Initial motivation: freedom from pain

“It hurts” “I want to feel better” “I want to know what is happening to me”. “I want to be free.” Every good therapist will want to respond sensitively to what is motivating a client in the moment. Nearly always our initial motivation involves a deep pain we are experiencing which usually reflects a much deeper need contained within the pain and the problem. People seek therapy because they are in pain. Pain in this context is one of the most powerful motivating forces for change. The good news is that, although seemingly negative, this step provides a healthy, energizing and life-affirming force for the beginning of the therapeutic work.

Psychosynthesis maintains that when an individual seeks to enter therapy, there is invariably more lying beneath the immediately obvious. We could question whether our problems in life are “distractions to be got rid of” – the result of inadequacy – or psychological wounding from childhood experiences. Alternatively, we could entertain the hypothesis that problems and obstacles at their deepest level are inherently meaningful, evolutionary, coherent and potentially transformative. Perhaps it is no accident that various conflicts become foreground issues at particular times in our lives. Old psychological forms die in order for new ones to be born. The energy of conflict is the energy of transformation.

Reframing pathology: the creative use of pain and crisis

Psychosynthesis hypothesizes a model of “emerging purpose” which provides a progressive context within which the client can experience herself and make choices rather than merely mend brokenness. A client will report many experiences which will prompt the Psychosynthesis therapist to speculate as follows: What is trying to emerge through these difficulties and what potential growth is contained within them? If the client was unconsciously seeking a step forward, what might it be? What old behaviour pattern is dying in order for something new to be born? This attitude provides a way of “reframing” experience, enabling the creative potential within a problem to be actualized.

The existential crisis

Also among those who seek therapy are many who are basically healthy and able to function well but who experience a sense of dissatisfaction with the quality of life and long for greater fulfillment. There may be a need conscious or unconscious to expand individual identity beyond personal existence. The choice to enter counselling can reflect a life-affirming impulse which transcends the confines of conventional life – a search for meaning, for purpose and a deeper identity leads to this choice. Although a person may appear to be integrated and to live a more or less successful life with many goals achieved, her life can lose its lustre and become somewhat grey and meaningless. The things in life that were once rewarding may become no longer so. This is not neurosis, for often the individual can stand on her own two feet. What does she do then? just stand
there? She may ask herself questions like: “What am I here for? What is the meaning of my life? What is my place in the world? There must be more to life than this!” These pertinent questions may drive a person to seek therapy.

**The process of therapy**

Assagioli likens the three principal stages of Psychosynthesis therapy to Dante’s Divine Comedy: first there is the descent into the Inferno which represents the psychodynamic phase of descent into the lower unconscious; then the journey through Purgatory which resembles working with the client’s existential reality; and finally the ascent to paradise which symbolise exploring the transpersonal dimension of the psyche.

**The past: assessment of the unconscious**

Psychosynthesis has its roots in psychoanalysis. Before founding Psychosynthesis, Dr Roberto Assagioli (1888-1974) was a member of the Freud Society in Zurich in 1910 and together with various other pioneers of the psychoanalytic movement was among the first to bring psychoanalysis to Italy.

The first step in Psychosynthesis is the attainment of a certain level of self-knowledge, the ability to move within one’s inner world with some degree of awareness. The influence of our childhood is multi-dimensional, often indirect and pervasive. It profoundly affects our capacity for love and intimacy, for assertion and self-affirmation; it determines our perception of life and colours our deepest attitudes and values. Unless we are to remain puppets to the past, our neurotic elements must be brought into consciousness and transformed.

Psychosynthesis counselling begins by assessing the client’s blocks and potentials to allow for a purposeful exploration of the unconscious. In order to reach the roots of psychological complexes, childhood experiences are uncovered with particular regard to the impact they currently have on the client’s life. Our past, our history, our childhood experiences do not sit quietly in the basement of our psyche. Repression, suppression or denial of feelings creates emotional stress. Psychosynthesis works extensively to release the grip of the past and to learn to express real but buried feelings in the present. When a natural capacity for expression of feelings is redeemed, emotional health can be re-established. Our perception is also conditioned and coloured by our history. From past experiences, defense mechanisms are formed which preserve the stability of the personality but do so at the expense of distorting reality. They lower anxiety in order to maintain a stable level of functioning. Initially these defenses serve us well but later they may restrict our quality of life. These “loyal soldiers” must be acknowledged for how they have served us in the past but then released as obsolete.

Psychosynthesis contends that the past may have an even deeper function in determining the quality of our life as adults. Our inner life and world may be incongruent with our outer life which contributes to a sense of inauthenticity. As a result, the integrity of feeling at home in the world may be lacking. Mentally too, our history influences our attitudes, beliefs and philosophies about life. We may, for example, unconsciously believe that people cannot
be trusted or that we will never get our needs met. These basic attitudes will in turn condition our image of reality.

The main difference between psychodynamic work with the unconscious and psychosynthetic work is that Psychosynthesis delves into the past in a focused way on particular life issues. Indiscriminate delving into the unconscious is not encouraged. The client’s presenting problem will evoke a further exploration into the roots and historical background. The principle in Psychosynthesis is for awareness to be expanded into the unconscious regarding an issue in the client’s life and then for that awareness to be integrated in a controlled manner. This work with the unconscious will include attention to dynamics of transference and counter-transference. The transferred childhood pattern which clients unconsciously “live again” in their relationship with the therapist, needs also to be addressed.

The present: exploration of subpersonalities and identity

Experiences which are familiar and repetitious are often to be found in the client’s presenting problems. It is as if some uncontrollable force is conditioning both inner and outer experience. Recurring situations, seemingly out of the client’s control, result in predictable and limited behavioural responses. Every chronic life pattern has its historical base, its biography, often traumatic around which many other painful experiences accumulate. Whether positive or negative, the core experience tends to repeat itself again and again, forming a generalized behaviour pattern which in similar situations evokes similar responses. Eventually the client will perceive her whole world through this psychological system and it will colour vividly her attitudes and expectations.

The memories belonging to such a life pattern will have a similar basic theme and carry a strong emotional charge of the same quality. For example a pattern of low self-esteem will contain the client’s memories of past experiences of the humiliating and degrading situations that damaged it. These life experiences will form identities which form autonomous configurations within the personality. They are discrete psychological identities, co-existing as a multitude of lives within one person: each with its own specific behaviour pattern and corresponding self-image, feelings and beliefs. Their unique characteristics form a relatively unified whole.

Each of our identities has an exclusive way of experiencing and responding to life. We are often different when we are with our children compared to when we are in our workplace or in certain challenging situations we quickly lose the calm, self-assured demeanour that we display most of the time. When we shift our identifications in this way it is often in reaction to the demands of the situation and in response to the unconscious feelings evoked. We are unaware of the expectations from the environment and the demands of our inner world that control us. We are caught in ambivalence, confusion or conflict.

These identifications are usually unconscious and largely beyond our control. Our identifications will change in response to the demands of both inner and outer conditions much more than our desire and will. If we identify too closely with one aspect of our personality, we lose accessibility to the rest of our personality. We need to free ourselves
from the limited and dominating behaviour of any one particular identity.

**Self-identification and psychological freedom**

A longer-term goal of Psychosynthesis therapy is the fostering of a stable sense of identity. Exploring the unconscious, working with chronic life patterns and specific identities foster the recognition that our true identity is beyond the contents of our consciousness. We all have within us an element which is permanent, consistent and unchanging. Little by little we can acquire an internal point of reference, a centre of identity which is psychologically free, uncluttered and available at will. A goal of Psychosynthesis is to detach and free ourselves in order to access more of our personality, resolve conflicts and become more self-determining and autonomous. This will provide access to a wider range of experience and choice. The above, longer-term work of Psychosynthesis therapy is not the same as “distancing” or suppression. We too often live submerged in a particular identity, role or behaviour. We are lost in an unconscious way of being. Liberating ourselves from or abandoning it. On the contrary, to be conscious brings more aliveness.

**The future : the transpersonal dimension of therapy**

As previously mentioned, establishing a stable centre of identity and a degree of inner mastery is an aim of Psychosynthesis therapy. A balanced emphasis on the development of self-identity provides the psychological stability for an awakening and exploration of the transpersonal domain, the revival of interest in the transpersonal today is triggered by an increasing dissatisfaction with competitive materialism, the pursuit of immediate gratification, as well as by a conscious or unconscious search for different and higher values as activities, a longing for what is sometimes termed “spiritual”. Few would deny that people are hungry for truth, goodness, beauty, but in our culture and in psychology, it is difficult to talk about this transpersonal dimension. Our spiritual lives have become as embarrassing to us as our sexual lives were to the Victorians. Until recently our scientific bias has limited us to quantitative and statistical exploration. In spite of accounts of experience of a higher reality found on all ages, we are reluctant to admit the existence or experience of spiritual values.

Freud saw the desire for something beyond the personal as neurotic – a regressive tendency to return to the undifferentiated primal unity of our mother’s womb : or as a sublimation of drives and instincts. Assagioli criticized Freud for labeling our higher values and achievements as adaptations of these lower instincts and drives. Assagioli maintained that these higher impulses, desires and motives exit in their own right, develop whether or not the aggressive and sexual drives are satisfied and have their own source – a spiritual centre of identity.

Transpersonal work in therapy is not a substitute for psychological work but rather a vivifying and practical complement. A therapist working in a transpersonal context will be committed to a particular set of assumptions which are not absolute but are useful as “working hypotheses”. A few commonly adopted contexts are:
• In each of us there exists a spiritual centre of identity. The Self, which includes the personal dimension but goes beyond it and both the experience and expression of this Self fosters growth and wellbeing.
• Pain, crisis and pathology are opportunities and challenges for growth and creative steps forward and are intimately connected with our self-realisation.
• We can benefit from identifying a purpose in life which is meaningful and potentially fulfilling.
• Spiritual drives are as real, fundamental and indispensable as the basic psychological ones and these needs must be met for optimum health. A goal of Psychosynthesis is to enable the client to meet physical, emotional, mental and spiritual needs appropriately in accordance with individual temperament. Hence no one principle, method or technique is correct for everyone.
• It is therapeutically valuable to explore experiences of superconscious content with those descending into the client’s field of consciousness of those found in the process of transcendent levels – creativity, intuitive insights, spiritual revelation, mythical and archetypal realms and altruistic imperatives.

Transpersonal experiences can arise at any time, often spontaneously and when least expected. There are various modalities through which the contents of the superconscious emerge into consciousness: through intuitive insight into one’s problems, through the imagination and images which carry a positive charge, through inspiration and its subsequent creative expression or through illumination which reveals the essential nature of life and its true unity. The therapist who holds a transpersonal context will use these moments to further the client’s work on herself by responding to them and encouraging their elaboration.

The Self
The Self can be described as a person’s most authentic identity, the deepest experience of Being. It can be a conscious experience for some, while for others it may be latent until superconscious experiences stimulate awareness of its existence. Experiences of beauty, of creative intelligence, of illumination can awaken the individual to this deeper identity. The yearning for unity or the lack of connection to Self/Soul can underlie many psychological symptoms: a chronic feeling of isolation: self-destructive behaviours such as alcohol or drug consumption which dull reality and create a false sense of unity: suicidal impulses which may suggest an unconscious desire to return to security and the primal unity of the womb: existential despair and hopelessness. It is also worth noting that the awakening of the Self may also be stimulated by crisis and negative experiences. For one client the death of a loved one stimulated a search for meaning which led her to the experience of the Self: another, overwhelmed by a mid-life crisis, found relief through deep acceptance of her Being which altered her priorities and life direction.
overstressed businessman, the loss of his valued career shocked him into a transcendent experience of his true identity far beyond his role as a businessman work in therapy. In times of stress or trauma, people in therapy tend to be more open to move towards a wider perspective and a greater sense of proportion.

**A transpersonal context**

A therapist working in a transpersonal context recognizes the pivotal role of consciousness in determining the outcome of therapy. Consciousness is both the instrument and the object of change and the therapist will be less concerned with “problem-solving” than with enhancing the conditions in which the client can address the challenge creatively. The emphasis is upon learning how to deal effectively with problems as they arise rather than resolving a particular situation in the client’s life.

Most essentially, working from a transpersonal means that, regardless of method or technique, the therapist has taken a firm stand for basic human goodness, placed her trust in the client’s fundamental “allrightness” and is willing to accompany her on her journey to wholeness.

**The therapeutic relationship**

Working from a transpersonal context also creates a transpersonal element in the therapist and client’s relationship – so essential for sincere and successful work. the ground on which they stand together is rich with the necessary components for the client to both heal herself and move progressively forward. There is no doubt that the quality of the human relationship has a profound influence on determining the outcome of therapy. Without a “bifocal vision” – one which sees both the light and the shadow in clients – and without a context which sees the client as more than her pathology, the therapist reduces greatly the effectiveness of the work.

Assagioli spoke of the relationship being the very heart of the therapeutic process. He believed that without authentic human relating, trust would not be established between therapist and client and without this essential ingredient little growth was possible. He further elaborated the dangers of both dependency and projection of the sublime without a genuine relationship. The client might remain dependent upon the authority figure of the therapist for answers to her problems and guidance towards normative psychological health. Autonomy and a healthy separation from the therapist then become immensely difficult. Projection of the sublime occurs when the client perceives the therapist as more intelligent, more creative, more in possession of all the positive qualities for which she yearns.

Transference and counter-transference Assagioli did not see transference as the centre of gravity around which the therapy revolves in the way that Freud did. However, he did acknowledge transference and counter transference as tremendously important factors to be conscious of. A Psychosynthesis psychotherapist aims to dissolve the transference as it emerges, rather than encourage it to build into a full transference. A full transference neurosis is not encouraged or discouraged, nor is it seen as the core of the therapeutic process. The Psychosynthesis attitude towards transference is to treat it as it arises as one of many ways to help the client.
confront her issues. Much of the “intra-psychic” work in Psychosynthesis which actively and experientially engages the client, attains the same goal as transference work – to deal with unconscious neurotic conflict and to strengthen the ego. Erich Fromm said that, after all, it is the child in the client who is transferring. Hence, any work done with the inner child of the client will address the same basic level as working with transference. Psychosynthesis uses “active techniques” like subpersonality work and guided imagery to access “inner child levels” in therapeutic work. Working experientially with parental relationships can also address transference issues. Re-living and re-experiencing parental relationships can release past trauma and profoundly affect transference intra-psychically by work with the inner child and parental work as well as inter-personally in more traditional work. Assagioli also stressed that the therapist must not lump all client responses into the transference construct but must use discrimination to examine and assess their validity. The therapist is wise to work within herself for her own affective response to the client. For instance, if the client feels judged, the therapist must look within herself for these feelings towards the client. In the safety of the therapeutic situation, the client may also be “trying out” new behaviours that are being learned. For example if she has previously conformed in order to win approval, the first place where she may begin to be assertive is in her relationship with the therapist (as a prelude to doing so in life). Some but not all of the counter-transference may belong to an earlier part of the therapist’s life. As with transference, counter-transference is not always pathological, but can be an authentic human response to the client. On the other hand, it can also be a sign of the unconscious dynamics that are being played out and are pulling the therapist into a repetitive response. Analysing counter-transference helps to detect and evaluate the transference.

**Our interface with society**

Finally, just as treating the symptoms of disease brings relief but does not heal the whole person, therapy without exploring the client’s relationship with the larger whole would be limited and unreal. We do not exist in isolation but within the context of the larger whole of society and of an intricate network of relationship. With its emphasis on purpose and meaning, Psychosynthesis therapy places a high value on this area. Individual identity is not the end-result but leads to a recognition of interdependence and to a more creative response to life. At any time the client may naturally begin to question and want to explore the nature of values and how she chooses to relate to her world. This idea is congruent with Maslow’ (1954) “hierarchy of needs” which proposes that, as personal survival, safety and self-esteem needs are fulfilled, the individual will move towards a more universal orientation, a natural expansion of ego boundaries and a desire to make life choices that are consistent with this large identity.

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