

Some therapists are psychologically open, and can and do learn from their clients. Some do not.

In the past this has mainly been true about early experience. The experience of birth, for example, is crucially important for many clients, and the traumas resulting from it affect their lives in many ways, as Grof (1985) more than anyone also has spelled out in detail. But most therapists of all persuasions have never been into this experience in their own work on themselves; and so when the client brings it up, he or she gets pretty short shrift. Such a client may then fall into the hands of the Rebirthers, which as Albery (1985) makes clear, is not a good idea.

But now we can see that the same is true at the other end of the scale. Not only have most therapists not been through their own (probably psychotic) material in the womb and the birth process, but also they have not been through their own (probably mystical) material in the transpersonal level of development. And so they are going to falsify this, too. If a client brings up much material, he or she is going to be diverted into a channel which the therapist is more familiar with.

One of the things which can happen in psychotherapy is that the therapist can actually get in the way of the client. This may happen in various ways, but the way I want to draw attention to here is that it is hard for a therapist to deal with something in the client which the therapist has not yet dealt with in his or her own therapy.

A good example of this is to be found in Malan (1979) where in Chapter 15 he deals with a case history where there are clear signs of umbilical affect - in other words, the patient is remembering life in the womb, and traumatic experiences which happened there. It is all about tubes and starvation and all the rest of the phenomena which Lake (1980) has described so well. But because Malan himself has never been into this area in his own therapy, and because there is no place for this in his own theory, he is compelled to falsify it. He says that the experiences link firmly with **feeding at the breast** (his italics), and that "any reference to an umbilical cord cannot be anything other than psychological anachronism"!

This is only a particularly vivid example of an issue which recurs again and again in psychotherapy.

We are getting more sophisticated now in the extent to which we can distinguish between psychotic or neurotic material and mystical material. No longer can we be content with romantic statements such as "The schizophrenic and the mystic are both in the same sea: it is just that the schizophrenic is drowning and the mystic is swimming". Rather do we say with Lukoff (1985) that it is possible to distinguish seven possible diagnoses, ranging from the psychotic at one end and to the mystical at the other. We ask basic questions such as - Is the person suffering from a standard psychiatric complaint? Is there overlap with mystical experiences? Is a positive outcome likely? Is there a low risk of damage or danger? If the answer to all these is Yes, the person is suffering from mystical experience with psychotic features, and needs to be treated by

transpersonal psychotherapy and not committed to a hospital. If the answers to any of these questions is No, other things are suggested. We cannot go into the details here. But we can start to be very specific about what is going on in any individual case.

Now obviously this has very big implications for the future training of psychotherapists. Training courses are going to have to cover the birth and pre-birth material at one end, and the spiritual material at the other end; or as Wilber (1986) puts it, the pre-personal and the transpersonal. It is not hard to do this at an intellectual level, but the rest of the person needs to be involved too, in individual and group therapy. And of course this raises immense problems as to how the teachers are to be taught or re-taught.

References

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