

Transpersonal Psychology in Heart-Centered Therapies

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Abstract: We look at areas of potential conflict in spiritual involvement in psychotherapy: the degree of the therapist's personal openness, dogmatic rigidity or unresolved spiritual conflicts that may influence the client through countertransference. We review areas of intersection between spiritual realms and Heart-Centered therapies, particularly ways of directly accessing the client's soul or, conversely, healing *loss of soul* through soul retrieval. One of the traditions that provides the needed "technology of consciousness" is the shamanistic healing approach. We note similarities between the shamanic state of consciousness (SSC) and that of clients in Heart-Centered therapeutic states, as well as the experience of young children ("Except ye become as little children, ye shall not enter into the kingdom of heaven"). Other traditions that provide "technologies of consciousness" for incorporating spiritual with psychological growth include Jungian psychology and Kundalini meditation.

Primary topics

1. Spiritual realms – the soul
2. Shamanic healing approach
3. Chakras and Kundalini meditation

Spiritual Realms – the Soul

If we want to create a trans-systemic theory of psychotherapy we'd better include along with the many therapies also the spiritual exercises and forms of meditation: all the ways of growth. Once we do that we realize that there are certain ingredients that cut across schools and cultures and that have not been addressed as fundamental elements in our theory of psychotherapy. And I think one of these is *spontaneity, letting go*. Letting go is, of course, present in all forms of accessing the unconscious, techniques to allow the deeply embedded to rise to the surface (e.g., free association, psychodrama, dream work, hypnotic age regression, breathwork).

It is initially a matter of faith that by letting go you "let god." That letting go of the little mind, you allow something greater - call it the mystery of the greater mind or the mystery of nature. That by letting go of control, you give control to something that not only transcends the small mind but has its own greater laws (Naranjo).

The spiritual may be brought into psychotherapy in several ways. One is when the client defines the presenting issue(s) to be religious and/or spiritual. For example, an individual may be seeking clarity regarding his/her relationship with the church, or with those who represent the church

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or with God. Another avenue for spirituality to enter into psychotherapy is when the presenting issue(s) are not overtly spiritual in nature, but lead to source conflicts that are. For example, someone may be exploring a deep fear of abandonment, and working through traumatic abandonment experiences with parents, which in turn leads to an early experience of being “spiritually exiled” from God. Another form of spiritual involvement in psychotherapy is when a person is searching for support in the living of his/her life, perhaps in a traumatized age-regressed ego state, and becomes aware of a comforting spiritual presence. Finally, some psychotherapy focuses exclusively on the spiritual or religious aspects of the individual, e.g., spiritual counseling.

Chandler et al. (1992) define human spiritual experience as an innate capacity to transcend the egocentric perspective from which people constantly experience and evaluate their lives, opening to a broader worldview, a heightened capacity for loving, and an increased motivation to enhance the greater good.

Elkins and associates research has yielded the following definition of spirituality (Elkins et al., 1988):

Spirituality, which comes from the Latin *spiritus*, meaning “breath of life,” is a way of being and experiencing that comes about through awareness of a transcendent dimension and that is characterized by certain identifiable values in regard to self, others, nature, life, and whatever one considers to be the Ultimate (p. 10).

What are the common elements in these experiences? Elkins et al. (1988) identify the following as components of spirituality: transcendence, personal meaning and mission in life, sacredness, material values, altruism, and high ideals, awareness of the tragic, and fruits of spirituality.

(1) *Transcendent dimension*. The spiritual person has an experientially based belief that there is a transcendent dimension to life. The actual content of this belief may range from the traditional view of a personal God to a psychological view that the “transcendent dimension” is simply a natural extension of the conscious self into the regions of the unconscious or Greater Self. But whatever the content, typology, metaphors, or models used to describe the transcendent dimension, the spiritual person believes in the “more” - that what is “seen” is not all there is. He or she believes in an “unseen world” and that harmonious contact with, and adjustment to, this unseen dimension is beneficial. The spiritual person is one who has

experienced the transcendent dimension, often through what Maslow referred to as “peak experiences,” and he or she draws personal power through contact with this dimension. (See Wuthnow, 1978; Keutzer, 1978; and Laski, 1961, for the “triggers” and effects of transcendent or “peak” experiences.)

(2) *Meaning and purpose in life.* The spiritual person has known the quest for meaning and purpose and has emerged from this quest with confidence that life is deeply meaningful and that one’s own existence has purpose. The actual ground and content of this meaning vary from person to person, but the common factor is that each person has filled the “existential vacuum” with an authentic sense that life has meaning and purpose.

(3) *Mission in life.* The spiritual person has a sense of “vocation.” He or she feels a sense of responsibility to life, a calling to answer, a mission to accomplish, or in some cases, even a destiny to fulfill. The spiritual person is “metamotivated” and understands that it is in “losing one’s life” that one “finds it.”

(4) *Sacredness of life.* The spiritual person believes life is infused with sacredness and often experiences a sense of awe, reverence, and wonder even in “nonreligious” settings. He or she does not dichotomize life into sacred and secular, holy and profane, but believes all of life is “holy” and that the sacred is in the ordinary. The spiritual person is able to “sacralize” or “religionize” all of life.

(5) *Material values.* The spiritual person can appreciate material goods such as money and possessions but does not seek ultimate satisfaction from them nor attempt to use them as a substitute for frustrated spiritual needs. The spiritual person knows that “ontological thirst” can only be quenched by the spiritual and that ultimate satisfaction is found not in material, but spiritual things.

(6) *Altruism.* The spiritual person believes we are our “brother’s keeper” and is touched by the pain and suffering of others. He or she has a strong sense of social justice and is committed to altruistic love and action. The spiritual person knows that “no man is an island” and that we are all “part of the continent” of common humanity.

(7) *Idealism.* The spiritual person is a visionary committed to the betterment of the world. He or she loves things for what they are yet also for what they can become. The spiritual person is committed to high ideals and to the actualization of positive potential in all aspects of life.

(8) *Awareness of the tragic*. The spiritual person is solemnly conscious of the tragic realities of human existence. He or she is deeply aware of human pain, suffering, and death. This awareness gives depth to the spiritual person and provides him or her with an existential seriousness toward life. Somewhat paradoxically, however, awareness of the tragic enhances the spiritual person's joy, appreciation, and valuing of life.

(9) *Fruits of spirituality*. The spiritual person is one whose spirituality has borne fruit in his or her life. True spirituality has a discernible effect upon one's relationship to self, others, nature, life, and whatever one considers to be the Ultimate (pp. 10-12).

One critical dimension in any of these types of spiritual involvement is the degree of the therapist's personal openness, dogmatic rigidity or unresolved spiritual conflicts that may influence the client through countertransference. At one end of the spectrum, the therapist is "committed to a tolerant position of open-ended enquiry about divine dealings with humankind" through numerous and varied traditions (Lines, 2002, p. 109). This professional is likely to be free of contaminating countertransference, the holding of a belief-system agenda for the client. At the other end of the spectrum are religious counselors who have a specific dogma of belief and a mission to save or convert clients, as well as therapists who have deeply personal unresolved spiritual conflicts. Whether conscious or not, such a therapeutic stance toward clients will inhibit the client's full exploration of their feelings, doubts, fears and longings (Lannert, 1991).

Polarities

"I think psychotherapy, in general, is 50% trust in expressiveness (trust in spontaneity, trust in letting go, trust in impulses) and 50% trust in awareness and self knowledge" (Naranjo). Energy and consciousness have always been the two complementary foundations of spiritual life and growth: feminine and masculine, ego surrender and ego strengthening, yin and yang, Shakti and Shiva. These universal forces feed on each other: awareness supports honest self-evaluation and self-expression, while a balanced organism supports awareness.

Modern cultures tend to regard the action mode as the proper one for adult life, and consider receptive states as pathological and regressive. In contrast, altered states such as sensory deprivation, hypnosis, meditation,

lucid dreaming, psychedelic drug experiences, and shamanic states are more oriented to taking in the environment than to acting on it, and therefore feature the fluid boundaries and physical and psychical relaxation associated with the receptive mode. Other features of these states are heightened sensory vividness, timelessness, exultation, strong affect, animation of the inanimate, decrease in self-object distinction, loss of control over attention, dominance of paralogical thought patterns, increased parasympathetic stimulation, and a sense of expanded awareness. The general effect of undoing the automatic, habituated psychological structures that organize, limit, select, and interpret perceptual stimuli is called “deautomatization” (Gill & Brenman, 1959; Deikman, 1966). These states all incorporate variations on the sensory-perceptive experience of “being.”

An interesting connection exists between the process of “deautomatization” and the high-voltage, slow-wave hippocampal-septal hypersynchrony (HSHH) found in mystical, ecstatic, and spiritual experiences. Neurophysiologically, the hippocampal-septal system evaluates the meaning of incoming stimuli, comparing them with previously stored information, and decides whether to pass the news on to conscious mental processing (active mode). Once the categorization is complete and the decision on importance is made, however, the hippocampal-septal system disengages from any active control of behavior (receptive mode) (Schachter, 1990).

The active and receptive modes of operating are not necessarily mutually exclusive. In the altered states discussed previously, we can experience both integrated to varying degrees. The characteristics of the experience of mixed modes depend on the extent of dominance of one or the other. One might experience gardening actively, “working” in the garden, or receptively, “playing” in the garden. Michael Washburn (1995) suggests that we are, in fact, forming and dissolving a whole sequence of “transition selves” on the way to realizing a pure state of receptivity, selflessness and surrender to ultimate unity (p. 44).

Another formulation, based on orientation rather than function, of the same dual structure is the psychoanalytic concept of *primary* and *secondary process*. Typical primary process mental organization includes condensation, displacement, symbolization and representation in visual or auditory imagery. It is primitive and akin to pre-verbal child mentation. Condensation is the representation of more than one element of unconscious material by a single detail, related to the process of

overinclusiveness. Displacement is the substitution of an affective reaction from the actual cause to something else. Freud saw it as a neurotic mechanism, as in displacing anger at one's father onto something less threatening, e.g., an animal. It could as easily be recognizing, and reacting to, synchronous causes not correlated in the rational secondary process. Symbolizing in images is fundamental to any communication by and with the unconscious, e.g., in dreams or in hypnotic trance. Secondary process (later termed the reality principle by Freud) is conscious activity, guided by rationality and objective reality.

The Jungian perspective on this duality is the distinction between self and ego: self is the "being" mode, represents the feminine principle, and functions according to primary process; the ego represents "doing," the masculine principle, and functions under secondary process (Weisstub, 1997). The process of mutual recognition and balanced participation between conscious and unconscious ways of operating leads to what Jung called the "transcendent function" (1958), which in turn leads to the goal of self-actualization, or individuation.

Loss of soul and Jungian psychology

An important part of the personal transformation work in Heart-Centered therapies has to do with recognizing the *soul* of each individual and understanding when people have *soul issues*. Thomas Moore (1992, p. xi) says, "The great malady of the twentieth century, implicated in all of our troubles and affecting us individually and socially, is 'loss of soul'."

We have discovered during the course of doing trauma work that traumatized individuals often have a splitting or fragmentation of the soul. Just as the personality can split off when trauma occurs, so too does the soul. It appears that pieces of the soul may split off or fragment (Modi, 1997, p. 368), also called *soul-mind fragmentation* (Baldwin, 1992, p. 75), during different experiences. If the trauma is extreme enough, the entire soul may actually separate from the body. This fragmentation produces an individual who seems disconnected, dissociated and spaced out. There are many terms in our language that indicate this condition, such as referring to someone as "a lost soul," or "a space cadet." When someone has a traumatic experience, we may refer to it as "the dark night of the soul."

We strengthen and consolidate the soul by retrieving any fragments that were separated at moments of trauma or unbearable pain (in this life or past lives). Jung said his task was the "cure of souls" (1961, p. 124). This

surpasses the healing of pathology and aims at the fulfillment of individual wholeness.

Jung refers to the diminution of the personality known in primitive psychology as 'loss of soul' (1959, p. 119). He states that we label the similar experience in our civilized culture as an "abaissement du niveau mental," and describes it as "a slackening of the tensivity of consciousness, which might be compared to a low barometric reading, presaging bad weather. The tonus has given way, and this is felt subjectively as listlessness, moroseness, and depression" (p. 119). The condition can go so far that the individual parts of the personality become independent and thus escape from the control of the conscious mind, a phenomena known as hysterical loss of function. The condition results from physical and mental fatigue, bodily illness, violent emotions, traumatic shock (p. 120), and dissociation and suppression of consciousness (p. 281). We have learned from shamanic sources how to retrieve and integrate the "lost soul."

"At the core of shamanic practice is the belief in a cosmos populated by spirit entities that affect all aspects of nature and human life in particular" (Krippner, 2002, p. 46). Shamans are "technicians of consciousness" who use an "innate knowledge" of the spirit world for individual and community healing and for personal and social survival. The spirit world may be thought of as reflecting what Jung called the "collective unconscious" and its inhabitants his "archetypes." Traditionally, shamans have utilized altered states of consciousness to access that world, and have mastered the ability to operate both in the spirit world and in the world of shared-reality. Specifically, they can operate within an "integrative mode of consciousness," navigating between such polarities as knower and known, self and other, outer and inner, and possible and impossible.

We should keep in mind that Jung's conception of the objective psyche is equivalent to Castaneda's non-ordinary reality, even if Jung endows it with archetypal patterns. It is filled with numinal mystery, it is unfathomable, and it is the locus of near-death experiences, out-of-body journeys, and shamanic journeying. It is the locus of ancestral memory, of transpersonal guidance, and of numinous healing power (Smith, 1997, p. 136).

In the Jungian perspective, therapeutic healing begins with bringing pathological complexes into experienced (not just intellectual) consciousness. Not all complexes are pathological; only when complexes remain unconscious and operate autonomously do they create difficulties in daily life. Complexes become autonomous when they "dissociate" (split

off), accumulating enough psychical energy and content to usurp the executive function of the ego and work against the overall good of the individual. “[Autonomous complexes] are usually the result of traumatic childhood experience” (Smith, 1997, p. 196). Only when dissociation is broken and the complex is brought to consciousness can the emotional charge be assimilated and the autonomous nature of the complex be dissolved.

The altered state allows access to these dissociated complexes, and the vehicle for reintegration. The trance state brings them into consciousness, and provides a natural way to integrate them, emotionally, physically and spiritually.

Either terminology, soul fragments or dissociated complexes, can be used to explain the therapeutic phenomena. A young man with a serious sexual addiction appeared to be very “empty” inside. He experienced deep feelings of loneliness and terror which he “medicated” with excessive and inappropriate sexual behavior. As we regressed him back to the source of his pain, he found himself at age six cowering under his bed after having been beaten by his father. The six-year-old ego state was able to retrieve a fragment of his soul from under that bed. A woman with cancer had been sexually abused by her grandfather and literally felt her soul shattered onto the walls of her childhood bedroom. As we collect the soul fragments and return them to the body, the individual begins to feel more whole and complete inside. A new sense of Self, of wholeness, is activated that has not been previously experienced.

The split-off, dissociated parts of the psyche take some of the ego’s energy and become shadow aspects of the ego. “Reintegration is possible, and their retrieval is the goal of both Jungian psychoanalysis and of shamanic healing” (Smith, 1997, p. 196).

Shamanic Healing Approach

Shamanic states of consciousness

The shamanic state of consciousness (SSC) represents a discrete altered state of consciousness following Charles Tart’s categorizations, and is a “dream-like state, somewhere between sleep and wakefulness” (Achterberg, 1985, p. 23). Risse (1972) describes the state as making the inner experience of sensory memories dominant over rationality. “He reviews his subconscious flow of pictures without the use of the critical powers activated by consciousness as well as the grid of causality, time,

and space” (p. 22). This point of view is supported by cross cultural research by Peters and Price-Williams (1980) in which they studied shamanic practices in forty-two cultures and concluded that shamanic ecstasy is a specific type of altered state. They have suggested that many altered states share underlying physiological and psychological structures, although they may be different on the surface reflecting individual and cultural variation (Peters & Price-Williams, 1983). They linked the SSC with psychological rites of passage, catharsis, meditation, deep hypnosis, “waking dreams” and the experience of Kundalini energy ascending through the chakras.

Winkelman (2000) proposes that while shamanism is a worldwide phenomenon of nomadic hunting-gathering societies, the term “shamanic healer” might be applied to an expanded group of healing professionals who use altered states of consciousness in their work in agricultural and urban societies. Hunter-gatherers experienced their world as highly integrated; there is a single environment that encompasses humans, animals, and plants in a living nature. Shamanic healers likewise achieve a cognitive fluidity, an ability to map across domains that supports a similarly integrated world-view. Unlike other practitioners who access altered states (e.g., diviners, mediums), shamans and shamanic healers remain in control of their spirit allies. This control enables shamans and shamanic healers to heal, interpret dreams, recover lost souls, and divine the future. For Winkelman, the shamanic journey symbolizes transformation, a “restructuring process of the ego” produced by symbolic models and a holistic imperative toward psychointegration.

Shamanic access to the “spirit world” is available through transpersonal portals such as hypnosis, breathwork, out-of-body experiences (OBE), near-death experiences (NDE), and the lucid dreaming state. Each of these states generates an increase in primary process thinking, a feeling of acute increased awareness, a lowering of perceptual boundaries, and shares the unique psychobiological signature of high-voltage, slow-wave hippocampal-septal hypersynchrony (HSHH). Shannahoff-Khalsa (1991) has developed research evidence linking peaks of immune function, regeneration, and healing with the increased parasympathetic state of right brain dominance (p. 242). These states are associated with meditation and a transcendental state of consciousness (Wilbur, 2000), and with restorative and regenerative processes, deep creativity, hyper-learning and hypnotic suggestibility (Robbins, 2000). This state predominates in the womb and through two years of age, a fact

of particular interest in age regression work which we shall return to shortly. These states are the frontier meeting ground of waking and dream states, the balance of sympathetic and parasympathetic nervous systems (reaction and maintenance). A full discussion of this topic is found in Zimberoff and Hartman (1999).

Hypnosis as a SSC

Hypnosis is an altered state of consciousness in which one experiences the HSHH pattern: higher levels of alpha brain waves (London et al., 1969) and theta brain waves (Chen et al., 1981; Crawford, 1994). Hypnosis enhances an individual's ability to focus one's attention selectively. Crawford proposes that the hippocampus appears to be involved as a gating mechanism in selective attention, and that this gating function may be promoted "through a cortico-hippocampal relay [that] transmits information by theta wave modulation" (p. 667). Incidentally, she found that highly hypnotizable people generate more EEG theta than low hypnotizables whether they are hypnotized or not. In hypnosis, then, one experiences a state similar to that of childhood, and the deeper the hypnotic trance, the slower the brain wave activity, and the earlier in life is being approximated.

Hypnosis takes an individual from everyday consciousness to deeper levels of brain activity, to the hypnagogic states of delta and theta, the state they experienced predominantly for the first five years of life. Returning to the original state in which events were experienced and the memory recorded provides access to what is otherwise inaccessible. Directly accessing the subconscious allows an opportunity to 'reprogram' the 'hard-wired' beliefs, generalizations and reactions.

The similarities between the shamanic states of consciousness and that achieved through hypnotic trance induction is explored extensively in Winkelman (2000). These altered states share certain fundamental patterns of brain activity, characterized as integrative of the cognitive, emotional, social, and spiritual aspects of the person that experiences them. They involve a shift toward increased slow-wave activity across the frontal lobes, coupled with increased dominance of limbic system activity (especially in the hippocampus, septum, and amygdala), a shift toward parasympathetic dominance in the autonomic nervous system, synchronization of left and right frontal lobe EEG activity, along with a general shift toward right brain dominance. As the state deepens, there is a gradual decrease in frontal lobe activity followed by a similar decrease in

limbic involvement, both of which seem to be associated with transcendent states of consciousness.

Like the shaman, who evokes a receptive mood through rhythmic patterns of chanting, musical sounds and dance, the hypnotherapist alters the individual's external reality so that the focus is retrained onto inner processes. The individual thus becomes a spectator of his or her own life, a process that is essentially against our common nature (Eisen, 1990, p. 154).

Today's healer, utilizing a Heart-Centered approach, combines many of the shamanistic ways to extend clinical psychotherapy into the transpersonal realms of the spirit world. The use of hypnosis and other altered states of consciousness provides direct access to the unconscious. Such a healer, managing the client's as well as his/her own trance state, is truly a "technician of consciousness." Traditionally shamans journey on behalf of the individual who has come to them for help; the modern healer usually tends to facilitate clients' journeys on their own behalf. Harner (1985) indicates that in his experience, perhaps 90% of people are able to undertake shamanic journeys. We have found that nearly everyone, under the state of hypnosis, can actually see or experience these soul fragments. We then energetically cleanse the soul pieces and return them to the proper chakra. We have found it to be much more powerful when individuals discover and retrieve their own lost or missing soul fragments, as opposed to the shamanic healer doing it for them. The terminology is arbitrary: some people can relate to the process better by conceptualizing it as retrieving their "courage," or their "heart," or their "essence," rather than their "soul."

The existential basis for Heart-Centered psychotherapy provides a clear path toward developing that "integrative mode of consciousness" within which apparent incompatibilities and paradoxes find acceptance, and which provides a deeper understanding of human existence.

The physiology of transcendence and healing

Mandell (1980) discusses the physiology of transcendence, linking a variety of altered states, including mystical, ecstatic, and spiritual experiences, with the HSHH brain-wave pattern referred to earlier. Winkelman (1986) also verifies that the SSC is a state of parasympathetic dominance featuring the HSHH pattern. The increased slow-wave activity consists of alpha, theta and delta waves (Schuman, 1980). The subjective experience of theta-wave production is described as peaceful and pleasant, awake and self-aware (Hebert & Lehmann, 1977), reverie filled with rich

imagery, and a period in which unconscious material is brought to consciousness.

Alpha rhythm is the classical EEG correlate for a state of relaxed wakefulness, also described as relaxed vigilance. Indeed, emotional tension attenuates or blocks the alpha rhythm. Theta activity is associated with emotional processes and indicates relative maturity of the mechanisms linking the cortex, the thalamus, and the hypothalamus; theta rhythm also occurs during a state of maximal awareness. Apparently, an alpha wave pattern is most conducive to creativity and to the assimilation of new concepts, while the theta response seems to be a stage at which the mind is capable of deep insights and intuition (Wallace et al., 1971, p. 799).

Mandell (1980) notes that this HSHH pattern is associated with optimal cognitive conditions for many thought processes, and is generally associated with the conviction of insight and a deeper perception of reality. It also correlates with reintegration after transpersonal crisis and continuing mental and physical health (Wright, 1995). Additionally, due to the afterdischarge effect noted by Mandell, this pattern progressively increases the body's tolerance for higher levels of energy.

The following data about primal patients' electroencephalogram (EEG) measurements is highly pertinent to understanding the experience in the shamanic state of consciousness:

Through our brain maps, we see that the development of and access to the levels of consciousness are represented by variations in specific brainwave patterns and frequencies:

- *Delta waves* are the signature frequency of the brainstem or first-line consciousness. Patients on the verge of first-line pains will suddenly develop long, slow delta brainwave patterns. The patient is wide awake and alert yet is in touch with a level of consciousness ordinarily found only in infancy and deep sleep.
- *Theta waves*, generated by the limbic system or the feeling level, are faster than first-line delta waves. They predominate in children up to the age of six. In our therapy, when patients are near second-line feelings, their EEG shows the appearance of these theta waves, which tells us stored suffering is on the rise.
- *Alpha waves* appear as the third line develops with the maturation of the neocortex or thinking brain, at age twelve or thirteen. At this age, we see the theta waves of second-line consciousness replaced by faster alpha waves. This indicates maturation of the frontal lobes, greater cortical organization, and greater capacity for repression. Alpha is considered the normal frequency range and usually indicates an alert, relaxed state.
- *Beta waves*, faster than alpha, are also emblematic of cortical activity. When the brain is excessively busy, thinking and scheming, obsessing with delusions, then there may be beta-1 and beta-2 activity. Beta-2 betrays a racing mind, the kind that occurs at night when we worry and can't fall asleep (Janov, 1996, pp. 256-257).

The delta and theta patterns are similar to the shamanic state of consciousness, to be discussed later, and to that exhibited by someone in a state induced within Heart-Centered therapies. Janov has also

demonstrated that along with slowing frequency into the theta or delta range, patients accessing deep levels of unconscious material, “when deep pain bursts through into conscious-awareness” (1996, p. 258), exhibit a sudden increase in EEG amplitude, or voltage. Janov relates the slow frequency, high voltage pattern to uncovering unconscious *pain*, but surely the same pattern would be present for access to any unconscious material, painful or otherwise (for example, collective unconscious, transpersonal, shamanic, spiritual). We shall see that there is evidence for precisely that conclusion.

Become as little children

There is a direct correlation between the shamanic state of consciousness (SSC) and the mind of a young child. Jesus’ words announce that truth in Matthew 18:3 (King James version): “Verily, I say unto you, Except ye be converted, and become as little children, ye shall not enter into the kingdom of heaven.”

Current neurological research documents that the EEG pattern of parasympathetic nervous system dominance and high-voltage, slow-wave delta frequency (HSHH), found in trance states and other portals to transpersonal experience, is predominant in the womb and through two years of age.

The four fundamental states of awareness distinguished by the frequency of electromagnetic activity in the brain apply to a child’s development, and therefore to the concept of returning to statebound transpersonal memories (e.g., of pre-conception, the womb and infancy). These states of activity acquire predominance sequentially in a child’s development (Laibow, 1999). *Delta* waves (0.5 – 4 Hz), the lowest level of activity, are the principal waves expressed by the brain developing in the womb and through two years of age. An adult in delta is in an unconscious, sleep-like state. Children from age two to six primarily function in *theta* frequency (4 – 8 Hz). An adult just awakening, half asleep and half awake, is in hypostimulation, a theta-rich state. This is a very imaginative state of consciousness, specifically sought by Alva Edison for his most creative inventing. Around the age of six, children begin to experience predominantly an *alpha* frequency (8 – 12 Hz), which is in adults a quiet calm state. Finally, around the age of twelve children express predominantly the *beta* state (12 – 35 Hz) that is the customary active or focused state of normal adult waking consciousness. The awareness of self that is the hallmark of consciousness arises (at about age six) with brain

activity in the alpha and beta levels, and occurs in the prefrontal cortex of the brain. Events are capable of being experienced consciously and recorded in episodic memory. Prior to that age, brain activity in the lower levels of delta and theta are functioning primarily in the 'old brain' limbic system.

Relatedly, children utilize predominantly the right brain prenatally (Chi et al., 1977) and for the first three years (Chiron et al., 1997). The right brain is dominant for processing self related material, especially one's sense of emotional and corporeal self (Devinsky, 2000). Before cognitive, symbolic thinking develops, then, infants and toddlers have a sense of who they are, what they want and how others will treat them. Current neurobiological research summarized by Schore (2002, pp. 259-260) reveals the unique operations of the brain's right hemisphere:

the storage of internal working models of the attachment relationship that are used as guides for future action, the processing of social-emotional information that is meaningful to the individual, the processing of information from within the body, the ability to empathize with the emotional states of other human beings, the mediation of the processes that underlie moral development, the appreciation of humor, a mechanism for coping with daily stress, the cerebral representation of one's own past and the activation of autobiographical memory, the establishment of a "personally relevant universe," and "the capacity to mentally represent and become aware of subjective experiences in the past, present, and future."

Integrative knowing - autonomy and relatedness

Integrative knowing may be regarded as a dynamic balancing of intellect and intuition. Intuition apprehends reality directly through the immediacy of experience, renders insights as direct realization, mystical awareness and wisdom. Intuition incorporates instinct ("gut feelings"), somatic awareness ("body wisdom" from the subtle energy level and the cellular level), empathy and transpersonal perceptions that arise from the spirit world through meditative states and the collective unconscious. Through aura photography (Kirlian technology), the individual can actually see the presence of spiritual beings, light objects or angels in their energy field. Even without the photos, people often sense these beings protecting them, especially in trance states. The shamanic healer can make use of their own intuition by calling on the client's angels for guidance and therapeutic strategy. An example of this is working with Multiple Personality Disordered patients (DID). Their angels will form an alliance with the therapist to keep the individual safe and can also provide

important therapeutic direction about how to best work with each of the various personalities.

To fully appreciate the value of integrative knowing, we need to reevaluate one of the basic precepts of humanistic psychology's understanding of self-actualization regarding connection and relatedness. Maslow (1987) said that self-actualizing men and women are able to transcend an inadequate environment "because of the ability of healthy people to be detached from their surroundings, which is the same as saying that they live by their inner laws rather than by outer pressures" (p. 121). Two discrete concepts, i.e., autonomy and relatedness, are interwoven, obscuring the inherent value of relatedness. The ability to "detach" is seen as healthy and implies that the tendency to "attach," whether it be to other people or the environment, is not conducive to self-actualizing (Hanley & Abell, 2002). Emotional attachment, the experience of connection to and relatedness with one's world, is not in conflict with self-actualization, nor is it a step in the development of self-actualization; rather it is an integral aspect of full participation and fulfillment in the human experience. Keller (1996), using psychoanalytic ideas to explain the linkage of masculinity and autonomy, contends, "Our early maternal environment, coupled with the cultural definition of masculine (that which can never appear feminine) and of autonomy (that which can never be compromised by dependency) leads to the association of female with the pleasures and dangers of merging, and of male with the comfort and loneliness of separateness" (p. 33). Within this cultural context, relatedness implies dependency implies a dangerous threat to the individual's ability to self-actualize.

Shamanic healing requires that the healer resolve this dichotomy, developing all the presumed qualities of autonomy, e.g., strength of character, certainty of purpose, personal integrity, within a context of integrative understanding of our interrelationship with the universe, the planet, each other and our bodies. Relating to the natural world with its restorative and healing forces is key to developing our healing potential (Germain, 1991). Heart-Centered healers guide their clients to integrate the masculine and feminine sides of themselves. In this process, the client may regress back to where the disowned gender part has split off. One transvestite client went back to a time when as a young boy he was hated by his mother due to his gender. She dressed him as a girl and only then could she show him love. The client worked through these issues in the developmental stages where they occurred. He was eventually able to own and love his masculine as well as his feminine side.

Developing the shamanic approach to healing is in large part finding ways to nurture a connected self, to restructure the ego into a holistic agent, to develop a spirituality that is in touch with nature. “To experience the connected cosmos, to sense intuitively the Earth’s intelligence, and to feel the body’s somatic energy, or *ch’i*, all lead toward an integrative understanding of our relationship to the universe, to the planet, and to our bodies” (Dunbar, 2000, p. 40).

LeShan (1975) denotes the state achieved by shamans and others as “clairvoyant reality,” describing it as timeless, with expanded boundaries where information is accessible intuitively free of time and space limitations. Clairvoyant reality is utilized by mystics and psychic healers, and can include clairvoyance, precognition, telepathy, mediumship, and special diagnostic and healing powers. The healer approaches the task passively in the sense of not doing anything *to* the patient, but rather being psychically *with* him/her, focused with deep, intense caring. This is reminiscent of the facilitation approach taken in Heart-Centered therapies.

Nicholson (1988) notes that shamanic healing can be conceptualized as first *removing* something inappropriate, an excess, an attached energy, a blockage, and secondly *restoring* something, balance, power, or soul. This reminds us of the importance of releasing negative emotional blocks along with experiencing the positive, of doing the lower chakra work in addition to the higher spiritual work.

Chakras and Kundalini Meditation

Kelly (1996, p. 50) states that meditation has “proved to have a spectrum of psychological benefits, including anxiety reduction, enhancement of the sense of well-being, alleviation of pain, increased awareness of emotional felt senses and empathy, tapping repressed material in the unconscious, and gaining a greater sense of self-actualization, self-responsibility, and self-directedness (Alexander, Rainforth, & Gelderloos, 1991; Murphy, 1993; Shapiro, 1992; Walsh, 1992).” Kelly proposes a four-step model for bringing meditative techniques to the psychotherapy process. Level 1 is to establish a home base, and involves relaxing and becoming aware of here-and-now experience, the breath, body tensions and messages from the body. Level 2 is gaining empowerment, freedom of control, or a sense of personal mastery, over one’s mental and physical energy through internal images, metaphors and affirmations. Level 3 is discovering and freeing the heart to

achieve balance through accessing the full range of emotions of the heart and resolving its unfinished business: repressed memories and emotions, fears and anxieties, and feelings or desires that have been considered unacceptable. Level 4 is reaching, accepting and learning to trust intuitive senses, with discernment rather than judgment.

Kundalini meditation is an integral part of Heart-Centered transformational work. Kundalini is the spiritual energy available to human beings which resides as a potential energy in the base of the spine until it is activated to flow up through the chakras. Kundalini is a psychophysiological event in the brain which gives the person who has spiritual inclinations the equipment with which to more adequately join with the divine, which is the original meaning of the word *yoga* (Sannella).

As we meditate and breathe life into each chakra, we unblock any previously closed energies. Opening the chakras is an important aspect of transformational work in that the chakras hold the energy key to each area of the body. When the chakras are closed, it is like trying to live without electricity in your home or office. Without it, nothing would have the power it needs to perform properly.

Another important aspect of the Kundalini meditation is opening up the *heart center*, the place of unconditional love. Any successful transformational system is built on a foundation of unconditional love. If the heart center is closed, the love doesn't flow and the power of the work is lost. Through this meditation, the practitioner learns to quiet the conscious thoughts and move into the flow of profound love for all human beings. This state is brought into every session and is profoundly experienced by the client. This is more than empathy but it is actually a soul to soul connection. Therefore it is just as gratifying to the therapist as it is to the client.

As these issues are worked through, the individual begins to move into the spiritual experience of connecting with the full vitality of the life force energy flowing from this chakra. Jung saw this chakra representing the conscious world of ordinary reality, our earthly personal existence. We are entangled in the roots of our personal lives, of the ever-demanding ego identities. But awaiting an awakening is the Kundalini, the "divine urge," "that which makes you go on the greatest adventures." "The anima is the Kundalini" (Jung, 1996, p. 22). "As long as the ego is identified with consciousness, it is caught up in this world, the world of *muladhara* cakra [sic]. But we see that it is so only when we have an experience and achieve a standpoint that transcends consciousness. Only when we have become

acquainted with the wide extent of the psyche, and no longer remain inside the confines of the conscious alone, can we know that our consciousness is entangled in *muladhara*" (Jung, 1996, pp. 66-67).

In transformational work, we regress the client to the developmental stages where the trauma exists and/or where the developmental tasks were derailed. By installing a loving, healthy, nurturing parent into the unconscious, the developmental tasks can be rehearsed and replayed until completed. As these stages are healed, the individual moves out of the ego issues and into spiritual expression, from expression of underdeveloped ego states to expression of a surrendering ego. The root and sexual chakras open and the person experiences the life force energy and passion opening up within. He/she has released the fears and shame that block these vital energy channels.

As the individual doing transformational work releases the codependency, powerlessness and victimization of the third chakra, he/she begins to experience power coming from within. This is not the abusive power that comes from overpowering, but the gentle power which comes from a deep level of self-confidence and accountability; internal power, if you will. As this lower chakra work is being completed, the heart chakra opens and the love begins to pour forth. This comes from valuing the true self and feeling a deep sense of worthiness within.

There is a strong connection between the third chakra and the fifth. As seekers claim their power in the solar plexus, and discover the inevitable unconditional love in the heart, they can then release the repression and fully express the self through the throat chakra. They begin to speak their truth without feeling shame, sing more clearly, and/or write the words that flow from within. The fifth chakra opens up to allow the individual to be transformed through creative expression.

The sixth chakra energy opens up when the transformational seeker is willing to see clearly, when the conscious choice is made to lift the veils of illusion and to invite the spiritual presence to be fully viewed. Often the individual will experience a visit from Jesus, Divine Mother, Guru, Buddha, Great Spirit, Angels and other spiritual guides and helpers. The intuition opens up and the person begins to truly trust his inner knowing.

The seventh chakra is the crown and opens up as the individual grows into self-actualization or God-Realization. This does not happen until the lower chakra work is well on its way to completion. The lower chakras are portals to the upper ones. Each door that is opened, opens the door to the next. They don't always open in order; they open according to urgency.

The Personal Transformation techniques of hypnotherapy, breath therapy, psychodrama, Kundalini meditation, and interpersonal clearings all work together to move the energy which has been blocked and open the chakras.

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