

Seeing Things: Therapists' Altered Visual Perceptions

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Altered visual perceptions are not traditionally associated with therapists' work with clients. The first association might be with psychotropic drugs, or perhaps hallucination. Yet in the course of my work as a psychotherapist I have had such experiences within the therapy room and have come across a number of colleagues, sane and sober as far as I can tell, who have similar experiences. For some years I questioned the meaning of the experiences, without finding satisfactory answers. This prompted me to undertake a research study to explore the phenomena, and this article addresses some of my findings.

I interviewed five integratively trained psychotherapists, with between five and twenty years' experience, who had identified themselves as having altered visual perceptions when working with clients. My intention was to begin to explore the variety of such experiences, to open debate about what the phenomena might be, and to see whether they had therapeutic meaning and use. In searching therapeutic literature for references, I found little directly related material, though much which might have interesting connection. I explored links with the world of healing, where experiences of altered perception might be more comfortably accepted. I also

addressed questions of safety, in terms of how the phenomena were interpreted and used with clients, and in terms of whether such experiences could be indications of instability rather than expanded perception.

By 'altered' visual perception I refer to visual perceptions which differ from what is considered 'normal' vision. Some of the experiences of the interviewees are as follows: a client might appear to distort, to become bigger or smaller; might seem to be dissolving or disappearing, or telescoping into the distance; another face might 'superimpose' upon the client's own face; colours might appear around, upon or within the

clients; some reported a perception of auras or chakras. Some therapists saw animals, some perceived signs, symbols, or words. Some had a sense of the space around the client or between themselves and the client as having a different density, or of the energy almost crystallising, for instance like knots or steam from a kettle. Some of these experiences were familiar to me; others were not. There was some commonality of experience, but also wide differences.

In exploring therapeutic literature it became apparent that Jung, among others, was no stranger to altered visual experiences, although those he writes about did not take place within the therapy room. In 'Memories, Dreams and Reflections', he tells of visiting the tomb of Galla Placida in Ravenna with a friend. From a previous visit, he had remembered windows in the Baptistery, but this time he saw in their place 'four great mosaic frescoes of incredible beauty.' He and his companion lingered at one of the mosaics, discussing the archetypal significance. Having tried unsuccessfully to obtain pictures of the mosaics before returning home, later he asked a friend visiting Ravenna to acquire the pictures for him. The friend could not oblige, since the mosaics did not exist (1963). Was Jung's experience an altered perception? Perhaps, but since Ravenna is famous for its numerous mosaics, it is important to conjecture that his memory may have deceived him, and that he and his friend could have seen the mosaics elsewhere.

This was not Jung's only experience of altered perception. After a heart attack in 1944, he had a 'near-death experience', during which he felt himself to be 'high up in space', viewing the earth from a vast distance. A vision of a Hindu temple, and a sense of the stripping away of 'earthly existence', ensued before he was called back to earth. His return left him 'profoundly disappointed' to be back in the 'box system', and questioning the nature of reality.

During his recovery, he continued to experience ecstatic visions during the night, and depression during the day. Whilst this could be pathologised as bipolar disorder, or the effects of medication, Jung utterly trusted the experiences: 'It was not a product of imagination. The visions and experiences were utterly real; there was nothing subjective about them; they all had a quality of absolute objectivity.'

Nor did Jung doubt the veracity of what he saw at Ravenna, convinced that 'something interior can be seen to be exterior, and that something exterior can appear to be interior. The actual walls of the baptistery, though they must have been seen with my physical eyes, were covered over by a vision of some altogether different sight which was as completely real as the unchanged baptismal font. Which was real at that moment?'

Jung also writes of his encounters with Philemon, a figure who originally appeared in a dream, whom he defined as 'superior insight', but who became for him

sometimes 'quite real, as if he were a living personality.' He concluded from this and other experiences of fantasy figures that 'there are things in the psyche which I do not produce, but which produce themselves and have their own life. It is not clear whether Jung actually ever 'saw' Philemon in waking life. But he obviously felt his presence: he engaged in significant dialogue with him, feeling that 'it was he who spoke, not I', and describing himself as walking in the garden with him.

However, as mentioned, some of Jung's experiences could be seen as psychotic rather than transcendent. I was concerned to explore the difference between vision and psychosis, and my conclusions were perhaps surprising. Whilst some early psychoanalysts concentrated on the pathological aspects of altered vision, whereby the unconscious takes over the conscious in a distorted and destructive way, by 1971 Winnicott is referring to the hallucinations as 'dream phenomena that have come forward into the waking life', and suggesting that 'hallucinating is no more of an illness in itself than the corresponding fact that the day's events and the memories of real happenings are drawn across the barrier into sleep and into dream formation'.

This echoes Jung's conception of the purposive nature of the dream and the unconscious. Whilst he acknowledges that the unconscious can swamp the conscious with psychotic material, by far his overriding observation and experience was that the unconscious existed in

compensatory relationship to consciousness, in order to balance one-sidedness and create wholeness.

Even if hallucination is a compensation, it would still be of concern if therapists' altered vision related simply to their own material. The 'fine line' between inspiration and pathology might also be of concern. The difficulty in distinguishing sanity from madness is a theme of John Costello's pamphlet *Psychosis or Religious Experience: is there a difference?*, in which he describes the life of a 17th Century Jesuit priest, an exorcist for a convent. As part of his ministry, the priest would pray to be possessed of the nuns' evil spirits. Through this, he experienced having two souls, his own and that of the evil spirit. Costello finds himself unable to arrive at any definite conclusion regarding the priest's sanity, commenting that '...different states of mind can in one age be seen to be normal while in another age they may be seen as madness. A lot centres around the ability of the conscious ego to recognise, interpret and make sense of the altered states of consciousness' (1989).

Costello is suggesting that there is no clear-cut way of distinguishing sanity and madness but that the ability to reflect on shifts of consciousness might be an important deciding factor. How the distinction is made varies not only from age to age but from culture to culture. In traditions where shamanism is practised, experiences which could be described as hallucination are commonplace. Henri Ellenberger's references to

shamanism note that many cultures first identify shamans through unusual behaviour which would be defined as psychotic in the West, but which in this different context is accepted as preparation for service to the community (1970).

Some interviewees bore out this conclusion about sanity and madness. One, a shamanic practitioner as well as a psychotherapist, referred to the shaman's requirement to step into the 'madness' of their clients, and to return. Another, who worked as a healer and psychotherapist, agreed with Costello that often the difference between sanity and madness was simply the ability to remain in or re-establish conscious reality, in order to contain what she would see as experiences of the collective unconscious, wherein contents from the realities of others could be merged or confused.

Although in later years he was less certain, Jung originally referred to visions in psychological terms, as 'exteriorisations'. He describes the 'spirits' which appear to mediums as 'exteriorised effects of unconscious complexes' (1953). If therapists are experiencing 'exteriorisations', these are still projections of their own material. However what began to shape during my explorations was the possibility that the therapists' altered perceptions were the stuff of unconscious communication between client and therapist, and that they did not necessarily stem from the therapists' material. Taking a frame perhaps more familiar to healers than psychotherapists, I explored the



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concepts of interconnection, 'oneness' and the transcendence individual boundaries. Jack and Jan Angelo's description is similar to many: 'There is no actual division at the highest levels of soul energy between one "soul" and another. All is spirit, all is Oneness. The reality of embodiment is that the energy of soul permeates and surrounds all levels of being' (2001).

The conception of a boundariless connection with the universe is not a little uncomfortable in the therapeutic arena, where boundaries are essential containers. If experience of altered visual perceptions means that therapists are dissolving the boundaries between themselves and their clients, perhaps they and their clients are at risk of merging. But if they are connecting through communication which maintains a distinction between two individuals whilst sharing the archetypal nature of human being-ness, this could be powerful therapy.

Analytical psychotherapist Nathan Field, writing in 1996, would see this way of connecting as four-dimensional, involving the '*simultaneous union and separation of self and other*' (Field's italics): 'I have in mind those moments where two people feel profoundly united with one another yet each retains a singularly enriched sense of themselves. We are not lost in each other, but found.'

The sense is of relating from the profundity of self, as if touching oneness whilst experiencing the clarity of individual being. Jung describes this apparent contradiction as '...the absolute individuality of self, which combines uniqueness with eternity and the individual with the universal. The self is a union of opposites *par excellence*...'

The need is for both connection and detachment, to be utterly involved and yet enough of an expert witness to privilege the client's material. From this frame, I started to conjecture that it was possible for a therapist to be connected with the unconscious of the client, but with sufficient distance that the s/he might be perceiving the client's material via the altered perceptions. This was certainly the view of the interviewees, all of whom felt connected but not over-involved during the experiences, and all of whom had undergone their own deep therapeutic explorations and thus were less likely to be projecting their own material onto the clients. However Jung would say that the therapist not only cannot help being affected by the material, but that s/he should be. Several writers, including Bollas and Bion,

emphasise this intersubjectivity whilst clearly managing to maintain deep focus on the clients' material rather than their own.

Writing in 1997, psychoanalyst Thomas Ogden perhaps comes closest to explaining how connecting with the unconscious of the client can differ from merging. He describes being 'made use of' via an 'unconscious intersubjective construction of the analyst and analysand', continuing that 'Unconscious receptivity of this sort ... involves (a partial) giving over of one's separate individuality to a third subject ... that is neither analyst nor analysand but a third subjectivity unconsciously generated by the analytic pair' (Ogden's brackets).

Ogden surrenders individuality, though, importantly, only to a 'partial' extent. The focus is asymmetric: although the third subject represents a tension between two subjectivities, the relationship privileges the analysand. The transference dynamics are held and understood in a perspective which acknowledges the subjectivity of the analyst, but focuses on the analysand's world. Ogden is talking about both universality and uniqueness. He is a particular analyst in relationship with a particular analysand exploring human-beingness through this particular relationship. Could the altered visual perceptions of therapists be a kind of 'analytic third', an illustration of what happens in the mutuality of a particular relationship, and in the mutuality of humanity?

Some therapists experience the connection as a 'field', not dissimilar to magnetism or electricity. Jungian analyst Marie-Louise von Franz had such experiences and attributes the first use of the term to William James. Contemporary Jungian analyst J Marvin Spiegelman believes that his somatic reactions, such as headaches and stomach aches which have an 'underlying symbolic parallel' with the psychological content of his clients' material, are examples of the 'therapeutic field' in operation: '... there has been a constellation of complexes and an energy exchange so that both the patient and myself are embedded in that field' (1996). Like Ogden, Spiegelman relates the connection between himself and the patient to a guiding 'third': 'whether a healing presence or the larger Self'. Spiegelman agrees that the material which emerges depends on the subjectivities of the analyst and analysand, while seeing the field as reaching beyond the personal and making concretely experienced archetypal connections: 'By concrete, I mean not the concreteness of physical contact...but the concreteness of a true energy exchange. I am speaking now about the psychophysiological energies described traditionally in Kundalini Yoga or by healers who transmit their healing energies.'

For Spiegelman, the interactive field and the energy perceived by healers are the same, being the medium through which the unconscious is manifested and archetypal connections made. He believes he can often feel the presence of the subtle body, and

can sometimes see the energy between himself and his patient. Moreover he proposes that the exchange of energy in the sessions is as healing as the therapeutic dialogue.

Teachings about subtle energy derive from long tradition. Jung made several references to chakras and subtle bodies, particularly in his studies of Eastern philosophy and mysticism. He describes chakras in psychological terms, as 'psychic localizations' (1954), and as symbolising 'highly complex psychic facts which at the present moment we could not possibly express except in images' (1976). He suggests that the contents of the chakras are difficult to access because 'we are studying not just consciousness, but the totality of the psyche', thus linking the chakras with the unconscious, and perhaps with archetypes, since both chakras and archetypes might be considered as blueprints and potentialities for existence, each is represented in images but is ultimately indefinable, and bringing each into consciousness contributes to wholeness and individuation.

Jung conceived of archetypes as having a 'psychoid' nature (1960). He describes the psychoid as a level of being which gives 'matter a kind of "psychic" faculty and the psyche a kind of "materiality"'. He suggests the psychic aspect of being is more than biochemical, but 'grounded on an as yet unknown substrata possessing material and at the same time psychic qualities' (1964). Could chakras also be seen as existing in the psychoid

realm, as neither physical nor psychic contents but pertaining to both? For healers, the true nature of human beings is spiritual: Jack and Jan Angelo believe 'we are souls with a physical body, not bodies with a soul'. Whether they would concur that the energy in the chakras and the subtle bodies is of psychoid and archetypal nature is unclear. But if this comparison is correct, it suggests that people who are reading information from chakras and the aura might be tuning in to an archetypal level of being. Could this apply to therapists' altered visual perceptions in general?

If therapists' altered visual perceptions do belong to the client's material, or to a more collective layer of existence, can they be used therapeutically? The therapists I interviewed varied as to whether they wanted to make meaning, some feeling that it was best to stay uncertain, others being clear about what they thought was happening but sometimes circumspect about what they said to the client. All concurred that at least some of the perceptions were about unconscious communication, often connected with, for instance, split off material, material which was ready for integration, or identifications. Mostly, they did not acknowledge archetypal significance. The therapist who could perceive the chakras derived direct information from them and worked accordingly with the client. Those who saw animals believed that they might be in touch with guides or power animals who were assisting the process of integration or individuation. All believed that

something was happening on an energetic level. They differed as to whether they felt they were being externally or internally guided.

The interviewees all acknowledged the risk of grandiosity. Summed up succinctly by one interviewee, 'There is a glamour'. Having such perceptions might invite spiritual inflation; and one participant confessed to having succumbed to this at first, telling her clients what she saw and basking in their projections. Having spotted this, she is now more careful with her interventions. In general, the interviewees most often used the perceptions for information rather than intervention, or if they did make an intervention, it was oblique. So with a client who was talking of a relative as the 'superimposed face' appeared, the intervention might be 'You seem very identified with him right now', or with the 'disappearing' client, 'Maybe you felt as if you wanted to disappear when that happened?' Fairly literal and simple, not grand. And usually received with recognition. It was this accuracy which suggested that the visual experiences were often related to the client's material. They were of therapeutic use. One interviewee commented that the experience was nothing special; she believed that everyone could do it with enough training and focus, but that it required ego strength to contain the material.

I was left concerned that perhaps many more therapists were having such experiences, or other versions of altered perceptions, but were not finding a container for them. This is not

the stuff of counselling and psychotherapy training courses, thus most supervisors will have little experience of it; and might even pathologise it unnecessarily. I was heartened to ascertain that all those I interviewed held a sense of responsibility about their use of the phenomena – but what of therapists newer to the work? Whilst I would not like to see the

experiences neatly categorised and definitive meaning made (I do not think the unconscious is like that, nor therapy in general, in fact), my exploration indicates that there is a relatively untapped vein of therapeutic understanding which would benefit from deeper investigation and debate, and which, moreover, might make for a greater integration between psychotherapy and healing.

Further Reading

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