A meeting of souls

Anissa Chung enquires into transpersonal experience in therapeutic relationships

Introduction

In my personal therapy, I have had transpersonal experiences that have been transformational. Consequently, I have felt deeply known and much more alive as a person. I find engaging with others at a profound level enriching to my soul.

As a psychotherapist, I have developed from focusing on techniques and skills to also relating authentically with my clients. I have since witnessed how they were drawn to a deeper connection with their spiritual self and how they were transformed in the process. This has spurred me on to consider the importance of spirituality in psychotherapy, in particular:

- How does the transpersonal relate to spirituality?
- What qualities in a therapeutic relationship may engender transpersonal experience?
- How may transpersonal experience bring about significant personality change?

Spirituality and the transpersonal

Although the terms 'transpersonal' and 'spirituality' are closely related in the literature, they have different meanings. The term 'transpersonal' comes from the fourth force of psychology (after psychoanalytic, behavioural and humanistic),[1] and Rowan points out that it 'puts us in touch with the sacred, the numinous, the holy – the soul, the spirit, the divine'.[2] Clarkson likewise relates the transpersonal to 'the spiritual dimension of a healing relationship'.[3]

I find it helpful to understand transpersonal experience in the light of Maslow's three connected concepts: the hierarchy of human needs, self-actualisation and peak experience – through which individuals may be in touch with the sacred. Maslow claims that beyond self-actualisation, there is a need for transcendence for 'we need something bigger than we are to be awed by and to commit ourselves to'.[4]

Grof succinctly defines transpersonal experience as an expansion or extension of consciousness beyond ego boundaries and beyond the limitation of time and/or space.[5] Wilber sees the transpersonal as

the fine line between psychotherapy and the spiritual. For him, it functions like a springboard for individuals to move from psychotherapy into the spiritual realm.[6]

Building on the above, I wanted to limit the term 'transpersonal' in this research to a peak experience that takes place within a therapeutic relationship. It refers to the client's profound and transformational moments of connection with self (intrapersonal), with an other (interpersonal) and with the Great Other (transpersonal). In my view, the experience is in the spiritual realm, whether or not it is expressed in religious terminology or bound to any faith tradition.

Altogether, four therapists took part in my research by sharing their transpersonal experience through semi-structured interviews. In line with the ethos of a heuristic inquiry,[7] I was also interviewed, so my story formed part of the data. To safeguard their anonymity, I have used pseudonyms: Ada, Betty, Carol, Doug and Ella.

Therapeutic relationship

All five participants were in a state of turmoil at the beginning of therapy. With their predominant insecure-avoidant attachment style,[8] they tended to be self-reliant and found it hard to trust others to meet their needs. It was particularly challenging for Carol, who 'hadn't had good experiences with therapists'.

Despite their predicament, all spoke warmly of the therapeutic relationship in which their transpersonal experience took place. Ada quickly found 'trust and safety' and Betty felt 'loved unconditionally'. Despite her relational difficulties, Carol experienced her therapist as 'everything a good mother should be' while Doug found 'implicit unconscious trust... from day one'. Ella experienced 'responsiveness, loving care... and felt deeply held'. It was apparent that their therapists had effectively established a secure therapeutic alliance and met some of the participants' emotional needs early on.

In my understanding, the therapists did not only use their 'instrumental self' – focusing on using skills, strategies and

treatment outcomes; in fact, the relational essence captured in the research findings reveals that the therapists also used their 'authentic self'.[9] It was the therapist's 'being' – their authentic presence – that enabled the participant to feel valued, accepted, and safe enough to attach securely.[10] In this respect, Doug found his therapist's presence 'reassuring, grounding'.

The quality of presence is in fact Rogers' seventh condition for therapeutic change – a synthesis of the core therapeutic conditions in his later years of work. Nolan interprets presence as 'being-with' – the therapist's total willingness and availability to stay with the person, embracing and affirming their experiencing in the moment. Presence is therefore an essential relational element: it promotes connectedness with self (intrapersonal) and with an other (interpersonal), which in turn enhances relational depth.[11–13]

In the interviews, the participants expressed the following:

- 'profound engagement'
- 'soul to soul'
- 'she became the hammock... like an extension of God'.

On reflection, I realised that each participant's therapist demonstrated their capability to empathically attune moment by moment, to hold and contain the participant's disturbance without feeling overwhelmed: their vulnerable self resonated with and touched the participant's spirit deeply. These were intimate, soul-to-soul encounters, which echo Buber's 'I-Thou' relationship.[14,15]

All participants claimed awareness of spirituality: two described themselves as spiritual but not religious, while the others' spirituality was based on the Christian faith. Interestingly, each worked with a therapist who was also spiritually attuned. I surmise that none of the participants needed self-censorship for fear that their spiritual experiences might be explained away or interpreted as psychotic. Whether explicit or implicit, my impression was that their therapist's openness gave the participants freedom 'to go there', and connect with their whole self in relationship.

Transpersonal experience

A total of seven transpersonal experiences were recounted by the five participants. They were profound moments of connection with self (intrapersonal), with an other (interpersonal), and beyond self (transpersonal). Three of the experiences happened in session, and four out of session but within the therapeutic context.

My findings indicate that the triggers were ordinary events: a dialogue, a dream, a drawing, physical exercise, or body gestures. One was supernatural – in this case a religious vision. I discovered that the therapist's intuitive, most sensitively attuned intervention in a session could become the catalyst for a transpersonal experience. Ella's therapist simply 'leaned forward, took two small steps in the room... to engage with [her]'. This led to unexpected profound moments of connection on all levels.

When a transpersonal experience happened out of session, such as Doug's dream, his therapist's authentic, attuned and receptive response helped to affirm its 'realness', and 'allowed something to settle [when it] had been heard'. A significant finding is that whether the transpersonal experience happened in or out of session, each of the therapists played a crucial role in bringing resolution to the participant's turmoil.

Despite the different triggers, the participants' perceptions of their transpersonal experiences were very similar. They were immediate, undeniable, and unforgettable. Some of the common phenomena they described overlap with the definitions of the transpersonal from the fourth force of psychology.[16] The way they expressed these included:

- 'emotions were very high'
- 'awe inspiring'
- 'timeless'
- 'pivotal moment, turning point'
- 'beyond words'.

Regarding what happened in the transpersonal experience, Ada summarised hers as 'moving through... turmoil of emotion and then... touching the calm and... peace that's beyond'. In his dream, Doug 'felt alive but also bereft', followed by 'relief, release... a sense of engagement and sadness'. These cases epitomise the nature of the seven transpersonal experiences which were transient but also transcendent: in a higher state of consciousness, the participant moved from a place of turmoil to a place of tranquillity.

The literature often emphasises the joy and wonder – and the ecstasy – of a transpersonal experience, with an assumption that the client will find profound growth and healing as a result. My findings reveal that the participants' process of transformation in fact went through the following stages:

turmoil -> transcendence -> surrender -> resolution

What is seldom explored is the client's surrender – to lose the striving self. In the interviews, all the participants remembered vividly their need to let go, to detach, to take down defences, and to trust the Great Other in the spiritual dimension. I was aware of a paradox – pain and resolution being held in the same moment.

It is heartening that each participant found resolution:

- 'trust... everything... to be OK'
- 'starting the journey into forgiveness'
- 'I was believed... understood'
- '[her] acceptance meant my experience was allowed to be normal'
- 'I... let go and... float'.

Carol, Doug and Ella each explored early traumas in therapy and found resolution at a very deep level. From a humanistic, integrative perspective, I considered this a significant breakthrough: they were unconsciously 'hungry' for healing, and their therapist's finely attuned response met their deepest developmental and/or relational needs, thus helping them to move from a fixed Gestalt to completion of the cycle.[17]

Despite and because of the profundity of these moments, all the participants felt some degree of vulnerability when recounting their experiences. I sensed Carol's initial embarrassment when she expressed, 'I may use strange words to you'. Doug feared that people might think he was mad, and devalue his experience 'rather than simply accepting'.

Therapeutic change

The transpersonal experience gave the participants new meaning and purpose in life, but I also noticed that there was an adjustment phase, where they faced an 'existential shift' with some degree of emotional upheaval. This included not only ecstasy and illumination, but also confusion, sorrow, pain and grief. Carol 'felt tremendously angry and contaminated'. Doug wrestled with 'psychic presences that were beyond death'.
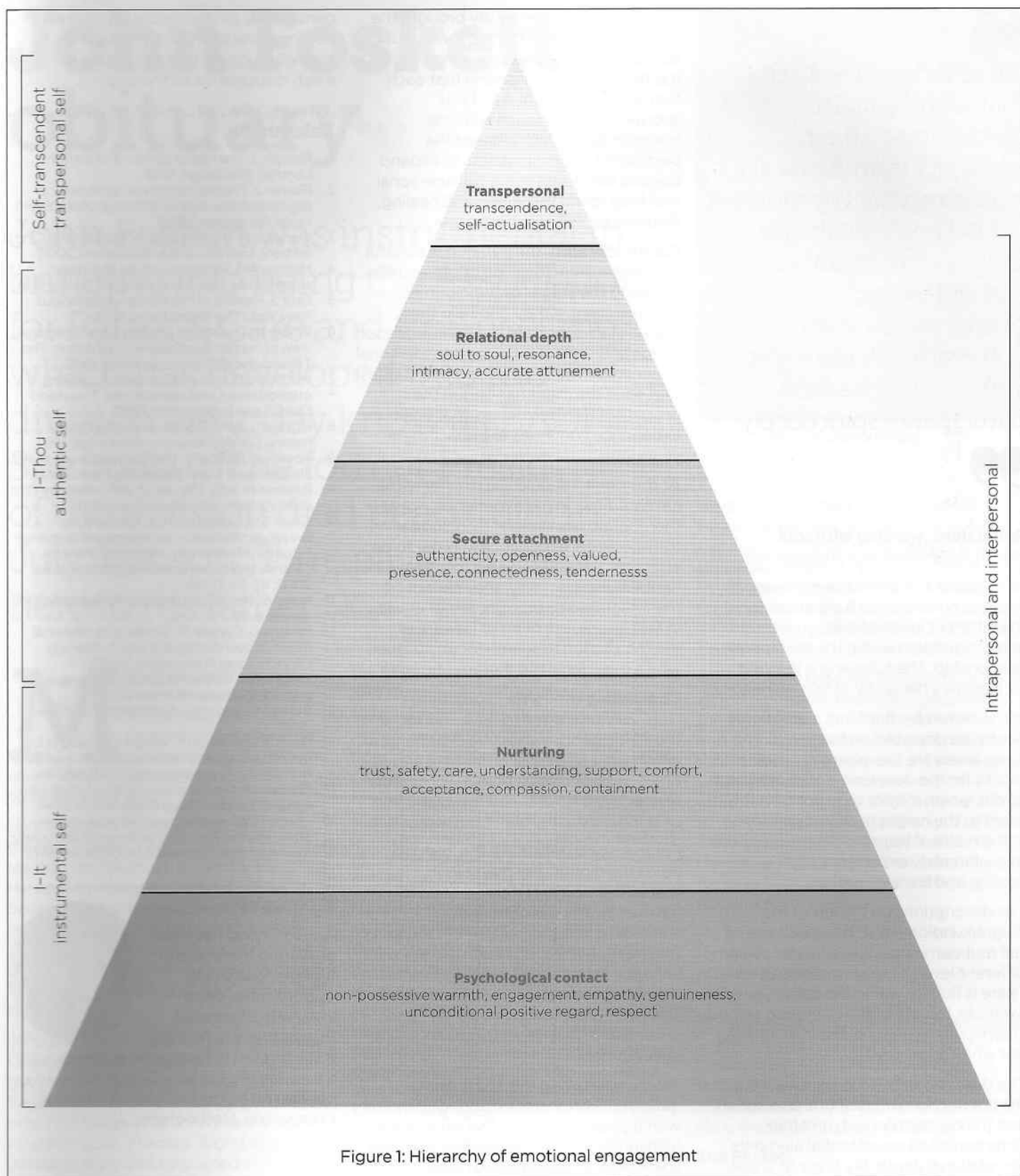
In line with Maslow's claims that peak experiences are highly therapeutic and lead to psychological wellbeing, my findings show that the participants became less inhibited and anxious, more alive and integrated, able to operate from their authentic self. When Carol was believed and understood, 'her depression... lifted'. She was 'enabled to be who she was'. Ella reworked her avoidant attachment style by learning to trust and be held. These cases epitomise the theme of 'becoming' – an integral part of spiritual growth. Their transformation indicates a healthy balance between psychological resilience and fluidity.

Interestingly, this is corroborated by Levine's 'nine-step method for transforming trauma', which delineates the restoration process as resetting the nervous system after encounters with high levels of stress. Each of the participants was empowered by their innate mechanism to contain their strong emotions, to recapture their natural resilience, and to reinstate their dynamic equilibrium.[18]

Moreover, my findings show that the profound self-transformation continues to empower the participants as therapists:

- 'I am a secure base for my clients'
- 'able to give out... because I have received'
- 'equipped to take clients to those places'.

In fact, participants as therapists have described a full circle: they now offer to their clients a depth of experience that they themselves have received.

Figure 1: Hierarchy of emotional engagement

Transpersonal
transcendence,
self-actualisation

Relational depth
soul to soul, resonance,
intimacy, accurate attunement

Secure attachment
authenticity, openness, valued,
presence, connectedness, tendernesss

Nurturing
trust, safety, care, understanding, support, comfort,
acceptance, compassion, containment

Psychological contact
non-possessive warmth, engagement, empathy, genuineness,
unconditional positive regard, respect

Self-transcendent
transpersonal self

I-Thou
authentic self

I-It
instrumental self

Intrapersonal and interpersonal

> **On reflection, I realised that each therapist demonstrated their capability to empathically attune moment by moment, to hold and contain the participant's disturbance without feeling overwhelmed: their vulnerable self resonated with and touched the participant's spirit deeply**

Reflections: working with soul
Hierarchy of emotional engagement

I should like to summarise my research findings by offering a framework for the different levels of engagement and progression within the therapeutic relationship. The following is inspired by Maslow's hierarchy of human needs.

In this hierarchy, the client's emotional needs are depicted on five levels. The lower levels are the essential building blocks for the development of relational depth, which may or may not take the client to the height of self-actualisation. In the realm of transcendence, the client may ultimately experience profound healing and transformation.

The descriptions on the left of the diagram indicate the therapist's use of self as it corresponds spontaneously to different levels of relational engagement. There is fluidity within the continuum: for example, the use of the authentic self may incorporate aspects of the instrumental self when appropriate.

The descriptions on the right indicate that the connection with self (intrapersonal) and the connection with an other (interpersonal) are essential elements for relational depth. My findings show that spiritually aware therapists and participants unconsciously brought the spiritual dimension into the therapeutic space, and there was a meeting of souls. It is therefore not surprising that each therapist-participant dyad was spontaneously in touch with the transcendent, which allowed the participant's consciousness to expand beyond self. It was in the transpersonal that they found resolution and healing, followed by self-transformation.

For the therapist, the pyramid is a useful tool for tracking their use of self and for mapping the stages of their journey with the client. It may also help the therapist to anticipate the client's deeper needs and the potential for transpersonal experience. The findings seem to suggest that once the client has begun the process of transformation, that peak experience continues to impact them years later.

At this point, I should like to offer some caveats. First, in my experience, not all therapeutic work needs to include a transpersonal experience in order to be effective. Secondly, such experiences happen unexpectedly: they cannot be manufactured or brought about at will. In fact, therapists need to beware of the temptation to search for any trigger, which may derail the therapeutic work.

Concluding thoughts

I feel very privileged to have shared the participants' subjective experiences, which were so intensely intimate and at times difficult to describe in words. This research has heightened my awareness of spirituality in my own clinical practice.

For me, spirituality is like the 'dish that holds the dinner'. For this reason, I feel that all therapists in training need to have an awareness of their own spirituality, whether secular or religious: their receptivity to spiritual matters will enhance their capacity to take clients to the transpersonal or the transcendent. Their spiritual growth should go hand in hand with their psychological development.

After undertaking this study, I have delivered workshops exploring spirituality with trainee therapists. The experience highlighted for me the tendency to treat spirituality as 'background noise' – something non-essential that we consciously or unconsciously choose not to attune to. In fact, my findings strongly suggest that spirituality is a rich resource for all therapy.

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Biography

Anissa Chung has been delivering training and facilitating learning opportunities since 2010 with Sherwood Psychotherapy Training Institute (SPTI), Nottingham. She is a tutor on the Pastoral Supervision course run by the Institute of Pastoral Counselling, Nottingham.