Efficiency of Psychotherapy Involving Altered States of Consciousness: A Call to Reconsider Our Spiritual Stance at the Clinic¹

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Abstract

This paper deals with the efficiency of psychotherapy, particularly when involving techniques that stimulate altered states of consciousness (ASC). One main conclusion arising from research in this field is defined well by Bogart (1991), who asserts that ASC may profoundly reorient an individual's identity, emotional attitude, sense of wellbeing and purpose in life. Body-oriented techniques have the potential to induce ASC; therefore, a methodological exploration of the ASC realm as part of body psychotherapy is called for. Moreover, as ASC may also trigger spiritual experiences, it is my belief that embracing the correspondence between the body and the spirit holds great promise for clients. The paper discusses three main subjects:

- 1. Altered states of consciousness— what they are, ways of inducing them
- 2. The efficiency of psychotherapy
- 3. The correlation of body psychotherapy with consciousness and spirituality In italics appear questions and dilemmas, in some instances as an introduction to a paragraph, in other instances as issues raised for further contemplation.

Keywords: body psychotherapy, altered states of consciousness (ASC), efficiency, trance, spirituality

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My Personal Journey

I am in my mid- 40's, fortunate to be able to take my first steps as a psychotherapist as I phase out from an IT career. For years, I have wandered in realms of rationalism, realism and perfectionism. However, alongside my formal psychotherapy studies, I have gone through a spiritual quest, accompanied by a spiritual psychotherapist.

As I wondered about my own therapeutic identity, I found myself hovering between two separate therapeutic domains— on the one hand, the body-oriented domain and, on the other, the spiritual— believing I needed to choose one or the other. I also had to integrate concepts from my previous professional world, well-embedded in me, and newly-encountered concepts—between the "old" Rachel who is pragmatic and result-driven and the "new" Rachel who deeply respects long-term processes and the unknown, and who surrenders to the natural flow of things.

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Altered States of Consciousness (ASC)

What is consciousness— what are the states of consciousness and what are the altered ones? How are they brought about and what are their consequences?

Consciousness

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Baruss (1987, in Kokoszka, 2007) has found 20 different definitions of consciousness in the literature. From the many definitions still currently in circulation, the following is by Nader Butto (2008):

Consciousness is the part of us that is responsible for thoughts, awareness and intentions. It is the part of us that enables us to look deeply at others and understand them, to be generous, aware of others' needs, and develop empathy for them. This part of the psyche is the human soul's energetic source. When a person's consciousness is distorted, rather than having the possibility of being creative, that person feels worried, confused, overly sympathetic and so forth.

Altered States of Consciousness

Consciousness is experienced in various states, which can be traced as different levels of brain waves. The non-ordinary levels are referred to in some spiritual writings as 'non-ordinary states of consciousness' (NOSC) and in the scientific literature as 'altered states of consciousness' (ASC).

Metzner (1995, in Peres, Simão, & Nasello, 2007) defines ASC as a temporary change in thinking, feeling, and perception, in relation to the ordinary state of consciousness, and one that has a beginning, middle, and end.

The concept of altered states of consciousness was introduced by Ludwig (1966) and is still the most popular notion used to describe states of consciousness that are considered unusual but not abnormal. ASC were defined by Ludwig (1966, p. 225) as "any mental state(s) of consciousness, induced by various physiological, psychological, or pharmacological maneuvers or agents, which may be recognized subjectively by the individual himself (or by an objective observer of the individual) as representing a sufficient deviation in subjective experience or psychological functioning from certain general norms for that individual during alert waking consciousness". Ludwig (1966) listed the following characteristics of the altered states: alterations in thinking, disturbed sense of time, loss of control, change in emotional expression, change in body image, perceptual distortions, change in the meaning or significance of things, a sense of ineffability, feelings of rejuvenation and hyper-suggestibility (Kokoszka, 2007).

Triggering ASC

ASC are naturally occurring phenomena. People spontaneously shift from one state of consciousness to another over time. For example, one's state of consciousness changes throughout development—from birth to childhood to adulthood. One's state of consciousness may change throughout the day in shorter fluctuations, in the range of seconds. States of consciousness are transient in nature, and include: drowsiness, daydreaming, hypnagogic states just before falling asleep, sleep and dreaming. Extreme environmental conditions (pressure, temperature) may also trigger ASC, as well as sexual activity, orgasm, starvation, a specific diet, sleep deprivation and near-death experiences (Vaitl et al., 2005).

There are several known ways to induce ASC, such as:

- Relaxation Techniques There is a wide range of techniques for inducing relaxation and ASC.
 The clinically established and commonly applied methods for body relaxation are progressive
 muscle relaxation, biofeedback, and meditative practices. Neurophysiologically, the relaxation
 response has been shown to be accompanied by changes in EEG readings that indicate reduced
 cortical arousal (Vaitl et al., 2005).
- Meditation Meditation refers to a group of techniques which involve an attempt to concentrate
 focus on non-analytical activity. There are many types of meditation, with varying degrees of
 mental activity (Vaitl et al., 2005). A vast amount of research has been undertaken in regard to
 the electrical activity in the brains of meditation practitioners. Research shows that during the
 first stages of meditation the predominant brainwaves are alpha waves (7–13 Hz), as suits relaxed
 alertness. During deeper stages, when the mind might be open to special, deep insights, brainwaves
 increase in frequency to 40 Hz waves across large areas of the brain (Zohar & Marshall, 2000).
- Music and Dance Music and dance have been associated with ASC for hundreds of years and across the world. In many cultures, trance states are tied to spiritual experiences (Cousins, 2002 in Becker-Blease, 2004). Maxfield (1990, as cited in Vaitl et al., 2005) recorded an increase in theta EEG activity while the subject was listening to rhythmic monotonous drum beats, which led to experiences resembling descriptions of a shaman's journey.
- Breathing The simplest forms of meditation involve attending to our breaths (Smith, 1985, as cited in Rolef Ben-Shahar, 2010). Following the idea that people are an integral part of the cosmos' energy, like a drop in the ocean, Rolef Ben-Shahar (2011 and personal communication) proposes that the rhythm and flow of breathing could be likened to the rhythm and flow of the ocean. It may therefore remind the meditator of the oceanic feeling that we all possess, the underlying connectedness and unity of the energy field that we are all a part of. In turn, this could support the meditator in following his breath and surrendering to its flow and, for a moment, feeling the sense of being an inseparable part of the infinite-being. The focus on a non-thinking and pulsating aliveness within us is an excellent bridge into the very principle of the pulsation and aliveness of the cosmos.
- Psychedelic/Hallucinogenic Drugs 'Psychedelic' (a term coined by Humphrey Osmond and Aldous Huxley, meaning "mind-manifesting") or 'hallucinogenic' (a term most often used in psychiatric literature for certain substances) drugs such as LSD (lysergic acid diethylamide), MDA (3,4-methylenedioxyamphetamine) and MDMA (3,4-methylenedioxy-N-methylamphetamine) are used to access transcendent, religious or transpersonal dimensions of consciousness. Mystical and spiritual experiences can and often do occur with the use of psychedelics. They were described by Albert Hofmann, who synthesized LSD, as "psychic loosening or opening" (Leary, Metzner, & Alpert, 1995).

Brain Activity During ASC

Using electroencephalography (EEG), scientists found that the brain experiences various electro-magnetic frequencies.

The following is a list of frequencies and the occurrences during which they were observed (Zohar & Marshall, 2000):

- Delta (0.5 3.5 Hz) Observed during deep sleep or coma, frequent in the baby brain
- Theta (5.5 7 Hz) vears old
- Observed during deep sleep, frequent in children at age 3-6
- Alpha (7 13 Hz)
- Observed during relaxed alertness
- Beta (13 30 Hz)
- Observed during mental activity, while one concentrates
- Gamma (~40 Hz)
- Typical to a conscious mind, during wakefulness or dreaming

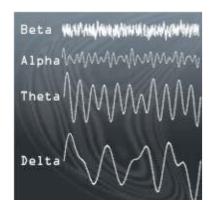


Figure 1: Brain Frequencies Diagram, from http://www.doctorhugo.org/brainwaves/brainwaves.html

Beta brainwaves are considered to be 'ordinary' while the rest are considered to be 'non-ordinary' or 'altered' states.

40 Hz brainwaves can be found throughout the brain and are responsible for the communication and coordination of cognitive and intellectual processing across the brain. Researchers conclude that these waves are the neurological basis for consciousness itself and therefore the neurological basis for spiritual intelligence (Zohar & Marshall, 2000).

Spiritual Experience During ASC

Tribal societies have used ASC as pathway to spiritual experiences for thousands of years. Shamanism, the traditional healing in tribal societies, includes a cluster of traditions in which practitioners voluntarily enter altered states of consciousness, interacting with spiritual entities in order to heal people who are ill or distressed (Eliade, 1964, as cited in Thomason, 2010). Shamanism may be 25,000 years old (Walsh, 1990 as cited in Thomason, 2010). According to Walsh (1996), "fully 90% of the world's cultures make use of one or more institutionalized altered states of consciousness, and in traditional societies these are, almost without exception, sacred states" (p. 101, as cited in Thomason, 2010). Practices that induce altered states of consciousness are often considered spiritual healing practices. However, they can also be seen as psychologically healing practices.

Walach et al. (2005, as cited in Peres, Simão, & Nasello, 2007) suggest that the use of ASC may be a way of integrating spirituality and religiosity with psychotherapy in order to

assist persons whose belief systems and values are aligned with the 'subjective instance'.

Kokozka (2007) mentions that masters characterize higher states of consciousness as a liberation from psychological, social and biological constraints. These mystical states are perceived to occur during religious practices in other, non-Western cultures. Dean (1973, as cited in Kokoszka, 2007) defines it as a level of mental activity that transcends all human experience and creates a sense of one-ness with the universe.

The sense of 'one-ness' has been coined by Maslow (1964 in Cunningham, 2011) as 'peak experiences'. A 'peak experience', which may occur during ASC, is defined as an experience in which the universe is perceived as harmonious and unified (Hastings, 1991, as cited in Cunningham, 2011).

In summary, bodywork and many techniques used during body-psychotherapy sessions (relaxation, meditation, touch, deep tissue massage, music and dance) may easily induce ASC. It is important to note that by inducing ASC, our clients may be subject to unusual experiences and realms.

What should be our reaction when a client's experience is far stronger than the relaxation we originally aimed for? What is our position in such cases? How often do we use grounding to cut it short? Do we allow ourselves to be engaged in extraordinary experiences? Will we be able to handle it? Is spiritual practice beyond the bounds of our clinic?

How Efficient is the Psychotherapy?

Why is efficiency of psychotherapy important?

In most cases, clients come to therapy due to suffering in their lives. Some of them face an acute situation in which they, as well as their surroundings, exhibit great pain and difficulty. I believe it is our duty as therapists to ensure we have at our disposal the best methods to achieve an authentic and efficient therapeutic process, one that enables the pursuit of lasting change, with evident results. To achieve that, we need a deep and generative process of resolution, acceptance and inner growth.

When thinking of measuring the efficiency of psychotherapy, many questions arise: Can it be measured? Once dealing with wellness and not pathological behaviors, shall the measurement be objective or subjective? Can somebody's life be treated as an evidence-based factor? How do we define the efficiency of psychotherapy?

I suggest that therapy efficiency will be measured by the time necessary for a sense of relief and healing to be achieved, the extent of change and its persistence over time.

Psychotherapy Effectiveness - Research Results

Therapy effectiveness has been a subject of great interest for therapists, researchers and clients, as well as insurance companies seeking to support the shortest possible therapies. Many studies have been conducted, most of them comparing a certain therapeutic method with another for a given problem. Such research undertakings are not representative of real-life therapy, where there is no given protocol, clients often struggle with more than one challenge (multi-factorial), and the therapy duration is often prolonged.

The most extensive "real life", undertaken by Consumer Report, was answered via Internet questionnaire by about 3,000 people in the US who have gone through mainstream psychotherapy (primarily psychodynamic therapy). The study indicated that the majority of clients were content with the results of their psychotherapy and felt that they significantly benefited from it.

2,900 individuals met with mental health professionals: psychologists (37%), psychiatrists (22%), social workers (14%), and marriage counselors (9%). The respondents were highly educated and predominantly middle class, about half were women, and the median age was 46. Results:

- Treatment by mental health professionals usually worked. Most respondents managed a lot better following therapy
- Averaged over all the mental health professions, of the 426 people who were feeling very poorly when they began therapy, 87% felt very good, good, or at least so-so by the time of the survey. Of the 786 people who were feeling fairly poorly at the outset, 92% felt very good, good, or at least so-so by the time of the survey. These findings converge with meta-analyses of efficacy (Lipsey & Wilson, 1993; Shapiro & Shapiro, 1982; Smith, Miller, & Glass, 1980).

Psychotherapy Efficiency and Altered States of Consciousness

The correlation between the efficiency of psychotherapy and altered states of consciousness is a major point of interest to me. Following my personal experience as a client of psychotherapy, I came to believe that being in a meditative, relaxed state during the therapeutic session enabled deeper work and helped bypass some rationalizations and rejections of therapeutic steps. It is my belief that this allowed consciousness to expand and, thus, promoted a positive change.

Assuming there is an objective method to measuring the efficiency of psychotherapy, it seems as if this pragmatic approach faces a challenge when dealing with techniques that invite the patient to transcendent experiences. Do the rules of the non-spiritual world also apply in these cases as well?

I propose a pragmatic and grounded approach: precise evaluation, the basic means of research, shall also be applicable to the spiritual world. A real spiritual process is a healing one, helping one transform feelings of fear to those of love, from despair to faith, from pain to joy, from complaint to gratitude, from loneliness to union. These are all-evident in one's energy, state of health, emotional welfare and personal life, and can therefore be questioned, observed and measured.

Measurement Status

MacDonald & Freidman (2002) suggested the following regarding the status of quantitative assessment as related to spirituality and humanistic/transpersonal psychology:

In general, humanistic and transpersonal psychologies have eschewed the use of objective tests, formalized assessment, and conventional empirical research methodologies on the grounds that they are reductionist and unable to do justice to the inherent richness, complexity, and often ineffability of subjective human experience. With time, methods have been advanced, providing greater accessibility to the lived world of experience, being more consistent with the underlying worldview and values promoted by third and fourth-force psychologies. We have observed a virtual absence of shared measures and/or methodologies across investigations. (p. 104)

In recent years, interest in spirituality has been increasing among scientists, practitioners and laypersons. As a function of this interest, there has been an impressive rise in the number

of studies appearing in the literature. However, in this age of acceptance and exploration of ideas once taboo in empirical traditions, a time where one would assume that humanistic/transpersonal psychology should be serving a leading role, what in fact is happening is that these psychologies are becoming marginalized and even excluded from scientific developments due to their lack of commitment to recognized psychological research methods. It is our sincere hope that investigators take heed of the arguments and information presented here and make strong efforts to have humanistic and transpersonal psychology placed back in the forefront of spirituality and consciousness studies. (pp. 122-123)

Without significant energy being directed at demonstrating the validity and usefulness of [relevant] theory and associated practices, [humanistic and] transpersonal psychological practice can be seen as being in an increasingly defenseless position relative to the larger psychological and scientific community, since...practitioners are not making satisfactory attempts at being accountable for the quality and effectiveness of their work to their clients, their profession, and their science. (p. 106) I can only join this calling.

ASC Psychotherapy Effectiveness - Research Results

What is the contribution of ASC to psychotherapeutic efficiency?

As therapists, we know how difficult it is to change one's concepts and beliefs, which have been strongly woven into one's mind and body, and have become well protected behind walls of defenses. The following paragraph suggests that our work and clients' processes might be enhanced with informed use of ASC.

Although not systematically and scientifically proven yet, some important conclusions can be drawn from completed research. The following are a few of those conclusions:

- Peres, Simão & Nasello (2007, in Rodrigues, 2010) assert that the use of modified states of consciousness in therapy is highly relevant as it promotes both voluntary and spontaneous recall of traumatic memories, and can also help reframe them in more positive ways.
- Different states of consciousness may lead to new perceptions of the same phenomenon, and so to new more favorable emotional states for coping with or overcoming difficulties and suffering in the psychological ambit (Dietrich, 2003 in Peres, Simão, & Nasello, 2007).
- Tart et al. (1990, as cited in Peres, Simão, & Nasello, 2007) and Metzner (1995, as cited in Peres, Simão, & Nasello, 2007), studied ASC and its use in psychotherapy, demonstrating that experience of such states has influenced changes in behavior. Several researchers showed that using ASC in the perception of mental images may be an effective tool for forming new patterns of thinking, feeling and behaving (Kasprow & Scotton, 1999 in Peres, Simão, & Nasello, 2007).
- Meditation brings about cognitive shifts that can be translated to behavioral changes, increased introspection and self-regulation. Through its capacity to awaken altered states of consciousness, meditation may profoundly reorient an individual's identity, emotional attitude, and sense of well-being and purpose in life. In most systems, the ultimate goal of meditation is to evoke the higher potentials of consciousness and experiences of a spaciousness beyond the cognitive structures and constructs of the self that conventional psychotherapy seeks merely to modify (Bogart, 1991).

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The Flexible Mind

How can the contribution of ASC to psychotherapy efficiency be explained?

We may say that ASC promote ego receptivity, a term defined by Erika Fromm as "fading of our general reality orientation to the background, therefore allowing for greater openness to experiential learning arising both from within one's self and from outside" (Fromm & Nash, 1997, p.248, as cited in Rolef Ben-Shahar, 2010).

Neuropsychology attempts to track the neurobiological aspects of psychological changes. In such terms, then, 'ego receptivity' might be cultivated by ASC, perhaps by the brain's capability to change structure throughout life, allowing new ideas and perceptions to be engraved as a part of one's personality.

Recent research showed that the brain has the capability to change structure not only during infancy and childhood but also during adulthood. In his book The Brain That Changes Itself, Norman Doidge (2007) explained the idea of neuroplasticity and demonstrated how people were able to re-structure the neurological web in their brains, thus healing from obsessions and traumas by the power of their thoughts. Neural plasticity is the brain's ability to modify its cognitive schemas, its mental organizing system.

Doidge wrote:

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- The brain is a far more open system than we ever imagined, and nature has gone very far to help us perceive and take in the world around us. It has given us a brain that survives in a changing world by changing itself.
- Analysis helps patients put their unconscious procedural memories and actions into words and into context, so they can better understand them. In the process they plastically re-transcribe these procedural memories, so that they become conscious explicit memories, sometimes for the first time, and patients no longer need to 'relive' or 'reenact' them, especially if they were traumatic. (pp. 229-230)

Findings such as these may ascertain that long-lasting immanent change can be achieved.

Body Psychotherapy, Consciousness and Spirituality

Body - Mind - Spirit

As a body psychotherapist, I am a great believer in the body, in its intelligence and wisdom, acknowledging the role it plays in mental and emotional processes, and trusting the intuition and vast knowledge, which arise when focusing on bodily sensations. Why is the body absent from major parts of this paper?

The inclination of this paper is towards the brain, as it is referring to scientific research which until recently identified consciousness with the brain.

The following section presents a wider view about consciousness:

- For the medieval philosopher Spinoza, the mind is the body as sensed, as being aware of, as being thought of. The body is an object of emotion, consciousness and thought (1996, בן שלמ).
- Butto (2008, ובוטו) expresses Reich's position of functional identity, i.e. that body, mind and soul are different expressions of the same energy (orgone), while differing in their vibrations. High vibrations include the lower ones, so everything that happens to the human body is previously encoded in the psyche.
- Deepak Chopra (2004) reiterated: "Although completely invisible, the body's wisdom is undeniably real—a fact that medical researchers began to accept in the mid-1980s" (p. 9). He further explained that while it was previously assumed

that intelligence is a unique attribute of the brain, recent evidence has indicated an intelligence in the immune and digestive systems. Actually, cells precede our thinking by about a million years. Their wisdom, more ancient than the wisdom of the cerebral cortex, can be seen as the best model of the universe.

In his uniquely decisive style, Ken Wilber (2011), elucidates: Each state of consciousness has a corresponding body that is "made" of various types of gross, subtle, and very subtle energy (or "wind"), and these bodies or energies "support" the corresponding mind or consciousness states. In a sense, we can speak of the gross bodymind, the subtle bodymind, and the causal bodymind (using "mind" in the very broadest sense as "consciousness"). The important point is simply that each state of consciousness is supported by a corresponding body, so that consciousness is never merely disembodied. (p. 1)

Shall we Embrace ASC?

Are we, as body psychotherapists, well enough informed and sufficiently trained to deal with ASC, other than being able to apply grounding techniques? And if not, should we be? Shall we embrace ASC? What is the loss in not doing so?

This paper contends that:

- ASC are very accessible, and are actually commonly around us.
- ASC are a key aspect to an exploration of a whole new world by the client.
- ASC promote profound changes in perception, personality, emotions and more.
- ASC constitute a neutral modality, with no particular ideas or conceptions attached.
- ASC are regularly triggered in bodywork.
- Since we may, and actually do encounter our clients (who, ostensibly, undergo spiritual experiences) under different realms of consciousness, we should be better aware of their occurrences and implications, and thus prepared for their presence. Conversely, we may be insecure during such an encounter and thus hinder a potential therapeutic expedition. If the client's experience is to find the therapist astonished, there is a potential risk of shutting off a delicate and deeply curing process that might have otherwise commenced.

The pressing question is whether we can afford to bypass this important process; I believe we cannot.

Rolef Ben-Shahar (2008) writes that all affect-based psychotherapies incorporate forms of ASC, whether induced formally or occuring spontaneously. Many techniques and skills in body psychotherapy involve the use of trance-like states (Ben-Shahar, 2008). It is my belief that a methodological exploration of altered states of consciousness in body psychotherapy is called for.

Body Psychotherapy utilizing ASC techniques

ASC-related methods are commonly identified with Jungian analysis, hypnosis therapy and transpersonal psychotherapy. Stanislav Grof's Holotropic Breathwork is the leading transpersonal modality involving ASC; nevertheless, it is not always necessary. As Woolger says, "Simply closing one's eyes or paying attention to a part of one's body, a mental image or a phrase is enough to put many people into a light trance" (1999, p. 92).

The following are a few body-oriented psychotherapy modalities which make a proactive and conscious use of ASC:

- 'Minimal Cue' hypnotic process where physical cues such as blinking, breathing, twitching or anything that happens naturally are conveyed to the client, either verbally or non-verbally, facilitating a profound inner focus, a trance. The responses described to the client are mostly somatic or semiconscious, mediated by the autonomic nervous system (ANS), which plays a major role in arousal, tension and stress (the sympathetic branch) and in relaxation (the parasympathetic branch). When a client relaxes into a trance, the parasympathetic branch of the ANS predominates, with evident physiological signs of relaxation, correlating with alpha brain wave rhythms. The healing potential of controlling ANS functions is immense (Rolef Ben-Shahar, 2002).
- The 'Christos' Procedure though not developed in the psychotherapy arena, the technique which was introduced by G.M Glaskin in his novel Windows of the Mind: the Christos Experience involved body-mind work and attempted to create profound ASC experiences. It consists of five stages: In the first, the client is given foot and forehead massages. In the second stage the client is requested to visualize his feet and head stretching and shrinking and then asked to visualize his body expanding outwards in all directions, like an inflated balloon; it may assist the client to sense his body as a fluid substance, free from normal physical restraints. In the third stage, the client is required to vividly visualize a scene. In the fourth stage, the client is requested to feel suspended in space, while his sur-roundings alternate from light to dark and back to light several times. The purpose of these stages is to lead the client into a state of a "blank mind" and reduce his association of 'self' with the body and physical environment (McIntosh, 1979).
- Integrative Body Psychotherapy (IBP) integrates the body, mind, emotions and spirit, by unifying varied approaches, including psychoanalysis, Reichian therapy, Bioenergetics and transpersonal psychology among other practices. It aims to facilitate a transformation of consciousness at the core of being (IBP Institute, 2012).

'Minimal Cue' — Excerpt From a Therapy Session

The following account from a therapy session is an example of ASC induction using the 'Minimal Cue' method. In this case, ASC were used to help the client develop the capacity to focus on somatic sensations and tolerate touch as part of an intimate relationship. Although the client longed to feel the magic of touch and orgasm, touch and pleasure were not tolerated and usually triggered a freezing reaction.

Previous experiences of focusing caused the client discomfort and distress, leading to a sense of sadness and mild depression; experiences of bodywork in therapy were devaluated and referred to as "functional" or "pain relief" touch, in spite of the good therapeutic relationship and trust. Emotional expressions and dialogues were also disliked and defined by her as "tacky".

During the application of 'Minimal Cue', the client was comfortably reclining, as I held her palm. I reflected on the changes taking place in her breath and rest of the body. I used affirmations related to interpersonal aspects, while refraining from emotional discourse. Unlike any previous focusing or touch experiences, this process lasted for 45 minutes (longer than planned, encouraged by the client's surrendering), while the client succeeded in staying attentive with the bodily experience 'here and now'.

I believe that a few key elements enabled my client to sustain the experience: the

altered/more suggestive state of consciousness, the simple and stable static touch, the fact that the touch had a spoken component and therefore was perceived as "legitimate". In addition, my reflections fulfilled a mediating role, bridging across the client's inability to track bodily sensations solely by herself. My active presence helped her feel secure, and she succeeded in tolerating and enjoying the situation.

The presented process included three spontaneous stages of deepening into ASC and bodily sensation, followed by a long stage devoted to the separation act— the separation of our palms and the departure from the intimate sacred space created between us.

The following is a short excerpt demonstrating the method of inducing ASC through 'Minimal Cue':

- Therapist (T): "We are in eye contact, your fingers hold mine tightly...I feel a twitching in your thumb muscle."
- Client concentrating on the sensation in her palm: "Now I can feel it. It's like an embryo heartbeat,"
- T: "There is some tension and slight shivering in your jaw. Your eyes gaze into space. Your blinking is becoming faster."
- Client: "I actually feel tension in my eyes", and then shuts her eyes.
- T: "You are welcome to relax even more... Your breath quieted, your body is heavily resting."
- T: "Our hands are together, with a steady warmth. It's a trusted touch, therefore it's possible to relax into it."

The client's fingers loosen their hold, the breath is quiet, her eyelids move and spread apart slightly.

- T: "Allow yourself to let go into this touch, into our relationship. I'm with you and you are safe with me. Let me be with you while you are in a relaxed state."

Her belly puffs up, the relaxation deepens, the eyeballs move like in REM sleep.

- T: "The situation is nice and cozy, releasing. It feels natural to be with someone without talking, just a simple being. Our palms resting together, with no effort, in complete relief. The mind is somewhere else and the body is allowed to be with another body and share an intimate space. Through our palms blood flows, blood that becomes a joint blood, one cell associating with another cell. I am not sure anymore where the boundaries of my hand end and where yours start. Our connection is enabled in a deeper sense than ever."

As the process ended, the client's eyes were shiny, her nostrils widened, her lips swollen and moisturized, indicating an expansion in her physiology; a reaction opposite to her habitual freeze.

In summary, the experience included: bodily sensation awareness, therapist reflection and verbalization within an intimate-relationship context. It was a positive experience, experienced within a relaxed, non-ordinary consciousness state. I believe that such a complete experience, in full awareness, has a greater chance of immersing itself in the nervous system, changing the neurological web and bringing forth a deep change. The process also included highly important attachment aspects that will not be discussed in this framework.

Body Psychotherapy and Spiritual Experiences

If we accept the potential link between states of consciousness and the extent

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of openness to the influence of spiritual powers, as well as the idea of intelligence/consciousness that exists in the body's cells, we may also accept the notion that the body may connect us to universal consciousness. If we acknowledge the assertion that many of the body-oriented therapeutic methods may induce ASC, that ASC promote experiences which are beyond time, space or ego, and that ASC are a gate to spiritual realms, then we may realize that body-oriented psychotherapy triggers spiritual experiences and "touches" various ontological spheres.

In the transpersonal field, there is a major discomfort inherent in the absence of the body: The unexamined assumption of a mind-body dualism limits transpersonal psychology in addressing psychosomatic conflicts that frequently take place in spiritual awakening, and prevents a dialogue between this discipline and others studying human consciousness. The welcome departure from dualistic thinking (as in Cortright, 2007) needs to be grounded in the transpersonal theory of the human subject. (Louchakova & Lucas, 2007, p. 6)

An unexamined assumption of a spirit-body dualism may similarly limit body psychotherapy in addressing spiritual awakenings that may take place in the context of body-centered methods.

Psychotherapy and Spiritual Growth

It is my understanding that some levels of well-being and parts of our souls cannot be reached unless some spiritual growth has been achieved. Furthermore, since some of the issues that clients face are existential in nature, spiritual ideas and growth may offer a true relief. Transcendent experiences, which are experienced naturally, can be referred to as an expansion of the idea of "knowing thyself" into domains which are not continually reached. I would like to suggest that boundaries between psychotherapy and spiritual growth are amorphous by nature, and therefore cannot be clearly defined.

Louchakova (2004) reported research on "more than 500 informants over the period of 15 years", which shows that spiritual experiences do not stand isolated. They are accompanied by necessary psychological, and even physical changes. A complete picture consists of a slow, gradual, life-long process of psycho-spiritual transformation, involving stage-specific correlations of individuation, religious/spiritual experiences, modalities of embodied awareness, changes in perception, self-awareness, self-identification, values, attitudes and character structure. It is the overall life-long change in the self" (pp. 9-10). Louchakova also referred to the increasing demand for spiritual support as part of therapy: "The growth of requests for spiritually competent therapy and counseling support the fact that this process is much more common in the general population than we generally think. The majority is in need of a longitudinal non-pathologizing growth-oriented counseling, incorporating dimensions of spirituality. Something our 'civilized' western culture is yet unable to provide" (p.10).

How do we therefore position ourselves towards this need of our clients, a need which cannot be separated from their psychological growth and well-being?

What did Reich say about it?

The following are a few citations by Wilhelm Reich from his book Ether, God and Devil (1973), depicting a holistic spiritual worldview that he conceptualized from his research.

Reich, the scientist, does not conceal his ontological conclusions behind scientific terms, but rather dares to correlate his scientific findings with certain spiritual/religious ideas:

Now, the boundaries separating religious belief and pure reasoning have been crossed, or rather wiped away by orgone research. (p. 170)

Orgonomic research had broken down completely the boundaries between the bio-energy and the astrophysical realms. (p. 166)

One can easily switch over from pulses in the living organism to the same type of pulses in the atmosphere... There is no longer any barrier between a human organism and its cosmic environment, which of necessity, is and always has been its origin. (p. 167)

DeMeo (1998) explained that Reich's bioelectrical experiments proved that human emotion, sexual excitation and orgastic discharge were measurable phenomena. What at first appeared to be only "bioelectricity" was later clarified by Reich as a much more powerful bioenergetic force— a form of life-energy within living organisms, which can be observed in the microscope as a bluish-glowing field around living blood cells and other substances. The bluish-glowing energy, named orgone energy, was later observed as a blue-glowing aura-like phenomenon radiating from animals and people, from trees and mountain ranges, as well as existing in a free form within the atmosphere. DeMeo (1998) also stated that Reich wrote about an "envelope" of blue-glowing energy surrounding the Earth long before the first satellite photos confirmed it.

Reich specifically asserts the concept that life-force energy actually has a direct link to the sublime, to God:

As is well known, the spirit, the soul, the 'something' within man that feels and cries and laughs and loves and hates appeared to be connected with an immaterial world spirit; it represented in more or less clear terms man's connection with the creator of the universe, with 'God'. (p. 174)

Reich clearly states that the body and spirit are one, and that the orgasmic longing is actually a longing for the sublime— what existed before man— the Universal Spirit:

It has been suggested that man's orgastic longing is somehow pointing towards cosmic functions. ...It was pointed out and emphasized that the orgastic longing of man, including all of its disguised expressions such as mystical ecstasy, cosmic longing in puberty, etc., seems directed towards a basic function that precedes and includes the orgastic discharge: SUPERIMPOSITION. The longing for the genital embrace is profoundly expressed in the belief in a "universal spirit", in "God", the "creator". (p. 179)

Reich also deals with the impacts of the mind on physical occurrences:

Mere reasoning seemed to have corroborated such close interrelation between "mind" and "universe". Orgonomy has contributed some major insights into this riddle by disclosing the transitions from reasoning to emotions, from emotions to instincts, from instincts to bio-energetic functions, and from bio-energetic functions to physical. (p. 169)

Reich came up with functional and systematic explanations for transcendent and spiritual concepts. According to his paradigm and research, Body-Mind-Soul share a functional identity and are a united and coherent functional system, but he found himself expelled. Reich (1973, p. 6) wrote, "Without wanting to, I found myself outside of limits." A question to be asked is how much of his work is yet outside of the limits of body psychotherapy.

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It happens not too often that the dots get connected, forming something whole, and pieces of notions are united into a complete, coherent concept. Reich has achieved this feat through his lifelong dedication to profound inquiry. I believe it would be to our benefit to incorporate more aspects of Reich's ideas— particularly the spiritual, cosmic aspects— thus allowing ourselves to enjoy the full wealth of the ideas he offers.

What Is Our Stance?

Shall we segregate body psychotherapy from spirituality? Can we do so? What is the price of doing so?

In my body psychotherapeutic training there was a stern division between body psychotherapy and psycho-spiritual aspects, a separation which made me believe that I should choose between the two and define myself as either a body psychotherapist or a transpersonal therapist.

After looking into some of the transpersonal concepts, I felt uneasy with some of the ideas of transpersonal psychotherapy, and my dilemma was how to reconcile my wish to support the full spectrum of my clients' development (and thus exclude neither spiritual experiences nor spiritual development from the clinic) and my desire not to give up on body-work. I wondered, can I possibly simply embrace spirituality according to the body-oriented, psychodynamic approach? My answer was affirmative.

Many schools of psychology, Scotton (1996) astutely comments, "adhere to an unnecessarily restricted view of the psyche [and refuse to] work therapeutically with spiritual experience and experiences of non-ordinary reality" (Lukoff & Lu, 1996). The journey of revelation I had to go through made me wonder about the "official" body psychotherapy standpoint.

Is body psychotherapy one of the schools that refuses to work therapeutically with spiritual experience?

I wonder why spirituality is treated differently than any other human-developed domain? My sincere belief is that as the school of thought, which struggled for the union of body and mind as well as for the inclusion of the body in the therapeutic alliance, it is the role of body psychotherapy to take one further step and promote the spirit's embodiment in western culture. Otherwise, spiritualism is left ungrounded, subject to the exploration of the intellectual and theological fields only. When spirituality is yearned for but only conceptualized, transpersonal bypass may easily occur. However, when refraining from segregating the body from the spirit, and using embodied sensations throughout, processes may sustain a greater inner truth, which is often far less convenient than an escape to denial or intellectualization.

Spirituality-Enabled Psychotherapy

Does the possible involvement of spiritual materials and experiences at the clinic turn it into spirituality-focused therapy?

The purpose of psychotherapy is not spiritual coaching or converting. Primarily, therapy is targeted to help the client with the issues with which s/he struggles, with the specific goals that jointly set and support clients in diverse psychological and spiritual stages. However, the idea presented here is to enable spiritual materials and issues to surface, in a similar way to any other issue that is brought up in the clinic, such as one's body image or sexuality. For this type of surfacing to take place, several conditions are

necessary: (a) the spiritual domains are opened within the therapist, in accordance with his/her own spiritual state and personal tendencies; (b) the therapist decides that the subject of spirituality is at all within the boundaries of psychotherapeutic work; and (c) the therapist is sufficiently informed and capable of adequately handling spiritual content that is brought up in the clinic.

Summary

This paper explores evidence for the notion that psychotherapy which involves altered states of consciousness might have a great potential to propel deep and thorough changes in clients' personalities and lives. The connection between altered states of consciousness, changes in consciousness, spiritual experiences and bodywork has been shown, suggesting that body psychotherapy cannot segregate itself from potential spiritual growth, which is woven into psychotherapy. A fuller discussion on the definitions of 'spirituality' and 'transpersonality' is beyond the scope of this paper, as is a discussion of the concepts related to transpersonal psychotherapy and spirituality-enabled psychotherapy, and the implications of spirituality on clients and therapy.

Spirituality-enabled body psychotherapy is the direction towards which I foresee my clinical practice heading. Therefore, I will continue my search for a wide-horizons therapeutic model, to promote healing in a plentitude of dimensions in an efficient and effective manner. Alongside studying existing integrative modalities, I wish to continue exploring and practicing methods that apply to concepts I find engaging and relevant.

Personal Note

I would like to share a personal hope:

If only each one of us would aspire to reveal, dare to search,

and then dare find his inner latent potential.

If only each one of us would dare fly high beyond the collective consciousness and all together, we'll raise it.

If only each one of us will obtain the conditions for self-fulfillment;

but so long as it is not commonly so, may we, therapists, be the spearheads to support it, like our predecessors, philosophers and shamans.

It all depends on us, on each and every one of us —

let's set ourselves to move forth, keep moving along the path,

acknowledging the power as well as the responsibility ahead of us.

Together we can make it happen.

"Love is the way, Happiness is the sign, Light is the goal." Nader Butto (בוטו, 2008, p.533)

In case the call presented here appeals to you, you are welcome to share it with me, as I believe in the power of the group to drive and sustain a change.

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BIOGRAPHY

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REFERENCES

INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL THE ART AND SCIENCE OF SOMATIC PRAXIS

Becker-Blease, A. K. (2004). Dissociative states through New Age and electronic trance music. *Journal of Trauma & Dissociation*, 5(2), 89 - 100.

Bennett-Goleman, T. (2001). *Emotional alchemy: How the mind can heal the heart.* New York: Three Rivers press.

Bogart, G. (1991). Meditation and psychotherapy: A review of the literature. American Journal of Psychotherapy.

Chopra, D. (2004). The book of secrets: Unlocking the hidden dimensions of your life. New York: Random House Large Print.

Cunningham, P. F. (2011). *A primer of transpersonal psychology* . Retrieved from http://www.rivier.edu/faculty/pcunningham/Research/default.html

Cunningham, P. F. (2011). *Transpersonal therapy*. Retrieved from http://www.rivier.edu/faculty/pcunningham/Research/Chapter_12_Transpersonal_Therapy.pdf

Davis, J. (2003). An overview of transpersonal psychology. The Humanistic Psychologist, 31(2-3), 6-21.

DeMeo, J. (1998, July). Wilhelm Reich's discoveries. Lithigraph.

Doidge, N. (2007). The brain that changes itself: Stories of personal triumph from the frontiers of brain science. USA: Penguin Books.

Freud, S. (1914). On narcissism. In J. Strachey (Ed.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (1957 ed., Vol. 14, pp. 67-102). London: Hogarth Press.

Frith, C. (2007). *Making up the mind: How the brain creates our mental world*. UK: Blackwell Publishing. Fromm, E. (1956). *The art of loving*. New York: HarperCollins Publishers.

George, B. C. (2000). ABRAHAM MASLOW. Retrieved from http://webspace.ship.edu/cgboer/maslow. html

Grof, S. (2007). *Theoretical and empirical foundations of transpersonal psychology.* Retrieved from http://www.stanislavgrof.com/pdf/FoundationsTP.pdf

Grof, S. (2008). A brief history of transpersonal psychology. (H. Friedman, Ed.) *The International Journal of Transpersonal Studies*, 46-54.

IBP Institute. (2012). About IBP. Retrieved from http://www.ibponline.org/

Jackson, P. A. (1996). *Stanislav Grof's Holotropic Therapy System*. Retrieved from http://rebecoming.org/app/download/1552073504/Jackson.pdf

Kokoszka, A. (2007). States of conciousness. New York: Springer.

Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. 4(38), 357-361.

Leary, T., Metzner, R., & Alpert, R. (1995). The psychedelic experience: A manual based on the Tibetan book of the dead. New York: Citadel Press.

Louchakova, O. (2004). Awakening to spiritual consciousness in times of religious violence: Reflections on cultural and transpersonal psychology. In J. D. Lorrimer (Ed.), *A Way Through The Wall: Transpersonal Approaches to the World of Today.* Corpus Publishing.

Louchakova, O., & Lucas, M. K. (2007). Transpersonal self as a clinical category: Reflections on

culture, gender, and phenomenology. Journal of Transpersonal Psychology, 37(2), 111-136.

Lukoff, D., & Lu, F. (1996). *History of Transpersonal Psychology*. Retrieved from http://meridianuniversity.edu/chtp/html/Transpersonal%20Psychology.htm

MacDonald, D. A., & Friedman, H. L. (2002, fall). Assement of humanistic, transpersonal, and spritual constructs: State of the science. *Journal of Humanistic Psychology*, 42(4), 102-125.

Mulhauser, G. (2010, December 10). Theory and research in counselling and psychotherapy - general and comparative. Retrieved from http://counsellingbooks.com/bibliography/theory-and-research/general-and-comparative.html

Pace, P. (2003). Lifespan integration: Connecting ego states through time. Roslyn. WA: Peggy Pace.

Peres, J. F., Simão, M. J., & Nasello, A. G. (2007). Spirituality, religiousness and psychotherapy. *Revista de Psiquiatria Clinica*, 34(S1), 58-66.

Pierrakos, E. (1990). The pathwork of self-transformation. USA: Bantam Book.

Reich, W. (1973). Ether, God and Devil. New York: Farrar, Straus and Giroux.

Rodrigues, V. (2010). On consciousness-modifying (transpersonal) psychotherapy. *Journal of Transpersonal Research*, 2, 44-61.

Rolef Ben-Shahar, A. (2002, August). Hypnosis and bodywork – part II: Trancework in the Body. *Anchor Point*, 30-35.

Rolef Ben-Shahar, A. (2008). Embodied trances, relational hypnosis. *The British Journal of Psychotherapy Integration*, 5(1), 17-29.

Rolef Ben-Shahar, A. (2010). Surrender to flow: A unifying theory of trance, relationality and embodiment. Kailua-Kona: American Pacific University.

Rolef Ben-Shahar, A. (2011). Salsa lessons and the emergent self. *The USA Body Psychotherapy Journal*, 10(2), 22-31.

Schneider, K. J., & Leitner, L. M. (2002). Humanistic psychotherapy. *In The Encyclopedia of Psychotherapy* (Vol. I, pp. 949-957). New York: Elsevier Science/Academic Press.

Seligman, M. E. (1995, December). The effectiveness of psychotherapy: The Consumer Report's study. *American Psychologist*, 50(12), 965–974.

Thomason, T. C. (2010). The role of altered states of consciousness in Native American healing. *Journal of Rural Community Psychology, E13*(1).

Vaitl, D. (2005). Psychobiology of altered states of consciousness. *Psychological Bulletin*, 131(1), 98–127

Walach, H. (2009). Narcissism –the shadow of transpersonal psychology. *Transpersonal Psychology Review*, 12(2), 47-59.

Wilber, K. (2011). A summary of my psychological model -- or, outline of an integral psychology. (Shmbhala Publications) Retrieved from http://wilber.shambhala.com/html/books/int_psych_summ.cfm/

Zohar, D., & Marshall, I. (2000). *SQ: Connecting with our spiritual intelligence*. New York: Bloomsburry Publishing.

בוטו, נ'. (2008). רפואה ושבעת החוקים האוניברסליים. בן שמן: מודן. בנט גולמן, ט'. (2002). אלכימיה רגשית. תל אביב: מטר. בן שלמה, י'. (1996). פרקים בתורתו של ברוך שפינוזה. תל אביב: אוניברסיטה משודרת. ברנן, א' ב'. (2000). ידי אור. מרקם. דודג', ג'. (2007). המוח הגמיש. (ח' עמית, מתרגמים) ירושלים: כתר. צ'ופרה, ד'. (2006). ספר הסודות. (ב' גפן, מתרגמים) ישראל: מודן.

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