulties.

The "old" personality can re-awaken as the personality reverts back to his or her previous state once the energy of the inner self has been withdrawn. The inner subpersonalities, instinctual energies, forgotten memories, and repressed impulses that were penetrated by the awakening rise to conscious awareness and become revitalized. In light of the ideal, the real looks even more shoddy, as the person judges himself and others more severely and with greater harshness in light of the previous exalted state of being. The person may now become propelled by a sense of personal frustration, and perhaps by some sense of vengeance, seeing in his or her mind the destruction of a world that falls so far beneath one's idealized expectations.

At times the reaction becomes intensified to the extent of causing the individual even to deny the value and reality of his recent experience. Doubts and criticism enter his mind and he is tempted to regard the whole thing as an illusion, a fantasy or an emotional intoxication. He becomes bitter and sarcastic, ridicules himself and others, and even turns his back on his higher ideals and aspirations. Yet, try as he may, he cannot return to his old state; he has seen the vision, and its beauty and power to attract remain with him in spite of his efforts to suppress it. He cannot accept everyday life as before, or be satisfied with it. A 'divine homesickness' haunts him and leaves him no peace. sometimes the reaction presents a more pathological aspect and produces a state of depression and even despair, with suicidal impulses. (Assagioli, 1965/1976, p. 47)

This type of crisis allows us to awaken to the fact that in any significant endeavor, whatever it may be, especially spiritual development, there can be obstacles and difficulties. The psychological disturbances that occur during this type of crisis are not simply pathological, for they have a different, far deeper cause
than the problems that accompany those of normal life. What may seem a setback should not deter the individual from proceeding. The ultimate choice is whether the individual wants to proceed to move in the direction of his or her ideals through action or not. The issue is not whether we should try to live to our ideal potentialities, but letting oneself express those ideal potentialities that we have within ourselves. This notion of an inner Transpersonal Self trying to manifest itself within us makes spiritual growth and development a personal task of becoming aware of our emerging life purpose, eliminating obstacles to it, and otherwise facilitating its realization in our daily life. "Ultimately, the crisis is overcome with the realization that the true and deepest value of the experience is that it offers. . . a 'tangible vision' of a better state of being, and thus a roadmap, an ideal model toward which one can proceed and which can then become a permanent reality" (Grof & Grof, 1989, p. 41)

4. **The process of transmutation.** This eventful and rewarding period on the journey of "awakening" can be described by a series of powerful metaphors, symbols, and analogies that aptly characterize this as a period of transition -- from caterpillar to butterfly, from captivity to liberation, from darkness to light, from fragmentation to wholeness -- and as a human evolutionary transformational process of awakening from the dream of "reality," uncovering the veils of illusion, purification by fire, returning to the source, dying and being reborn (Metzner, 1986).

This stage follows the recognition that the necessary conditions to be fulfilled for the high achievement of Self-realization are a thorough regeneration and transmutation of the personality. It is a long and many-sided process which includes several phases: the active removal of the obstacles to the inflow and operation of superconscious energies; the development of the higher functions which have lain dormant or undeveloped; and periods in which one can let the Higher Self work, being receptive to its guidance. (Grof & Grof, 1989, p. 41).

Over a long period of time and not without some difficulties along the way, the individual begins to observe a slow but sure change in himself or herself as steps are taken to put one's ideals into action in one's daily life.

His life becomes infused with a sense of meaning and purpose, ordinary tasks are vitalized and elevated by his growing awareness of their place in a large scheme of things. As time goes on, he achieves fuller and clearer recognitions of the nature of reality, of man, and of his own higher nature. . . . The process does not always proceed with absolute smoothness [but] this is not surprising given the complex task of remaking the personality in the midst of the circumstances of daily life. (Grof & Grof, 1989, p. 42)

During this process of transmutation the individual basically has two tasks that he or she must learn to carefully balance: continue pursuing the growth process of self-transformation while simultaneously meeting the demands of everyday life effectively. There may be a tendency to become too introspective and so engrossed with the pursuit of spiritual development that the meeting of one's duties and responsibilities in the work-a-day world suffers. Criticisms from family members, friends and work supervisors may cause doubts and discouragement about the success of the spiritual venture. Another difficulty can be caused by the superabundant inflow of energy that the individual feels, including aggressive and sexual impulses that may surface during this time. The energy may either end up scattered and unfocused in feverish activity or kept inhibited and unexpressed. If the excessive or unused energy, especially the aggressive and sexual drives are forcefully repressed out of awareness, psychosomatic difficulties may occur, such as insomnia, emotional depression, mental agitation, and restlessness. Ideally, the appropriate solution is to recognize, accept, and channel the excessive or unused energy into constructive and purposeful activity. Express, don't repress.
Many of these troubles can be greatly reduced or altogether eliminated by pursuing one's growth process with energy, dedication, and zeal, but without becoming identified with it. . . . It is most valuable to make special point of recalling that vision [of Self-realization] as vividly and as frequently as possible. One of the greatest services [therapists] can render to those struggling along the way is to help them keep the vision of the goal ever present before their eyes. Thus one can anticipate, and have an increasing foretaste of, the state of consciousness of the Self-realized individual. It is a state of consciousness characterized by joy, serenity, inner security, a sense of calm power, clear understanding, and radiant love. In its highest aspects it is the realization of essential Being, of communion and identification with the Universal Life. (Grof & Grof, 1989, pp. 43, 48)

**Cultural Spiritual Emergencies**

*What contemporary individual, cultural, and global pathologies result from the lack of transpersonal experiences?* It can be argued that the absence of transpersonal experiences in our daily lives and the active efforts taken by individuals, societies, and cultures to prevent their occurrence has itself been the cause of much of the contemporary individual, cultural and global pathology that is present in our world today. From an integral (e.g., psychoanalytic-cognitive-social learning) perspective, when the conscious ego-mind accepts too many false and limiting beliefs about the nature of reality from family, society, culture, science and religion (particularly if it sees itself as relatively powerless to change its experience and life circumstance, and the subconscious portions of the personality to be dangerous, unsavory, evil unreliable, unfriendly, and responsible for its personality problems and difficulties) then fearing his or her own thoughts and avoiding self-examination, the personality it sets up barriers from these other portions of the self, cutting itself off from the joy, strength, inspiration, knowledge, vitality, and comprehensions that is at the core of their being, their transpersonal self, and multidimensional personhood. The doors to the inner transpersonal Self become shut. The personality begins to feel itself vulnerable, unprotected, solitary, angry, and afraid, and the deep feeling of security in which the personality was anchored as a child becomes lost. Strongly contradictory beliefs are no longer examined and become unassimilated in the personality’s normal frame of reference, causing blocks in the flow of inner energy outward and blurring clear lines of communication and action, as ideas seemingly take on a life of their own, effectively dominating certain areas of behavior and experience. Thus people become psychologically disordered because at root they are frightened of themselves – of their own energy, impulses, and feelings that have become fragmented, objectified, and seen to come from outside rather than within. This split does not originate within the inner self, but is a split of the conscious mind in certain terms.

1. **Mid-life crisis.** As a result of the lack of transpersonal experiences that would otherwise help to synthesize the inner and outer world, the inner and outer selves, countless individuals face what has been called a "midlife crisis" in which their lives are experienced as being devoid of meaning, creative excitement, drama, and zest.

2. **Global crises.** The gnawing psychic-spiritual hunger for something "More" in life becomes translated into global crises that reflects the insatiable consumption of earth's resources, wealth, nourishment on the part of certain portions of the human population at the expense of other portions, other species, and the earth itself to feed a hunger that will never die as long as life is viewed as being without meaning.

3. **Addictions.** The etiology of specific clinical disorders, such as addictions, can be arguably traced to the lack of transpersonal experiences in an individual who feels that his or her life is devoid of meaning (Bragdon, 1990, chap. 9; Grof & Grof, 1990, chap. 5). It is possible that for many people, behind the craving for drugs, alcohol, or other addictions is the craving for transcendence, wholeness, the Higher Self or God (Metzner, 1994). It has been found that practices such as meditation may reduce the
consumption of both legal and illegal drugs (Shapiro & Walsh, 1984). How does the lack of transpersonal experience play a role in the origins of addictive behavior? Addictive behavior (drugs, money, alcohol, sex, and so forth) may be in part a substitute for transpersonal experiences providing the individual with the "high" of a pleasurable experience, comfortably "numb" to the pain and hurt of daily life. Some addicts, for example, describe the first drink as their first spiritual experience and a state in which individual boundaries are melted and everyday pain disappears. Or the craving for objects and experiences may displace the fundamental impulse toward ultimate states. Many recovering people, for instance, talk about their restless search for some unknown peace in their lives in terms of a vain pursuit of a multitude of substances in an effort to fulfill their unrewarding craving. The fundamental human drive to regain awareness that we are a part of All that Is is distorted into the craving and desire to possess All That Is. In place of being everything, one desires to have everything. If addictive craving can reflect a lack of transpersonal experience, what evidence suggests that a transpersonal experience may shed light on the treatment of addiction? Alcoholics and other addicts describe their decline into the depths of addiction as "spiritual bankruptcy" or "soul sickness" and the healing of their addiction as a rebirth of their impoverished soul. In addition to meditation and the 12-step program of AA, one of the world's great religions, Buddhism, states that the Second Noble Truth is that "The cause of suffering is craving." Reduce craving and you reduce suffering. The tenets of Buddhism when followed is designed to reduce both. Recovery from alcoholism also has significant and important transpersonal dimensions (White, 1979). One of the more popular and successful alcohol treatment programs, Alcohol Anonymous (AA), has an explicit spiritual orientation. Its 12-step recovery program indicates that spirituality can be an important healing factor for some people. The founder of AA, Bill W, based the principles of AA on spiritual factors, after overcoming his own alcoholic addiction following a transpersonal experience. Bill W. described the journey of the addict or alcoholic to the bottom and into recovery is often an ego-death and rebirth process. During ego-death, everything that one is or was -- all relationships and reference points, all rationalizations, displacements, and projections -- collapse, and the person is left naked, with nothing but the core of his or her being. As a part of the rebirth that follows ego death, the person opens to a spiritually oriented existence during which the practice of service becomes an essential impulse. Individuals discover through this a constant, unending benevolent source or "higher Power" within that offers them strength and guidance.

**Spiritual Emergencies and the Mental Health Professional**

**General Therapeutic Strategies**

1. **Open the channels of communication between the conscious and the subconscious.** Individuals in transpersonal crises can be assisted by a number of general therapeutic strategies. One strategy involves using techniques that slow down the process so that material can become better integrated and incorporated into ego awareness. This may include a heavier diet, intense physical exercises, avoidance of stressful and over-stimulating situations, the discontinuation of spiritual practice, daily brisk walks, or the temporary use of minor tranquilizers. A second strategy is to create situations in everyday life where it is possible to facilitate the process with the use of various "uncovering" techniques and safety confront the emerging material. This may be done in the context of meditation practice, stress-reduction, creative visualization, positive thinking, assistance from nonordinary sources such as inner guides, hypnosis and self-hypnosis, directed association, Jungian active imagination, Psychosynthesis, Gestalt practices, changes in states of consciousness, introspective reflective experiencing facilitated by music, expressive movement, or encouraging artistic expression. As a general rule, it is only when aggressive impulses and their accompanying thoughts, emotions, and images are unexpressed that they are dangerous, and the repressed rage will hold back the desired therapeutic personality development and effective resolution of the transpersonal crisis. Any activity that allows the individual to use constructively the aggressive energy which does not have outlet will be beneficial. Whatever strategy is utilized, what is sought is better communication between the outer reality of the ego and the inner reality of the transpersonal self, which
can be approached from one or the other of two methods. The first strategy involves a "contraction" of psychic energy, the second general strategy involves an "extension" of psychic energy (Roberts, 1998a, p. 3). Each strategy will result in a complementary, compensatory extension or contraction as an after-effect. Contraction of consciousness using the technique of concentration meditation upon a single, small, limited, narrowly focused and contracted object such as one's breath or a candle flame will result in expansion of consciousness. Expansion of consciousness by projecting one's awareness outward into nature, the sky, the stars, the universe, to ultimately encompass all of Reality, hence draws the energy of the universe back unto the self, and thereby extends the reaches of the self as a result of a subsequent contraction of consciousness.

2. **Utilize the natural telepathic communications that during therapy sessions.** It is important to recognize, psychologically speaking, that all therapeutic strategies and healing processes involve creative action, and hence a constantly changing situation of unevenness of pressures in which new instabilities ever seeking to achieve a delicate, precarious balance is to be expected. Any attempt to produce advantageous conditions with positive beneficial, constructive suggestions instructing the client's subconscious to work for him or her is in itself of help. Thoughts themselves do indeed possess a validity and reality of which the subconscious has always been aware and will be telepathically communicated to the percipient. With the proper focus point, telepathic communications will result in rapport between percipient and clinician. In any case, it is always good therapeutic practice to be consciously aware of remarks and suggestions that are made to the percipient during the crisis, since the greater the status and the higher the esteem that the clinician is held by the percipient, the greater the authority that will be given to his or her suggestions.

3. "**Give unto Caesar the things that are Caesar's and to God the things that are God's.** This Biblical phrase is a guiding one here, since both the concerns of the outer ego and the inner transpersonal self need to be effectively addressed if a proper resolution of any transpersonal crisis is to be achieved in this regard. The ego necessarily requires sufficient strength and confidence in its own ability to maintain its proper concern with its own contact, development, and progress in the physical world. When the ego can be assured of the validity of its experience through its critical appraisal and examination of them, then its abilities will be used to better advantage in resolving the crisis.

4. **Intellectual capacities should not be feared but used.** While there are truths that the intellect cannot perceive, this is not to be thought of as an inherent deficiency of the intellect, for its purpose is to grasp or comprehend the outer physical world and not investigate inner reality. Nevertheless, the intellect knows the ego. Intellectual capacities should not be feared but used as the transpersonal crisis and psychic experiences should be examined in light of the percipient's intellectual capacities. The transpersonal crisis will not suffer from such scrutiny. As transpersonal writer Jane Roberts wrote:

> We are not attempting to enlighten the intuitions at the expense of the intellect. We are attempting to work in such a manner that added knowledge from the intuitional inner self is also made known to the intellect...This is precisely what we are trying to bring to light: the vast areas within the self which have been left undiscovered and unknown... The ego is a necessary protector, and its barriers should not be lowered by force or pressure. It must first feel secure and become flexible while still retaining the integrity of its nature.. If it becomes overly concerned the concern is caused by a fear for its own survival. And its survival is obviously a necessity for its existence within the physical field... The ego however is not an afterthought disconnected from the whole self, and when the intellect becomes aware of the data given to it by the intuitions or the inner self, it is then capable of informing the ego, which then changes its attitude accordingly. In this way we are assured of the cooperation of the whole self and avoid any possibility of splitting one self, one part of the self, against another. (Roberts, 1998a, pp. 89-90)
5. **Maintain balance between spontaneity and discipline.** Maintaining an overall balance here is extremely important and required between spontaneous inner freedom and disciplined attention. The inner freedom enables the individual to use more and more facets of his or her ability, and to develop these further. The disciplined attention allows the individual to direct its efforts along these lines, and to use knowledge that had not been previously available. The personality learns as he or she progresses how to operate the inner acceleration and flow or rush of energy so that he or she is comfortable. The personality learns through experience, that it will always return safely from its inner journeys. A confident ego that avoids a rigidity of attitude is to be developed so that native intuition is not hampered and the personality is not divorced from his or her environment, but is able to relate itself outward and ultimately feels secure enough to give leeway to the emergence of repressed material. A firm adaptive well-balanced relationship between the ego as a personality and its environment is a necessary foundation (what transpersonal psychiatrist Roberto Assagioli (1965/1976) called "Personal Psychosynthesis") if healing is to occur without unnecessary difficulties for the ego, and if the percipient is to apply the emergent inner knowledge beneficially.

6. **A steady program of meditation is beneficial.** Any steady program of meditation, for example, because of its conditioning routine, plus a strengthening of ability to relate to others is one way to allow a personality a progressive and safe encounter with emergent material that will also strengthen the ego in its relation to environment. Without the discipline or training to achieve the ego's proper relationship to the physical environment and strengthen the ego's ability to handle itself and its concerns in the world, the personality will remain insecure in its encounter with inner reality. Therapeutic strategies should increase that ability. A firm and reliable pathway between the inner transpersonal self and the outer ego is a prerequisite to success in the long run. This involves a simple communication in both directions.

6. **Controls in the long run must be learned directly through experience.** The more familiar the personality becomes with such experiences, the more quickly will the person be taught to use the right touch, to learn how to control the emergence of inner material or how to return from inner journeying without a crash. Controls in the long run must be learned directly through experience. And because creative action is involved, there is always to be expected that new things will be learned, new controls to be mastered, new balances to be maintained, new disciplines that must be adopted as new levels of healing and integrations are reached. Difficulties will be more than compensated for by the increased confidence and achievements that emerge as the difficulties are met and controls are learned. The ability to handle energy is carried over into other areas in life. Taking walks, maintaining contact with others with some frequency, an atmosphere of confidence and love and reinforcement will allow the individual the greatest possible development of abilities. A fear of failure is insidious and must be combated. Balances must be maintained between activities of inner focus and outer activity allows for excellent utilization of abilities already developed. The personality must not be forced into a position where he is more or less forced, out of fear, to deny the validity of his or her identity with the transpersonal self. On the other hand, it is extremely limiting to teach the individual to regard the ego as the complete self or personality, or to think that the ego makes up the entire identity. The spiritual emergency or transpersonal crisis occurred began precisely because such divisions were imposed upon the personality in the first place, and will not be resolved by imposing them again with even greater force as a result of treatment.

7. **Develop the expectations that growth and transpersonal development is always possible.** A basic premise of transpersonal psychology is that we can depend upon seemingly unconscious portions of ourselves and that as we become more and more consciously aware, larger and larger portions of ourselves are brought into awareness. Each individual is unique and the framework for a cure for one person sometimes requires a different framework that includes another method of cure for someone else. The problem is one of unassimilated beliefs and the solutions lie in the conscious mind and in those beliefs the individual accepts about the nature of reality generally and the nature of his or her own being specifically. To this extent, transpersonal psychology reflects the study of the process of give-and-take
between conscious and subconscious portions of the personality, between the soul and the ego-mind with which each of us is daily involved. Spiritual emergencies and other psychological disorders with growth potential are a natural process that allows us to keep in touch with the deepest elements of our being. The form or expression of spiritual emergencies and the transpersonal experiences they represent may vary, but the process cannot be stopped or stilled under normal circumstances where the individual instinctively looks for help and uses it effectively when possible.

8. **Do not ignore the ever-present communications from modern science, medicine, religion, and psychology that undermine the private integrity of the individual.** It have been fashionable to blame the subconscious for personality problems and difficulties, when it is more likely the case that false, limiting, and unexamined ideas and beliefs accepted by the conscious mind are at fault -- for example, believing oneself to be worthless and powerless to control events, whose consciousness is nothing more than an epiphenomenal by-product of neural firings and bubbling hormones, a dangerous predator tainted with brutish impulses prone to self-destruction, an inherently evil creature born sinful (Ellis, 1987). This would be the case, if the conscious mind came to see the subconscious portions of the personality as unreliable and dangerous. Such a state of mind causes great psychological blocks, impedes the flow of inner psychic energy outward, and initiates a polarization in which the unassimilated, unexamined beliefs can seem to adopt a life of their own over which the conscious mind seems to have lost controlled. The conscious self then feels itself assailed by a reality that seems greater than itself, and loses the deep feeling of security in which it should be anchored. The goal of transpersonal therapy in such a situation would be to help such clients learn to trust and depend upon seemingly unconscious portions of themselves, and become more and more **consciously** aware of their inner transpersonal self, bringing into their consciousness larger and larger portions of themselves.

9. **Assess the effectiveness of general therapeutic strategies empirically.** One quantitative measure of potential clinical utility that suggests itself here is the Self-Expansiveness Level Form (SELF) which provides two subscales -- a measure of personal (P) self-concept and transpersonal (T) self-concept -- which can assess the degree of balance achieved between the strength of an individual's personal ego-concept and his or her spontaneous inner recognition of the inner transpersonal self (Friedman, 1983; Friedman & MacDonald, 1997, 2002). Too high a "T" score without a corresponding high "P" score is thought indicative of possible psychopathological problems (i.e., over-identification with inner realities with insufficient identification with the ego's ability to handle its concerns in the outer physical world). Johnson & Friedman (2008) provide a series of recommendations for "best practice" based on both qualitative and quantitative research to aid the mental health professional in differentiating religious/spiritual/ transpersonal (R/S/T) experiences from psychopathology that are presented in Figure 11-4.

**Psychotherapy with Religious and Spiritual Clients**

An emerging trend: Religion and spirituality in psychotherapy. The therapeutic climate toward transpersonal psychology is changing as more mainstream clinicians come to recognize the importance of including religious, spiritual, and transpersonal concepts and processes into their psychotherapeutic work (Cashwell & Young, 2005; Lovinger, 1996; Miller, 1999; Richards & Bergin, 2000, 2003; Shafranske, 1996; Spero, 1985; Sperry & Shafranske, 2005; Worthington & Aten, 2009). "Research indicates that therapists are open to religious/spiritual issues, that clients want to discuss these matters in therapy, and that the use of religious/spiritual interventions for some clients can be an effective adjunct to traditional therapy interventions" (Post & Wade, 2009, p. 131). This may involve, for example, spiritual meditation,
rituals and religious coping resources, including the "use of prayers during a session, ways to direct clients to pray, spiritual journaling, forgiveness protocols, using biblical texts [or other bibliographies] to reinforce healthy mental and emotional habits and working to change punitive God images" (Kersting, 2003, p. 40). The presence of transpersonal knowledge and concepts is a necessary prerequisite for the practicing clinician before there can be any applied knowledge in real terms in the clinical setting. The personal help and inner understanding that religious, spiritual and transpersonal variables in diagnostic clinical work bring to mainstream researchers, practitioners, and theorists will incite their intellectual curiosity, and this is all to the good. The clients who are recipients of such help do not alone benefit, but so do the clinicians themselves.

Understanding Traditional Psychological Disorders from a Transpersonal Perspective

Two Examples

Two evocative examples of how complex psychological disorders such as paranoid schizophrenia and multiple personality disorder are explained and understood from a perspective that is arguably transpersonal (beyond ego) can be found in the channeled writings of mystic and writer Jane Roberts.

**Paranoid Schizophrenia.** The detailed psychological analysis of "Augustus" provided by Jane Roberts' trance personality "Seth" is too long to be presented here, and can only be briefly summarized (Roberts, (1974, pp. 122-132, 154-157; 1986b, pp. 384-388, 397-401). According to Jane Roberts' trance personality, Seth, what we have in this case of paranoid schizophrenia is a living example of the effects of conflicting, unexamined beliefs, a fierce and yet agonized personification of what can happen when an individual allows his or her conscious mind to deny its responsibility and become afraid of his or her own consciousness, until the personality itself becomes quite literally polarized, and so frightened of his or her own energy, impulses, and feelings that they become fragmented, exaggerated, objectified, and seen to come from outside rather than from within. Unfortunately, at the present time, there is no real adequate framework in our society in which people such as this individual can be treated with any effectiveness, except by prolonged hospitalization and heavy medication. Even this sort of treatment provides no real cure, only temporary remediation of symptoms, unless the problem of unassimilated beliefs is addressed. Ultimately the solution lies in the conscious mind and in those psychologically invisible beliefs that the individual accepts about the nature of reality and, specifically, about the nature of his or her being.

**Multiple Personality.** Multiple personality disorder (MPD) is called a dissociative disorder in which portions or fragments of the whole personality are believed to be dis-associated or separated from the primary or dominant ego and then compartmentalized out of conscious awareness and memory of the ego as a self-protective coping mechanism to deal with overwhelming biological, emotional, sexual, or psychological trauma in physical life (Michaelson & Ray, 1996; Putnam, 1989). The DSM-IV-R diagnostic criteria for MPD -- officially called a dissociative personality disorder -- includes (a) the existence within each person of two or more distinct personalities or personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self), and (b) at least two of these personalities or personality states recurrently take full control of the person's behavior (APA, 1994). Each personality tends to be composed of a complex constellation of personality traits and has its own history, behavior patterns, and social relationships. **Figure 11-5** identifies some of the key research findings regarding the nature and character of the psychological disorder called multiple personality disorder.

Insert Figure 11-5 here
These secondary personalities, known to psychologists, have a much more important place within reality than suspected. Secondary personalities are gestalts of more or less loosely affiliated psychic events. Unable to find value fulfillment in terms of physical growth and construction as the primary personality can, they seek fulfillment along more accessible lines. These secondary personalities cannot be referred to as full selves, yet they can certainly not be set aside as so-called not-selves. They come into prominence and fulfillment through dreams, and through enticing the main personality at times into the adoption of conscious or unconscious thoughts which would ordinarily not be chosen by the primary self, and therefore at times altering the course of the primary self. The secondary personalities find fulfillment in the dream world, but the dream world is as actual and as real, as effective as your own. Here various problems set for the entity are worked out, problems that either are too minor to be handled by a primary self on your plane, or problems that for one reason or another could simply not be solved by physical constructions. (Roberts, 1997c, pp. 120-122)

From the transpersonal perspective of Seth/Jane Roberts, individuals who display multiple personality disorder were initially afraid of their own energy, did not trust it or the spontaneous portions of their identity, afraid that left alone the spontaneous self might use its energy to strike out against others, who would then retaliate and destroy them. Wanting to express their feelings and emotions, they were simultaneously afraid to express those feelings and emotions. Ashamed of such a reaction, to save their feelings of self-esteem and out of concern for their safety, they hide these feelings from themselves; short-circuit their expression and the use of the energy behind it. Willing to sacrifice certain portions of their identity to retain a sense of false safety, they will certain portions of their identity out of conscious awareness in order to impede those portions of the personality that might express those feared emotions. These self-deceptive feelings are not hidden deeply in the unconscious or forgotten. At one time, a quite conscious decision was made, so that presently the main personality now closes his or her eyes to those decisions, and pretends those portions of identity and energy that belong to the whole self do not exist in order to make one's lives appear smooth and to save face with oneself.  

People with so-called secondary personalities...fear their own energy. They divide it up so that it seems to belong to different personalities, and is therefore effectively divided. In basic terms, true amnesia does not exist in such cases, though it appears to. The people involved are quite aware of their activity at all times, but they behave in a fashion that is not continual – that is, the main personality does not seem to behave in a continual manner, but is broken up, or again, seemingly divided. This psychological ploy neatly prevents the so-called main personality from using all of its energy at any one time. The individuals concerned present to themselves that they have no memory of the other personalities’ existence or activities. These personalities, however, store up their energy so that one personality often exhibits explosive behavior, or makes certain decisions that seem to go against the wishes of the main entity. In this way, different kinds of behavior may be exhibited, and while it would seem that many decisions are made by one portion of the self, without another portion of the self knowing anything about it, such usually is not the case. In fact, the main personality is able to express many different kinds of probable action, but the entire personality is prevented from acting with its full energy or power. Instead the energy is diverted into other channels. All portions of the self are indeed conscious, and they are also basically conscious of each other, though for working purposes they may seem to be separate or isolated. (Roberts, 1997a, pp. 10-11)

The Concept of Sub-Personalities and the Egos Inside Us

Another example of how transpersonal psychology can enrich mainstream psychology's understanding of the difference between psychological disorders and normal personality functioning is in its notion of sub-personalities. The construct of sub-personalities is often be confused with notions of multiple-
personality disorders and secondary personalities, but is a distinct idea that refers to the notion of other ego states existing quite normally within the human personality in a non-pathological condition.

**Early 19th century discovery of the unconscious and the subliminal self.** The idea that the human personality may consist not of one self, but many selves, became popular in the early 19th century with the emergent notion of the "unconscious" and the experimental application of hypnosis as a research technique into the nature of human personality functioning (Ellenberger, 1970). The idea that the human personality had at least two parts -- a conscious part and unconscious part -- and that the unconscious could be as active in personality functioning as the conscious portion as well as a reservoir of emotion and forgotten or repressed experiences (e.g., that the past experiences of child could influence actions in adult life) formed the basis of a new model of the mind as a "double ego" capable of "co-consciousness" (Beahrs, 1982) and for F. W. H. Myers' early conceptions of the "subliminal self" (Myers, 1889-1895/1976). Through the use of hypnotic suggestion, a certain stage of dissociation could be achieved in which a whole set of subpersonalities would emerge and differentiate themselves. There may be one Self, but within that Self are many. The unity of the personality is actually made up of a bundle of different egos that rise to the surface as the individual shifts from situation to situation.

**The idea of sub-personality in mainstream psychology.** The idea of having sub-personalities or "people inside of us" is not as strange as it may appear on first glance (Rowan, 1993). Many personality theorists have referred to the notion of sub-personalities, but without actually using the term itself. Carl Jung (1917/1953, 1934/1960) considered complexes and archetypes as sort of sub-personalities within the subconscious portions of the self which had a degree of autonomy within the psyche.

Jung saw the psyche made up of units or ‘molecules’ that he called complexes. These complexes were defined as the sum of ideas magnetically gathered about a particular feeling-toned event or experience….At times, complexes appear to behave like partial personalities, setting themselves up in opposition to or in control of the ego. An extreme example of this would be in séances where a medium brings forth spirits and other entities as ‘other personalities from the dead.’ These entities would be considered to be splinter psyches or complexes in projection experiences. (Groesbeck, 1985, p. 434)

Sigmund Freud (1946, 1959) talked about the personality as consisting of three relatively autonomous psychic structures called id, ego, and a superego. William James once commented that "the mind seems to embrace a confederation of psychic entities" (quoted in Taylor, 1984, p. 35) and referred to the Self as constituted by many "social selves," each of which could be called up in an appropriate situation. Kurt Lewin (1936) described personality in terms of "sub-regions" that can separate themselves from one another and develop relatively independently within the psyche. Ernest Hilgard (1986) identified the existence of a "hidden observer" in his hypnotic research studies. Eric Berne (1961) talked about Child-Parent-Adult ego states in psychotherapy. Charles Tart (1975) referred to different "identity states" that occur in alternate states of consciousness. Carl Rogers (1961) distinguishes between the "real self" and the "ideal self." The personality is capable of producing numerous ego structures, depending upon the life-context of the organism.

The personality, even as you know it, is never static, always changing, and even the ego is not the same from one day to the next. The child’s ego is not the adult’s ego. As a rule you perceive the similarity, and overlook the differences of psychological patterns of this sort. The ego is not the most powerful or the most knowledgeable portion of the self. It is simply a well-specialized portion of the personality, well equipped to operate under certain circumstances…It is a great mistake to imagine that the human being has but one ego…. The ego represents merely any given pattern of characteristics, psychological characteristics that happen to be dominant at any given time. If any kind of a thorough investigation were to be carried on, it would become apparent that
Chapter 11 – Transpersonality Disorders

during one lifetime any given individual will display several, sometimes quite different, egos at various times, each one quite honestly seeing itself as the permanent I. (Roberts, 1999b, pp. 21-22).

**The idea of sub-personalities in transpersonal psychology.** Transpersonal psychiatrist Roberto Assagioli (1965/1976) made the concept of sub-personalities an important element in his original system of transpersonal therapy called "psychosynthesis." One important goal and outcome of the process of psychosynthesis is to first identify and then integrate the various subpersonalities into the whole self. To make his clients aware of the differences and even contradictions of their own behavior at different times in different places, Assagioli would often ask them: "Have you ever noticed that you behave differently in your office, at home, in social interplay, in solitude, at church, or as a member of a political party?" (Assagioli, 1965/1970, p. 74). Once we learn to identify our various "faces", we are able to free ourselves from their control and increase our integration by allowing our subpersonalities to work together rather than against each other, as we move ever closer to discovering our underlying basic identity -- the inner Transpersonal Self.

The therapeutic process of psychosynthesis involves four consecutive stages. At first, the client learns about various elements of his or her personality that were previously hidden and accepts them on a conscious level. The next step is freeing oneself from their psychological influence and developing the ability to control them; this is what Assagioli calls 'disidentification.' After the client has gradually discovered his or her unifying psychological center, it is possible to achieve psychosynthesis, characterized by a culmination of the self-realization process and integration of various selves around a new center. (Grof & Grof, 1989, p. 29)

**The idea of sub-personality in everyday life.** The notion of sub-personalities also has a degree of common sense to it.

Most of us have had the experience of being 'taken over' by a part of ourselves which we didn't know was there. We say 'I don't know what got into me.' This is generally a negative experience, although it can be positive too. The way in which we usually recognize the presence of a subpersonality is that we find ourselves, in a particular situation, acting in ways which we do not like or which go against our interests, and unable to change this by an act of will or a conscious decision. This lasts as long as the situation last -- perhaps a few minutes, perhaps an hour, perhaps a few hours -- and then it changes by itself when we leave this situation and go into a different one. (Rowan, 1990, p. 7)

**The concept of sub-personality is absent in all mainstream general psychology textbooks.** Given the widespread use of the notion of sub-personalities in academic theories of personality, and its common sense understanding in everyday life, it is surprising that "the word does not appear in any text on personality theory" used in the college classroom (Rowan, 1990, p. 7). While mainstream psychology continues to promote highly limited concepts about the nature of the self, the field cannot begin to conceive of a multidimensional personhood, or a transpersonal self in any meaningful way, or understand the role that the mind plays in the dynamics of health and illness of the human body. "If it were understood that the areas of the subconscious are indeed populated by many and various subpersonalities, then they would not wonder that the human body is sometimes so besieged with ailments, or that the dominant personality so often appears in contradictory terms" (Roberts, 1998a, p. 206).

**Sub-personalities are not "multiple personalities".** The idea that sub-personalities exist within the overall personality structure is different from the idea of secondary personalities that exist in individuals afflicted with multiple personality disorder (Leister, 1996; Rowan 1990, 1993). Dissociation is not an either/or phenomenon, but exists along a continuum or spectrum of states, stages, or levels of dissociation.
Chapter 11 – Transpersonality Disorders

(Beahrs, 1982; Braude, 1995; Braun, 1988; Cardeña, 1997; Edge, 2001; Hilgard, 1986; Krippner, 1997; White, 1997). At one end of the spectrum, there are states of mind that are organized around a particular emotion or mood state. Further along the continuum particular set of roles in particular kinds of situations call forth specific kinds of ego states and subpersonalities. States of spirit possession would lie further along the continuum, with multiple personalities and the degree of dissociation that is involved with its amnesic barrier would lie at the further end of the spectrum of dissociated states.

The multiple personality [is] just an exaggerated expression of something which [is] actually quite normal in the human personality. Different selves are elicited by different situations. . . . [We] are dealing with multiplicity in personality rather than the flagrant multiple personality. . . . Personality changes from moment to moment, depending on place, time, and our companions. There is no one 'real' ego, but rather a succession of egos, or the alternating dominance of different aspects of the ego. (Rowan, 1990, p. 17)

Identity does not reside primarily in the ego or even in one ego. Personality is a gestalt of characteristics, abilities, aspects that is dominated by an ego formed by various needs and potentialities in response to demands of the physical world at any one moment in time. It is important to recognize that the ego is not a single simple static structure, but is itself a changing, dynamic, never constant, quite informal constellation of varying psychological characteristics and emotional patterns. Any number of potential egos exist within an individual's identity. Each dominant ego uses the body's sensory system and interprets its perceptions in its own characteristic and distinctive way. On occasion one potential or subordinate ego will take over control from another if the dominant ego proves ineffective in insuring the survival of the whole self (Thigpen & Cleckley, 1957). Who makes this decision? The basic inner identity. The basic identity while using the body's sensory and perceptual systems is not dependent upon them for its identity. And while the basic identity may be dependent upon an ego structure for its existence within a physical, material world, it is not dependent upon any particular ego structure in order to do so. Ego structures can then be changed and one ego can depose another, if necessary, so that the whole can survive if the dominating or primary ego becomes weakened, without loss of integrity of the basic identity.

The inner self is composed of all the potential egos that compose it, but it is more than the sum of these. . . . The energy that composes personality therefore consists of an inconceivable number of separate identities. These separate identities form what we call the inner self which retains its individuality even while the energy that composes it constantly changes. There are continual groupings and regroupings, but basic identities are always retained. The potential egos within any given identity therefore retain their own individuality and self-knowledge, regardless of their relative importance in the order of command. These potential egos at one time or another will have their chance, as dominant egos, in this existence or in another reincarnation. They represent the overall potentials of the whole identity in respect to physical existence. The identity has in other words latent abilities which it will not use within the physical system, but all of the latent ability ever available lies within the original identity. . . . These potential egos. . . . made up of various potentials and needs and abilities, these pooled resources that belong to the inner identity, did not simply spring into existence. They are the result of psychological experience gained in past lives. The personality structure does not make sense unless such past experience is taken into considerations. Potentials do not simply appear, they evolve. (Roberts, 1999b, pp. 125-127)

Any number of potential egos exist within an individual's identity. What this means and shows is that despite all appearances to the contrary, identity does not reside primarily in the ego or even in one ego. Social identity, the persona, the social self may possibly reside there, but the basic identity does not. Nor does this necessarily mean just because we have many egos, that we have many identities -- a self made up of a bundle of selves (Hillman, 1975). Even the various personalities that manifest themselves in the
dissociative disorder called MPD represent various ego manifestations, belonging to one inner identity (Roberts, 1999b, pp. 125-126). Our present personality, on this view, is merely the result of the particular qualities and ego-images upon which an individual has chosen to focus his or her energies and intent. We can just as easily focus upon a different set of personality characteristics to form that gestalt of traits and abilities that we call our present personality. Although we have chosen to form a particular group of characteristic, traits, and qualities into a gestalt pattern of a particular personality we now call our own and upon which we focus the bulk of our energies, there are also other more shadowy, less-well constructed possibilities of personality selves that loosely exist within the psychic framework of the dominant ego-personality, and these also have their influence.

In some important aspects the outer ego is supposed to represent to some degree the subdominant personalities who still dwell in the subconscious. When the outer ego is narrow, and poorly represents these subdominant personalities then they rise up in arms, and when conditions are favorable attempt to express themselves through a momentary weakness on the part of the dominant ego. But without even doing this they may momentarily take over or express themselves through a single function, such as speech or motion, while the outer ego is blissfully unaware. (Roberts, 1998a, pp. 206-207)

**Discovering your sub-personalities - A psychosynthesis exercise.** Becoming acquainted with one's major sub-personalities and recognizing how they color our perception and self-image and influence our body postures and gestures, feelings, behaviors, speech, habits, and beliefs is a first step in learning how to control and harmonize their energies. **Figure 11-6** presents an psychosynthesis exercise from Piero Ferrucci's (1982) book, *What We May Be*, that provides a good introduction to the concept of sub-personalities.

There is one important point to remember as one conducts the exercise: "There are no good or bad subpersonalities, though they very often appear to us in the first place as good and bad pairs. All subpersonalities are expressions of vital elements of our being, however negative they may seem to us at first. This is a most important truth. Subpersonalities become harmful only when they control us, and this usually happens when we are unaware of them" (Rowan, 1993, p. 56).

**Conclusion**

*A transpersonal perspective offers new diagnostic, etiological, and therapeutic insights into a variety of clinical issues.* A transpersonal perspective of psychological disorders recognizes the existence of several new clinical syndromes that do not easily fit into existing traditional diagnostic categories. To impose traditional diagnostic categories inappropriately upon these transpersonally-oriented clinical syndromes risks misdiagnosing them, mistreating them, and pathologizing what should not be pathologized. The transpersonal perspective encourages clinicians (and offers them the opportunity) to recognize and acknowledge that transpersonal causative factors -- for instance, substitute gratification for transpersonal experiences, displacement of fundamental human drive to regain awareness of our true nature, distortion of the intuition that is a part of All That Is into a desire to possess or have All That Is, the desire to have everything replaces the knowledge of being everything -- may be overlooked in clinical disorders such as addiction and what are called "spiritual emergencies". A transpersonal perspective
Chapter 11 – Transpersonality Disorders

affords the clinician an alternative perspective to pathologizing psychological disorders by considering as a working hypothesis that the crisis may be potentially beneficial if worked with therapeutically rather than aborted prematurely through drugs and pharmacological methods. A transpersonal perspective permits us to recognize that the individual, cultural, and global suffering that exists in our world today may very well be the result, not of biological or environment factors as much as the result of the failure on the part of the species to recognize and satisfy our spiritual nature and transpersonal needs and values.

A transpersonal perspective recognizes the importance of the spiritual dimensions in all psychological disorders. Spiritual growth in self-understanding, like human development itself, can present challenges and difficulties to the individual. Such challenges and difficulties may be of sufficient intensity and difficulty to require psychotherapy or other form of clinical treatment under certain conditions. It is untrue that spiritual teachers such as gurus are entirely free of neuroses than the rest of us may experience (Feuerstein, 1993). While transpersonal experiences and development may reduce or even remove some forms of psychopathology, not all dimensions of personality and pathology will be cleansed or transformed. The human personality is a complex dynamism of forces, energies, and action potentials. To expect a life without problems or to live a life is eternal bliss is unrealistic because this is simply not the nature of existence. "No problems means no growth, and no growth means no value fulfillment" (Roberts, 1997c, p. 131). The diagnosis of transpersonality crises and what are called "spiritual emergencies" builds upon the conventional understanding of psychological disorders and extends them to include an appreciation and consideration of the spiritual nature of human personality and the personal crises that can emerge when the individual conscious "I" or ego encounters his or her multidimensional nature unprepared.

A transpersonal perspective acknowledges the significance of cosmic dimensions and the potential for consciousness evolution in all psychological disorders. Transpersonal psychology takes a more expansive view of the meaning and purpose, function and nature of psychological disorders, both from the standpoint of consciousness evolution and species development. From a transpersonal perspective, psychological disorders reflect the extreme of a continuum of many different personality patterns of behavior that have become exaggerated, unassimilated, or not operating as smoothly as in the more cultured or refined social personality (persona) of the normal individual. In all cases of so-called “mental disorder,” individual integrity is always to be stressed rather than any definition, label, category, or group of symptoms as occurs in the DSM-IV-R. The great psychological diversity that is present within individuals and the creative, flexible use of the intellect and the imagination is reflected in so-called psychological disorders. Psychological disorders, regardless of their status in the DSM-IV-R, provide important psychological feedback about the genetically probable reaches of human abilities necessary to the overall health of the species. The psychological “norm” that is valued by the species, in other words, is dependent upon the great leeway in the combination of imagination and reasoning abilities shown in so-called “abnormal behavior.”
References


Chapter 11 – Transpersonality Disorders


Chapter 11 – Transpersonality Disorders


Chapter 11 – Transpersonality Disorders


**Figure 11-1**
**CONTEMPORARY PERSPECTIVES AND APPROACHES TO PSYCHOLOGICAL DISORDERS**

<table>
<thead>
<tr>
<th>Perspective/Approach</th>
<th>Cause of Psychological Disorders</th>
<th>Treatment</th>
<th>Main focus</th>
<th>Critical Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological/Medical</td>
<td>A psychological disorder is a symptom of an underlying physical disorder caused by a structural or biochemical abnormality in the brain, by genetic inheritance, or by infection.</td>
<td>Diagnosis and treat like any other physical disorder -- Drugs, electroconvulsive therapy, or psychosurgery.</td>
<td>Physiological function</td>
<td>Past</td>
</tr>
<tr>
<td>Psychodynamic/Psychoanalytic</td>
<td>Psychological disorders stem from early childhood experiences; unresolved, unconscious sexual or aggressive conflicts; and/or imbalances among id, ego, and superego.</td>
<td>Bring disturbing repressed material to consciousness and help patient work through unconscious conflicts -- Psychoanalysis.</td>
<td>Childhood conflicts</td>
<td>Past</td>
</tr>
<tr>
<td>Behavioristic/Learning</td>
<td>Abnormal thoughts, feelings, and behaviors are learned and sustained like any other behaviors, or there is a failure to learn appropriate behaviors.</td>
<td>Use classical and operant conditioning and modeling to extinguish abnormal behaviors and to increase adaptive behavior -- Behavior therapy, behavioral modification.</td>
<td>Present behavior</td>
<td>Present</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Faulty and negative thinking can cause psychological disorders.</td>
<td>Change faulty, irrational and/or negative thinking -- Beck's cognitive therapy, rational-emotive therapy.</td>
<td>Present behavior and beliefs</td>
<td>Present</td>
</tr>
<tr>
<td>Humanistic/Phenomenological</td>
<td>Psychological disorders result from blocking of normal tendency toward self-actualization.</td>
<td>Increase self-acceptance and self-understanding; help patient become more inner directed -- client-centered therapy, Gestalt therapy.</td>
<td>Conditions preventing person from achieving personal growth</td>
<td>Past/ Present</td>
</tr>
</tbody>
</table>
## Figure 11-2

**DIFFERENTIATION BETWEEN SPIRITUAL EMERGENCY AND PSYCHIATRIC DISORDERS**

Grof & Grof (1990, pp. 254-255)

<table>
<thead>
<tr>
<th>Psychiatric Disorder</th>
<th>Spiritual Emergency (SE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Characteristics of the process indicating need for medical approach to the problems</strong></td>
<td>Characteristics of the process suggesting that the strategy for SE might work.</td>
</tr>
<tr>
<td><strong>Criteria of a Medical Nature</strong></td>
<td></td>
</tr>
<tr>
<td>Clinical examination and laboratory tests detect a physical disease that causes psychological changes.</td>
<td>Negative results of clinical examinations and laboratory tests for a physical disease.</td>
</tr>
<tr>
<td>Clinical examination and laboratory tests detect a disease process of the brain that causes psychological changes (neurological reflexes, cerebrospinal fluid, X-ray, etc.)</td>
<td>Negative results of clinical examinations and laboratory tests for pathological process afflicting the brain.</td>
</tr>
<tr>
<td>Specific psychological tests indicate organic impairment of the brain.</td>
<td>Negative results of psychological tests for organic impairment.</td>
</tr>
<tr>
<td>Impairment of intellect and memory, clouded consciousness, problems with basic orientation (name, time, place), poor coordination.</td>
<td>Intellect and memory qualitatively changed but intact, consciousness usually clear, good basic orientation, coordination not seriously impaired.</td>
</tr>
<tr>
<td>Confusion, disorganization, and defective intellectual functioning interfere with communication and cooperation.</td>
<td>Ability to communicate and cooperate (occasional deep involvement in the inner process might be a problem).</td>
</tr>
<tr>
<td><strong>Criteria of a Psychological Nature</strong></td>
<td></td>
</tr>
<tr>
<td>Personal history shows serious difficulties in interpersonal relationships since childhood, inability to make friends and have intimate sexual relationships, poor social adjustment, usually long history of psychiatric problem.</td>
<td>Adequate pre-episode functioning as evidenced by interpersonal skills, some success in school and vocation, network of friends, and ability to have sexual relations; no serious psychiatric history.</td>
</tr>
<tr>
<td>Poorly organized and defined content of the process, unqualified changes of emotions and behavior, unspecific disorganization of psychological functions, lack of meaning of any kind, no indication of direction of development, loosening of associations, incoherence.</td>
<td>Sequences of biographical memories, themes of birth and death, transpersonal experiences, possible insight that the process is healing or spiritual in nature, change and development of themes, often definable progression, incidence of true synchronicities (evident to others).</td>
</tr>
<tr>
<td>Autistic withdrawal, aggressivity, or controlling and manipulative behavior interferes with a good working relationship and makes cooperation impossible.</td>
<td>Ability to relate and cooperate, often even during episodes of dramatic experiences that occur spontaneously or in the course of psychotherapeutic work.</td>
</tr>
<tr>
<td>Inability to see the process as an intrapsychic affair, confusion between the inner experiences and the outer world, excessive use of projection and blaming, &quot;acting out.&quot;</td>
<td>Awareness of the intrapsychic nature of the process, satisfactory ability to distinguish between inner and outer, &quot;owning&quot; the process, ability to keep it internalized.</td>
</tr>
<tr>
<td>Basic mistrust, perception of the world and all people as hostile, delusions of persecution, acoustic hallucinations of enemies (&quot;voices&quot;) with a very unpleasant content.</td>
<td>Sufficient trust to accept help and cooperate; persecutory delusions and &quot;voices&quot; absent.</td>
</tr>
<tr>
<td>Violations of basic rules of therapy (&quot;not to hurt oneself or anybody else, not to destroy property&quot;), destructive and self-destructive (suicidal and self-mutilating) impulses and a tendency to act on them without warning.</td>
<td>Ability to honor basic rules of therapy, absence of destructive or self-destructive ideas and tendencies, or ability to talk about them and to accept precautionary measures.</td>
</tr>
<tr>
<td>Behavior endangering health and causing serious concerns (refusal to eat or drink for prolonged periods of time, neglect of basic hygienic rules)</td>
<td>Good cooperation in things related to physical health, basic maintenance, and hygienic rules.</td>
</tr>
</tbody>
</table>
## Figure 11.3. DIFFERENCES BETWEEN SPIRITUAL EMERGENCE AND SPIRITUAL EMERGENCY

*Grof & Grof*, 1990, chap. 1

<table>
<thead>
<tr>
<th>Emergence</th>
<th>Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inner experiences are fluid, mild, easy to integrate.</td>
<td>Inner experiences are dynamic, jarring, difficult to integrate.</td>
</tr>
<tr>
<td>New spiritual insights are welcome, desirable, expansive.</td>
<td>New spiritual insights may be philosophically challenging and threatening.</td>
</tr>
<tr>
<td>Gradual infusion of ideas and insights into life.</td>
<td>Overwhelming influx of experiences and insights.</td>
</tr>
<tr>
<td>Experiences of energy that are contained and easily manageable.</td>
<td>Experiences of jolting tremors, shaking, energy disruptive to daily life.</td>
</tr>
<tr>
<td>Easy differentiation between internal and external experiences and transition from one to other.</td>
<td>Sometimes difficult to distinguish between internal and external experiences, or simultaneous occurrence of both.</td>
</tr>
<tr>
<td>Ease in incorporating nonordinary states of consciousness into daily life.</td>
<td>Inner experiences interrupt and disturb daily life.</td>
</tr>
<tr>
<td>Slow, gradual change in awareness of self and world.</td>
<td>Abrupt, rapid shift in perception of self and world.</td>
</tr>
<tr>
<td>Excitement about inner experiences as they arise, willingness and ability to cooperate with them.</td>
<td>Ambivalence toward inner experiences, but willingness and ability to cooperate with them using guidance.</td>
</tr>
<tr>
<td>Accepting attitude toward change.</td>
<td>Resistance to change.</td>
</tr>
<tr>
<td>Ease in giving up control.</td>
<td>Need to be in control.</td>
</tr>
<tr>
<td>Trust in process.</td>
<td>Dislike, mistrust of the process.</td>
</tr>
<tr>
<td>Difficult experiences treated as opportunities for change.</td>
<td>Difficult experiences are overwhelming, often unwelcome.</td>
</tr>
<tr>
<td>Positive experiences accepted as gifts.</td>
<td>Positive experiences are difficult to accept, seem undeserved, can be painful.</td>
</tr>
<tr>
<td>Infrequent need to discuss experiences.</td>
<td>Frequent urgent need to discuss experiences.</td>
</tr>
<tr>
<td>Discriminating when communicating about process (when, how, with whom).</td>
<td>Indiscriminate communication about the process (when, how, with whom).</td>
</tr>
</tbody>
</table>
Figure 11-4

RECOMMENDATIONS FOR DIFFERENTIAL DIAGNOSIS OF
RELIGIOUS/SPIRITUAL/TRANSPERSONAL (R/S/T) EXPERIENCES FROM
PSYCHOPATHOLOGY
(Friedman, 1983; Friedman & MacDonald, 1997, 2002).

1. Accept the reality of spiritual and transpersonal experiences.
2. Obtain a thorough understanding of clients' religious history and background.
3. Realize that psychopathology cannot be determined solely by content in clients' R/S/T experiences.
4. Assess adaptive functioning preceding and following R/S/T experience, whether symptoms are acute or chronic, and level of openness to exploring spiritual experiences.
   a. Does current behaviors/practices exceed religious injunctions?
   b. Does client overemphasize certain practices or beliefs and neglect others?
   c. Do beliefs and practices promote wholeness, relatedness and full humanness?
6. Compare idiosyncratic behavior and beliefs to normative practices in religious/spiritual community (e.g., speaking in tongues, hearing the voice of God).
   a. Purely religious or spiritual problem.
   b. Mental disorder with religious or spiritual content.
   c. Religious or spiritual problem concurrent with mental disorder.
   d. Religious or spiritual problem not attributable to mental disorder.
8. Recognize and understand spiritual emergency versus spiritual emergence (Grof & Grof, 1992).
9. Recognize that psychopathology is often characterized by greater intensity, terror, and decompensation than genuine spiritual experience.
11. Consider intrapsychic conflicts manifested as religious pathology (Spero, 1985).
12. Consider assessment tools for identifying adaptive from maladaptive spirituality (e.g., the SELF).
Multiple Personality Disorder: Key Findings

(American Psychiatric Association, 1994; Braude, 1995, chapter 2; Hurley & O’Regan, 1991, pp. 18-19; Many Voices Newsletter, P.O. Box 2639, Cincinnati, OH 42501)

- Multiple personality has **two main causes**: (1) capacity for profound dissociative states of consciousness (e.g., high self-hypnotizability) (Hilgard, 1986), and (2) history of usually severe and chronic childhood trauma (e.g., emotional, physical, and sexual abuse) (Wilber, 1985).

- 3/4 of known cases exhibit an alternate personality (or *alter*) claiming to be **under the age of 12**.

- One-half of cases exhibit personalities of the **opposite sex**.

- Alternate personalities tend to display **specific and limited set of functions** and **distinctive sets of mannerisms**, facial expressions, voice quality, speech patterns, posture, handedness, color blindness, need for eyeglass prescriptions, tolerance to drugs or medication, and allergic responses, bodily movements, affects, values, lifestyles, and abilities (e.g., one alter might have knowledge of shorthand or foreign languages, while other alters do not; one alter might be brilliant at math and another alter is autistic. “One alter may have difficulty writing while another alter has an easy time writing and reading, but experience difficulty comprehending spoken words; an alter might be unable to eat, drink, or taste only specific foods and liquids, or be insensitive to the touch only of certain persons or objects” (Braude, 1995, p. 49; Brende, 1984; Braun, 1983a, 1983b; Coons, 1988; Damggard, 1987; Greaves, 1980; Kluft, 1985, 1986, 1989; Miller, 1989; Prigogine, 1991; Putnam, Zahn, & Post, 1990)).

- Alternate personalities range in **number from 6-16**, although some cases exhibit over 100 alters (Kluft, 1988). These latter alters are better described as “personality fragments” whose functions tend to be highly circumscribed and specialized to deal with limited and often trivial activities or situations, and whose traits and dispositions lack the depth and breadth found in more personality-like alters (Braude, 1995, p. 41).

- In most cases the personality presenting itself for treatment is **unaware that other personalities exist**, and is merely aware that something is amiss (as a result, say, of lost time, and finding strange clothes or other possessions around the home)” (Braude, 1995, p. 43).
Figure 11-5. Multiple Personality Disorder: Key Findings (continued)

- Spontaneous “switching” (the transition from one personality to another) between personalities can occur rapidly (1-2 seconds) or slowly (2-3 minutes), and it can be voluntary or involuntary. “The initiation of the switch is signaled by a blink or upward roll of the eyes. There may be a rapid fluttering of the eyelids. Transient facial twitching or grimacing…bodily twitches, shudders, or abrupt changes in posture [often accompanies a switch]. If the switch takes several minutes to complete, the individual may go into an unresponsive, trance-like state with blank, unseeing eyes. A few multiples have convulsion-like switches that have, on occasion, been mistaken for epileptic seizures” (Putnam, 1989, pp. 120-121).

- MPDs tend to display “asymmetrical awareness” (i.e., personality A is aware of B’s thoughts or actions, but B is not aware of A’s existence; or A might be aware of B’s thoughts but not B’s actions or B’s actions but not B’s thoughts). “In some cases, whether an alter is aware of other alters depends on which personality is in executive control of the body” (Braude, 1995, p. 52). “In the majority of cases,…at least one personality denies that other personalities exist, even though another personality claims to be aware of the other alters, or claims to have complete memory of the (total) individual’s life history.

- In virtually all cases, some form of amnesia is present (e.g., fugue episodes, inter-personality amnesia)

- Some individuals with MPD want to conceal their condition (e.g., covering up the fact they have lost time by making excuses, masking the switching of personalities by turning away or covering their faces) (Braude, 1995, pp. 43-44).

- Alternate personalities claim to have a continuing existence when not in executive control of the body, interact with other alters, and influence the behavior and subjective experience of the alter who assumes controls the body (e.g., subconscious alters can supervise the emergence of the various personalities, induce positive and negative hallucinations and interfere with acting or speaking of the emerged alter) (Braude, 1995, p. 44).

- Multiples distribute various life demands, abilities and sensory abilities among alternate personalities (e.g., the college student’s alter good at math will take the statistics course; one alter does scientific research, another alter handles interpersonal relationships; one alter will take care of household duties, if the presently dominant personality is helpless for some reason to do those things (Kluft, 1986, 1988).
Figure 11-5. Multiple Personality Disorder: Key Findings (continued)

- “When a multiple has been integrated extensively enough to feel what it is like to be a person with different and often conflicting desires, preferences, and interests, the integrated state has been preferred (i.e., distinctive qualities of all alters tend to remain rather than disappear, blended and reorganized in an enhanced and subjectively enriched way)” (Braude, 1995, p. 46). “For example, if the voice of A had a brittle, hard quality and that of B was very soft, the voice of the new AB might have a quality somewhere between those poles” (Braude, 1995, p. 54). If A was left-handed and B was right-handed, AB might be ambidextrous. The experiences and psychological characteristics of AB would be a composite of the distinctive characteristics of A and B. “If A was childlike and B was an adult, AB might be a mixture of the two (e.g., an adult who now has the capacity to be childlike” (Braude, 1995, p. 54).

- “Unfortunately, integrations are quite fragile and may be only temporary, especially if familiar sorts of triggering situations reoccur. Moreover, if the multiple splits again, the divisions between alters may occur along different functional lines” (Braude, 1995, p. 55).

- “It is very difficult to determine when integrations are total...Since alters are capable of dishonesty, deception, and confusion, there is no surefire way to identify two distinct alters as opposed to one alter calling itself by two names. Moreover, during pseudo-integrations, one alter might pretend to be another or otherwise conceal its existence...When an alter is deeply committed to retaining its individuality (as if often the case), it might simply go undercover for a while, or emerge only in very non-conspicuous ways, and thereby contribute to the appearance of successful integration...Sometimes there are alters that have never emerged in [clinicians’] presence, and about whom the various presenting personalities are also ignorant” (Braude, 1995, p. 55).

- Alters may compete or carry out vendettas on each other (e.g., by hiding or destroying another’s valuables, school work, or letters, or by intentionally placing another alter in a situation the latter can’t stand) (Braude, 1995, p. 47).

- “Some alters do not perform vital bodily functions (such as eating or eliminating) (Braude, 1995, p. 47).
Figure 11-5. Multiple Personality Disorder: Key Findings (continued)

- “The earlier the trauma, the more likely one is to fragment profoundly into a multiple….Someone who experiences severe trauma after passing through major developmental states is more likely to experience less drastic forms of dissociation (e.g., fugue, hysterical amnesia, anesthesia, or paralysis)” (Braude, 1995, p. 48).

- “Initial split tends to occur between the ages of four and six in childhood,” (Braude, 1995, p. 48).

- “Some personalities seem to have developed gradually from imaginary playmates” (Kluft, 1985; Braude, 1995, p. 48).

- Although differences between alternate can be quite dramatic, alters can overlap and have many aspects in common (e.g., sharing memories, body language, verbal habits, child personalities exhibiting adult traits such as vocabulary) while differing in voice quality, facial expressions, attitudes, beliefs, and interests.(Putnam, 1989).

- “There is little or no justification for regarding any alter as historically primary…[because] as alters are created to deal with quite specific sorts of traumas, the traits and abilities begin to get distributed throughout the members of the personality system (attribute-distribution). Moreover, as alters proliferate, they apparently become increasingly specialized (attribute-depletion), and one is less likely to find any personality having the complexity or range of functions presumably possessed by the subject prior to the onset of splitting” (Braude, 1995, p. 57).

- “In many cases, alters actually try to kill other alters (“internal homicide”). Although therapists point out that such an action would succeed in destroying a common body, the aggressive alter will deny it and claim to be an autonomous individual, mentally and physically” (Braude, 1995, p. 68).

- Alters seem to have distinct centers of consciousness, self-awareness, and sense of self (Braude, 1995, p. 70)

- Some alters develop, mature, and increase in complexity whether or not they take control of the body, and interact with others (Braude, 1995, p. 59-60). “A totally subliminal personality might undergo change and development, especially if it maintains awareness of other alters’ thoughts and interactions” (Braude, 1995, p. 61).
1. Consider one of your prominent traits, attitudes, or motives.

2. With your eyes closed, become aware of this part of you. Then let an image emerge representing it. It may be a woman, a man, an animal, an elf, an object, yourself in disguise, a monster, or anything else in the universe. Do not consciously try to find an image. Let it emerge spontaneously, as if you were watching a screen, not knowing what will shortly appear on it.

3. As soon as the image has appeared, give it the chance to reveal itself to you without any interference or judging on your part. Let it change if it tends to do so spontaneously, and let it show you some of its other aspects if it wants to. Get in touch with the general feeling that emanates from it.

4. Now let this image talk and express itself. Give it space, so to speak, for doing so; in particular, find out about its needs. Talk with it (even if your image is an object, it can talk back to you; anything is possible in the imaginary world). You have in front of you a subpersonality -- an entity with a life and intelligence of its own. Some general questions you might ask your subpersonality are the following:
   - Who are you? What does the world look like from your point of view?
   - Do you have a name?
   - What is your life like? How did your life get this way?
   - What are you feeling now? or What feelings do you usually carry around?
   - What are your usual ways of expressing yourself?
   - When and where do you most often show up in my life?
   - How do you limit me? How do you help me?
   - What do you want? What do you really need?
   - What gift (energies, skills, capacities, or qualities) do you contribute to the whole?
   - How can I help you?

5. Now open your eyes, and record in a notebook everything that happened so far. If the subpersonality did not provide a name, then give this subpersonality a name -- any name that fits and will help you identify it in the future: the Complainer, the Artist, Santa Claus, the Skeptic, "Jaws," the Insecure One, the Octopus, the Soldier, the Clown, "I Told you So," and so on. Finally, write about its traits, habits, and peculiarities, and your answers to the following two questions: "What would you (or your life) be like without this part?" and "How do you limit this subpersonality?"

6. After you have identified and exhaustively described one subpersonality you can go on to the others. But take your time and work on each one alone until you feel finished. The process requires merely picking a few more of your prominent traits, attitudes, or motives and going through steps 1 to 5 for each one.